



THE HOUSING ADVOCATES, INC.

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September 20, 2011

Judge Donald C. Nugent

Carl B. Stokes United States Court House
801 West Superior Avenue, Courtroom 15A
Cleveland, Ohio 44113-1842

Dear Judge Nugent:

Re: Letter of Character for Kat Clover

As Director & Chief Counsel for The Housing Advocates, Inc., a Cleveland, Ohio public interest law firm that handles a variety of housing related legal issues, I have had the opportunity to work with literally hundreds of law students and attorneys over my almost 36 years of practice. I am also an Adjunct Professor at Cleveland-Marshall College of Law, Cleveland State University since 1991. I have taught both the Housing Law Clinic and Fair Housing Law Clinic. It was in these capacities that I first met Kat Clover. She was one of my Fair Housing Law Clinic students this summer.

As a result of her hard work and excellent results, Kat received the High A in the course. In addition, she is going to receive the Cleveland-Marshall College of Law Clinic Award for the best overall student in the 2010-11 Fair Housing Law Clinics.

It has been my pleasure to work with Ms. Clover both as a student and volunteer since the end of the Summer term. Kat has been a valuable asset to our public interest law firm in her short time here. She has been assisting victims of predatory lending to stay in their homes. A time consuming and difficult task which is aided by her knowledge of the mortgage business. In addition, we are pursuing litigation to obtain justice for victims of lending abuses. Our ability to accomplish this task will be aided by her continued volunteer work with our agency.

I am writing on behalf of Kat Clover because she has stood out among other legal interns for a number of reasons: her work ethic and cooperative attitude. Also, in all my dealings with her she has done nothing that would make me not trust her. I have given her keys to our office and the necessary passwords to disarm the alarms.

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Re: Letter of Character for Kat Clover

Kat has shown herself to always be proactive in requesting additional assignments and completing her projects in a timely manner. In addition to working hard, Kat Clover has brought a positive attitude that made working with her joy.

I believe given an opportunity she will help many others who have been victimized by housing injustices get the opportunity to save their homes. If you have any questions, I would be more than happy to discuss her with you.

Sincerely,

Edward G. Kramer
Director & Chief Counsel

Egk:dh

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Psychological Report

Name: Kathryn Clover

Social Security No.: xxx-xx-7297

Docket No.: 1:10CR00075-003

Date of Birth: 10/15/79

Date of Examination: 5/16/11

Date of Report: 6/1/11

Examiner: Robert G. Kaplan, Ph.D., B.C.F.E., D.A.B.P.S.

Diagnostic Procedures: Personality Assessment Inventory
Millon Clinical Multiaxial Inventory-III
Substance Abuse Subtle Screening Inventory-3
Trauma Symptom Inventory-2
Detailed Assessment of Posttraumatic Stress
Three-Hour Structured Diagnostic Clinical Interview

Records Reviewed:

- Presentence Investigation Report of Valencia Small, dated 4/09/10
- Proffer Agreement of Kathryn Fairfield, a.k.a. Kathryn Clover, dated 3/09/09
- Plea Agreement, undated
- Waiver of an Indictment, undated
- Pretrial Release Reporting Instructions, dated 3/09/10
- Order for Presentence Investigation Report, dated 3/11/10
- Sentencing Table of the 2008 Federal Sentencing Guidelines Manual
- Chapter 5 - Part B - Probation of the 2008 Federal Sentencing Guidelines Manual
- Charge Information of William J. Edwards, undated

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Reason for Referral

Ms. Kathryn Clover was referred for a psychological evaluation in order to determine if any mental disorder affected her behavior regarding criminal charges and subsequent testimony that arose in relation to those charges.

Clinical Analysis & Basis for Opinion

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, of the American Psychiatric Association (DSM-IV-TR), the reference which contains the diagnostic criteria utilized by most mental health professionals to diagnose mental disorders, Ms. Kathryn Clover has psychological symptoms which match the criteria for the following diagnoses:

- Axis I:** Posttraumatic Stress Disorder, Chronic
Major Depressive Disorder, Recurrent, Moderate Severity
Generalized Anxiety Disorder
Alcohol Dependence in Early Full Remission
Rule Out: Bipolar II Disorder
Alcohol Abuse
- Axis II:** Borderline Personality Disorder with Dependent and Histrionic Traits
- Axis III:** Deferred to Medical Evaluation
- Axis IV:** **Psychosocial Stressors:** Severe physical and sexual abuse by husband
Childhood sexual abuse
Multiple rapes
Criminal litigation
Financial problems
- Axis V:** **Current Global Assessment of Functioning Rating:** 60 (Moderate Impairment)

The psychological testing indicates that it is more likely than not that Ms. Clover is accurately reporting her psychological symptoms. Screening questions for malingering did not indicate that she was attempting to malingering psychological symptoms. The collateral interview of her brother by the pre-sentence investigator indicated that her statements to the investigator were consistent with his reporting of her history. Therefore, no other collateral interview was found to be necessary for the instant evaluation. Screening questions for Factitious Disorder indicated that she does have unconscious desires to be in a patient role in order to have others to care for her. This would be consistent with the psychological test results, which indicate strong needs for care and concern. Such attention from medical professionals provides her with safe support and attention that she cannot have from other sources, due to long-standing difficulties trusting

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others, which arise from her history of being neglected as a child and physically, sexually, and emotionally abused many times in her life. There were some mild discrepancies between her reporting of her history during the instant examination and the presentence investigation report, which suggest that she may not have been as candid in describing to the pre-sentence investigator the full extent of the abuse and humiliation she suffered. The psychological testing indicates that she is reluctant to talk about the traumatic abuse that she has experienced and that she is likely to minimize her difficulties in order to appear competent to others. Additionally, at the time that she was having the pre-sentence investigation, the outcome of her husband's criminal adjudication was uncertain and she was reluctant to share all that he had done to her out of fear that he would kill her if she did. Therefore, it appears that she told the presentence investigator that she was raped only three times by her husband instead of more often. In any event, even being raped once would be sufficient to cause her to develop symptoms of Posttraumatic Stress Disorder. Overall, Ms. Clover's reporting of her psychological symptoms and history appeared sufficiently accurate to develop diagnoses and determine their effects on her functioning with reasonable psychological certainty.

Mr. Clover's history indicates that she was raised by highly dysfunctional adoptive parents, who were neglectful. Her father was reportedly a covertly gay and physically abusive alcoholic, who was caught soliciting men at a public restroom. The event caused her and her brother great shame since they both attended the high school, where he worked as a guidance counselor. Her father was also reported to be physically and emotionally abusive. He called her fat and said that others didn't like her due to her personality. Hearing such things as an adolescent, particularly from her father, damaged her sense of femininity. She and her adopted brother bonded since her parents were not home often, and they were raised by babysitters, who were occupied with many other children under their care. She was also physically abused by a babysitter. Consequently, she did not have much nurturance from anyone as a child. Her father prepared odd meals for them while he was drunk, such as spaghetti with tuna fish. Her mother supported her involvement with a 30 year old teacher, when she was 17 years old, who also was emotionally abusive to her. Ms. Clover was also molested at age 4 and raped at age 17 by another boyfriend. Those traumatic experiences further damaged her development. Fortunately, she is intelligent and attractive and was able to sublimate her distress by applying herself, academically, and by involving herself in performing arts, including modeling, which provided her with some mitigation of the great shame she felt about herself.

As a result of her dysfunctional upbringing and childhood physical and sexual abuse, Ms. Clover developed severe personality disturbance, which is best characterized as a Borderline Personality Disorder, with Dependent and Histrionic Traits. The psychological testing indicates that she strongly desires to have love and support, but has great difficulty trusting that anyone could love or care about her since she sees herself as being a defective and unlovable woman and person. She tries to please men in order to get them to love her and becomes willing to allow herself to be abused and manipulated so that she can have their validation of her femininity. The profound damage to her identity as a woman is evident in that even though she is a model, she sees herself as ugly. Consequently, she sought attention from dysfunctional men, who abused and

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manipulated her, since she never believed that any other kind of man would want her. To some extent, she also gains some enhancement of her self-esteem by getting such dysfunctional and aggressive men to want her and deludes herself into thinking that she can control them since they desire her.

In order to ameliorate her emotional pain and deep sense of emptiness, she resorted to using alcohol and appears to have become Alcohol Dependent. Her alcohol abuse greatly increased when she married her ex-husband, who was a violent man, and dangerous criminal, who made bombs and set bombs in her home, to kill law-enforcement officials if they entered it. He sexually abused her, nightly, causing her to have severe genitourinary damage and pain. He would also repeatedly beat her and threaten to kill her. She would abuse alcohol, nightly, just to tolerate the physical pain and emotional trauma she knew would come almost every night, when he sexually assaulted her. She began to seek psychiatric medications and counseling in 2004 but didn't find much relief since she was afraid to tell even her mental health providers of the abuse she suffered, out of fear that her husband would kill her if she did.

Ms. Clover then found other older men, who manipulated her and her brother-in-law into becoming straw buyers for their real-estate fraud. Unable to fulfill herself in her relationships, she turned to the aura of money and power that they represented as another means to fill the void within her. Her self-esteem was reinforced with the money she acquired as well as the admiration and support that she received from the men that financed her venture. Unfortunately, given her personality disturbance, she didn't have the judgment to see that she was pursuing another dead end in finding emotional fulfillment for herself. Ultimately, she couldn't finance her scheme and became bankrupt. She and her co-defendants were caught by federal law-enforcement agents.

Her self-esteem sunk to a new low when she awoke out of one of her drunken states at a party in 2008 to find that she was being sexually assaulted by one of her husband's friends and a woman. At that point she tried to kill herself by overdose. Fortunately, she survived. However, after her husband beat her she again wanted to kill herself and was hospitalized at Oakwood Behavioral Health Center of Southwest General Hospital. Her hospitalization was cut short when he threatened to blow up the hospital if she didn't leave. It was not until her husband was kept in jail that she finally felt safe enough to divorce him and disclose what he had done to her counselors. Currently, she is working with a psychologist on repairing the psychological damage that was caused by her childhood and subsequent traumatic history. She finally feels safe enough to talk about the abuse that her ex-husband brought upon her. Physically, her genitourinary problems have significantly improved after her husband was incarcerated.

The psychological testing, mental status examination, and history clearly and unequivocally indicate that Ms. Clover has a Posttraumatic Stress Disorder that is caused by traumatic events involving sexual molestation and multiple rapes. The most traumatic events appear to be the sexual abuse she suffered at the hands of her ex-husband. Her lack of confidence in herself also causes her to have episodes of Generalized Anxiety Disorder. The psychological testing, mental status examination, and history unequivocally indicate that she also suffers from a chronic Major

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Depressive Disorder, with recurrent episodes of serious depression. All of these mental disorders, in combination with her personality disorder, cause her to be a mentally unstable individual who can quickly regress in the face of stress. The psychological testing indicates that her judgment and ability to act in her best interests can be readily overwhelmed by stress. The effects of alcohol only further aggravate her mental problems. Although it seems more likely that she is Alcohol Dependent, it may be possible that her use of alcohol was only abusive, particularly given that it has greatly curtailed after she was no longer being sexually assaulted, repeatedly, by her husband. Therefore, the diagnosis of Alcohol Abuse may be indicated instead of Alcohol Dependence, but this possibility remains to be ruled out with further observation of her alcohol use over more time. Currently, her alcohol use is in remission. Dr. Nelson, a treating psychiatrist, also diagnosed that she had a Bipolar Disorder, but the psychological testing and findings of the instant mental status examination do not support this diagnosis. Symptoms of Borderline Personality Disorder, particularly those of emotional instability, can mimic symptoms of Bipolar Disorder. Therefore, while the diagnosis of a Bipolar Disorder is possible, it cannot be made with reasonable psychological certainty. In any event, the prescription of a mood stabilizer, such as Lamictal, would be indicated simply to address the emotional instability that was caused by her personality disturbance. It is highly unlikely that she could have done as well as she did, academically, in high school and college, if she had an Attention Deficit/Hyperactivity Disorder and it would seem unlikely that she would meet the DSM-IV-TR diagnostic criteria for this diagnosis. However, the prescription of Adderall could be helpful in supporting her ability to concentrate on her legal studies in the face of the disruptive influence of her other psychological symptoms. The instant mental status examination indicates that she is having concentration problems due to her psychopathology.

Currently, Ms. Clover has found a new way to redeem herself, by acting as a material witness for prosecutors. Beyond the obvious benefits of a reduced sentence, her capacity to materially assist in the prosecution of criminals has become a new source of self-esteem for her and she appears personally motivated to remain in this role. Unfortunately, she has jeopardized remaining in this new role by not fully disclosing during a recent cross-examination everything she believed about a police report she filed during her bankruptcy. It appears that her misjudgment occurred in the face of several stressors. First, she had already been subjected to days of cross-examination, which fatigued and distressed her. Second, she was experiencing bladder pain at the time due to the residual effects of her husband's sexual abuse of her. Third, and perhaps most, she felt victimized by the aggressive manner in which the attorney who asked about the allegedly false report questioned her. During the instant examination, she indicated that she still felt frightened when older men yelled at her, since this is what an older man did to her when he molested her at age four. The attorney who questioned her looked like the man that molested her as a child. His image and behavior served as a trigger for traumatic stress reactions that overwhelmed her already fragile mental stability, and caused an impairment of her judgment. As previously indicated, the psychological testing indicates that her judgment is readily impaired by stress. Fourth, it appeared that she didn't want to relinquish the new role she found as a material witness to repair her badly damaged self-esteem, and thereby jeopardize her usefulness to the prosecution of that case and other cases. It also appeared that she didn't want to disappoint the prosecutors,

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who were men. Additionally, she feared the consequences of being subject to additional charges if she disclosed everything she believed about the police report and didn't have any opportunity to consult with her attorney about how to respond to such a question. She was apparently too overwhelmed at the moment, even as a law student, to realize her fifth amendment right to refuse to answer such a question on the grounds that it could incriminate her.

Following her lapse in judgment, Ms. Clover was able to realize that she needed the assistance of her attorney. She and her attorney asked the prosecutors to recall her to testify again during the trial. However, the prosecutors did not recall her since they reportedly believed that it jeopardized the outcome of their case. If that is the case, then it would appear that the prosecutors would also have felt that it served the best interests of justice to allow her testimony to remain unchanged. Therefore, it would be difficult to imagine how she could be punished for serving what the prosecutor believed was in the best interests of justice. It might be argued that, if the best interests of justice were not served, she would not be the only one who would be responsible.

In spite of the great emotional damage that she suffered, the psychological testing indicates that her prognosis for recovery is good. Her youth, intelligence, verbal ability, insight, and motivation for treatment favor a good treatment outcome. With regard to treatment interventions, she will need cognitive-behavioral therapy to restructure her negative self-image and assertiveness training to help her to develop more functional social relationships. Medications for anxiety, depression, and mood stability will also help her recover and should be part of the treatment plan. Abstinence from alcohol will also be necessary for her recovery. Now that she no longer fears her husband, she is able to be truly open with a psychotherapist and needs a therapist who will be warm and caring to provide her with a sense of nurturance that she never had. Such a therapeutic relationship would also serve as a model for her to seek in other relationships, since she has never really known what such a relationship is like. It will take years for her to recover, but the ultimate outcome is favorable. If she is to remain an effective material witness, such treatment should be required in order to prevent any future lapse in judgment. Treatment should also be more frequent when she is subjected to cross-examination.

Opinion

With reasonable psychological certainty, it can be stated that:

1. Ms. Kathryn Clover has severe mental disorders of: Posttraumatic Stress Disorder, Chronic; Major Depressive Disorder, Recurrent, Moderate Severity, Chronic; Generalized Anxiety Disorder; Alcohol Dependence, in Early Full Remission; and Borderline Personality Disorder, with Dependent and Histrionic Traits.

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2. Due to her traumatic history and these severe mental disorders, Ms. Kathryn Clover has fragile mental stability and is vulnerable to having impairment of her judgment when subjected to the stress of cross-examination, particularly by older men that yell at her.
3. Factors that previously caused her to have impaired judgment during cross examination include the following:
 - a. She had already been subjected to days of cross-examination, which fatigued and distressed her.
 - b. She was experiencing bladder pain at the time due to the residual effects of her husband's sexual abuse of her.
 - c. She was cross-examined aggressively by an attorney who looked like the man who molested her at age four. His behavior and appearance caused her to have posttraumatic stress reactions that disrupted her fragile mental stability and impaired her judgment.
 - d. She didn't want to relinquish the new role she found as a material witness to repair her badly damaged self-esteem and didn't want to disappoint the prosecutors in the case, who were also men.
 - e. She felt too overwhelmed by the cross examination, even as a law student, to realize her fifth amendment right to refuse to answer a question on the grounds that it could incriminate her, and didn't have the opportunity to consult with her attorney before responding to a question that could have incriminated her.
4. Beyond the obvious benefits of a reduced sentence, Ms. Kathryn Clover is strongly and personally motivated to serve the best interests of justice as it provides her with another means of repairing her low self-esteem.
5. With ongoing psychotherapy and psychiatric medications, it is unlikely that Ms. Kathryn Clover will have additional impairment of her judgment during cross-examination. The frequency of treatment should be increased whenever she is going to be subject to cross-examination.



Robert G. Kaplan, Ph.D., B.C.F.E., D.A.B.P.S.
Clinical Psychologist
Board Certified Forensic Examiner
Fellow, American College of Forensic Examiners
Diplomate, American Board of Psychological Specialties,
Psychological Disability Evaluation

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Supporting Data

Appendix A: History

History of Events According to Ms. Clover

Ms. Clover stated that she and her ex-brother-in-law, Lucas, began to buy houses in 2005. She owned a modeling agency and the person she worked with owned real-estate. Her co-worker advised her to invest in real-estate. She introduced her to someone, named Joe, who introduced her to someone, named Chester. Chester knew a Chinese couple, who were leaving the country, that had 50 homes available to purchase. She and Lucas closed on 5 houses, each, and found out that the houses were different from the ones that they saw. They then went to Chester, who said the houses would be rehabilitated in 5 days. They contacted a real-estate attorney, who didn't do anything. They then met Marcus Yarborough, who introduced them to a David Pirichi (Dave), a loan officer at Central National Mortgage, who introduced them to Tony Viola (Tony), a real-estate broker. They met with Tony who told them he knew someone who could sell 200 houses. The houses "cosmetically" looked fine. She and Lucas filled out 25 purchase agreements and loan applications at Central National Mortgage with Nick Miles, David Parichi and Tony Viola. She just signed papers without knowing what they were. She was given a blank sheet to sign, which indicated that her income was four times what she actually earned. At the time, she earned \$4,000. Tony told her that, with rental income, she'd make \$16,000/mo. and therefore, she would be accurately reporting her income. She bought 15 houses and Lucas bought 3 houses. Their signatures were copied onto other documents. Lucas introduced her to someone named Paul Lesniak (Paul), who had a good credit score. They introduced Paul to Tony, who had him purchase 18 houses. Tony made it seem like they were making down payments on the properties but they were told that the seller, Uri Gofman (Uri), was making the down payments. Uri put money into their bank accounts to make it look like they had the funds and then took the money out the next day. She and Lucas also managed Paul Lesniak's houses. They wanted to refinance Paul's houses into their name but Tony told them to leave things as they were in case problems developed. Some of the houses had problems, such as lead and structural problems, as well as building code violations. They had to pay a lot of money to fix the buildings. Lucas became a realtor but all their money went into the houses.

Lucas found another friend, named Dennis Hickey (Dennis), who had \$50,000 to spend. They bought a house for \$50,000 and tried to sell it for \$104,000. She and Lucas began to buy the homes cheap, fix them up, find a second buyer to sell at inflated prices, and claim that the buyer was making the down payment, when they actually made the down payment. Lucas purchased a PDF editing program that he used to change bank statements to make them look inflated. He did this on one deal. Her ex-husband and Lucas also had other dealings in which she didn't make any money but was accused of making money from those deals. She drove a car that was in Dennis' name that she gave back to Dennis.

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Ms. Clover received tax bills and told Tony that she thought the seller was supposed to pay the tax bills. At that time, she then filed Chapter 7 bankruptcy in 2007 because she couldn't pay for the houses, and it was discharged in 2008. Her bankruptcy lawyer reportedly told her to file a police report to say that she had an engagement ring that was stolen.

When asked how she was caught, Ms. Clover stated that one of Paul's properties burned down and the ATF suspected arson. An ATF investigator saw that Paul bought 18 properties and then became involved in the investigation. The FBI was also investigating Lucas and Dennis for their deals in North Carolina. The charges arose from the investigation. The FBI came to her house in Feb. of 2009. She turned Lucas' hard drive into the FBI instead of wiping it.

In the summer of 2008, her attorney at the time, Michael Goldberg, asked about what she knew of Uri and she told him everything. Michael Goldberg told her that he was representing Uri. Mr. Goldberg referred her to Attorney Schlachet and she signed an agreement with the prosecutors in 2009 to assist the federal government in their case against Tony and Uri. She agreed to testify against Tony and Uri. The judge approved the agreement in 2010. She met multiple times with government representatives to verify documents and exhibits and to inform them of other fraudulent activity that she knew about. She told them everything.

In the trial in March of 2011, she told everything she knew. She never had to testify in a trial before she testified in March of 2011. She testified for four days. On the fourth day, when questioned about the ring in the trial, she was asked if she created a false police report about the ring being stolen and she denied it. However, Lucas said she filed a false report. She was asked twice but her attorney wasn't present at the trial, so she wasn't sure about what she should say. The prosecutors also asked her if she created a false police report on redirect and she again denied it. She was scared. She had already been "shook" by being previously cross-examined for several days. She later indicated during the instant examination that the attorney who asked about the false report, Jay Milano, frightened her since he looked like the man that molested her as a child, who also yelled at her. She called her attorney and had her attorney called the prosecutors, but they reportedly didn't want to recall her to testify since it would jeopardize their case. Her attorney called the lead prosecutor and the prosecutor, Mark Bennett, was angry at her and wanted to rescind their plea agreement. Recently, Mr. Bennett invited her attorney, Mr. Schlachet, to discuss her case on June 3, 2011.

Toni and Uri were both convicted on 4/1/11. After the trial, Uri cooperated with the state prosecutor on another trial. She is also helping the state prosecutor with other cases. She discovered 12 million dollars in mortgage fraud. If the state prosecutor puts Toni and Uri on trial, she will have to testify. The lenders will also be indicted and she'll need to testify in those cases. There are several more trials in which her testimony may be required

Her ex-husband stole bombs from the military and had anti-tank mines. He put a live bomb in her house, initially without her knowledge, to defend himself. He told her that if she told anyone

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about the bombs, he would kill her. Her husband would also rape her, almost nightly. She needed injections into her pelvic floor since he “destroyed it.” She was in daily pain for five years and needed Darvocet and Percocet. Ms. Clover also needed physical therapy. She’s been physically fine since she left him. She had physical pain in her bladder area on the days she was cross-examined at the trial in March of 2011. He also grew marijuana in his house. He would beat her whenever she would get rid of his marijuana plants.

She abused alcohol when she lived with her ex-husband, “to get through what he was doing.” He would also tell her she was fat. In 2008, she passed out drunk at one party and woke up to find her husband’s friend having sex with her, as well as another woman. After that experience, she tried to kill herself by overdosing with a bottle of Vodka and Percocet.

In September of 2009, she was psychiatrically hospitalized at Oakwood Behavioral Health Center of Southwest General hospital after her husband at the time beat her. She wanted to kill herself, again. Her husband came to the hospital and threatened to blow it up if she didn’t leave. She never told anyone about the physical abuse. She was afraid of what he might do to her if she told anyone.

In 2009, her ex-husband was arrested for a carrying a concealed weapon. She told her attorney and his attorney that he had bombs. Her ex-husband was remanded to prison in January of 2010 and she saw her chance to leave him. She filed for divorce on 2/12/10. In March of 2010, she reported the explosives to the police. She knew of them since 2006 but was afraid to tell anyone because she believed he would kill her. In April of 2010, the police found all of the bombs, except for a live bomb in an attic. They arrested him and kept him in jail ever since. Her ex-husband was tried on 4/16/11 for 99 counts of explosives and assault weapons. She wanted to speak at his sentencing for emotional closure. (At this point during the examination, she became tearful). She wanted the judge to know how dangerous he was. The judge sentenced him to 16 years in prison. Her ex-husband was also charged with possessing child pornography and perjury. She will also have to testify in another trial against him.

Medical History

Previous Injuries, Surgeries & Hospitalizations:

Medical Problem/Intervention	Approximate Age/Time
Concussion	Age 16
Exploratory laparoscopy	2005
Spinal tap for meningitis, mononucleosis, and aluminum poisoning	12/2008
Tonsillectomy	2008
Fractured ribs due to ex-husband	2008 & 2009
Hospitalized 1 week, for lower abdominal infection	March of 2010
Concussion	June of 2010

Review of Systems:

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System	Reported Problem	When Diagnosed
Skin & Hair	None	
Eyes	None	
Ears, Nose, Mouth, & Throat	None	
Cardio-Pulmonary	Anemia	2005
Gastrointestinal	Irritable Bowel Syndrome	2006
Reproductive	Irregular menstrual cycles Myofascial pelvic pain	2004 2007
Urinary	Interstitial cystitis	2005
Musculo-Skeletal	None	
Liver	None	
Neurologic	Migraine headaches, monthly	2000
Endocrine	Hyperthyroid	2 weeks ago

Allergies: Cats & seasonal allergies

Serious Illnesses: None

Current Medications:

Medication	Type	Dosage	Frequency
Lamictal	Anticonvulsant/Mood Stabilizer	400 mg.	Daily
Klonopin	Anti-anxiety	1 mg.	As needed, 3 times a day
Celexa	Anti-depressant	20-40 mg.	Daily
Adderall	Stimulant	Doesn't know	Daily
Iron	Anti-anemia	60 mg.	Daily
Claritin	Anti-allergy	10 mg.	Daily
Enablex	Bladder relaxant	Doesn't know	Daily
Elmiron	Bladder anti-inflammatory	Doesn't know	Daily
Lidocaine injections	Analgesic	Doesn't know	Weekly, for pelvic pain

Psychiatric/Substance Abuse Treatment History:

Intervention/Provider	Time Frame	Problem/Symptoms	Outcome
Counselor	1998, for 2 visits	Father arrested for soliciting men	Too embarrassed to continue
Prescribed Lexapro & Cymbalta by primary care physicians	2004-2007	Depression	Only small improvement
Holistic counselor	2005, for 2 visits	Depression & anxiety	Ineffective

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Intervention/Provider	Time Frame	Problem/Symptoms	Outcome
Dr. Sheryl Kingsburg, psychologist	2007, for 1 year	Depression	Not helpful.
Nan Nelson, M.D., psychiatrist	Since 2007	Depression	She still feels depressed at times
Hospitalized at Oakwood Behavioral Health Center	2009, for 2 days	Suicidal ideation	Stabilized and discharged
Counselor at CSU	2010	Depression	Somewhat helpful
Dr. Wayne Hall, psychologist	Began 2 mo. ago	Depression	Very helpful

Substance Use History:

Substance	When First Used	When Last Used	Typical Amount Used	Typical Frequency
Tobacco	Never	N/A	N/A	N/A
Alcohol	Age 19	X-mas, 2010	See below	See below
Marijuana*	1999	12/09	Small amount	10 times in lifetime
Cocaine*	N/A	10/08	Small amount	1 time in lifetime
LSD*	N/A	Summer of 2008	Small amount	1 time in lifetime
Other Drugs	None	N/A	N/A	N/A

*Her husband would force her to use these substances with him.

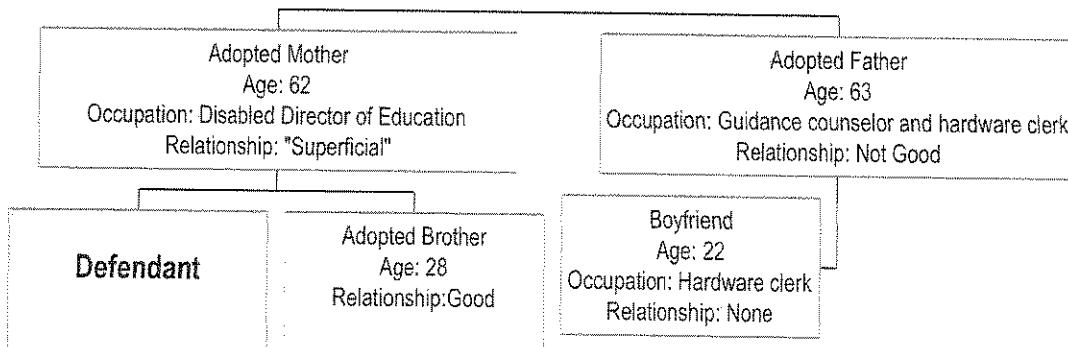
When she used alcohol, in 2008 and 2009, she would drink vodka until she passed out since her husband would abuse her sexually almost every night. In 2010, after she left her husband, her alcohol use greatly decreased. Before 2008, she would drink, socially. She thinks she was an alcoholic.

Family History

Location Born: Ohio or Indiana

Location Raised: Oxford, Oh.

Family Tree



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She is adopted by her parents and doesn't know her biological parents.

Quality of Parents' Relationship: Platonic. No separations, or domestic violence. Her father was reportedly unfaithful with men.

Her parents were neglectful. She never really saw them. She raised her brother.

Family of Origin Problems:

Type of Problem	Family Member(s)
Health Problem	Her mother became disabled by hydrocephalus in 3/09. Her mother had a lung tumor removed when the defendant was age 3, and had a hysterectomy when the defendant was age 5. Her father had a heart valve replacement when she was 14 years old.
Mental Illness	Her mother takes medication for depression.
Drug or Alcohol Abuse	Her father was reportedly a gay alcoholic.
Physical or Sexual Abuse	Her father was physically and emotionally abusive.
Criminal Behavior	Her father was reportedly arrested for soliciting men in a public bathroom. Her brother stole a TV at age 16.

Personal History

Dating Began at Age: 14

Became Voluntarily Sexually Active at Age: 17

Homosexuality: None, voluntarily

Sexual Deviance: None, voluntarily

Molestations: Age 4. She recalled him yelling at her and being older. She still feels frightened when older men yell at her. The attorney who cross-examined her was an older man who yelled at her during his cross-examination, when she denied filing a false police report.

Rapes: Age 17 by a boyfriend. In 2008, she was raped by a man and woman, when she passed out from being drunk. In October of 2010, a girlfriend got her drunk and performed cunnilingus on her while she was unconscious.

Most Number of Sexual Partners Within Any One Year: 1

Duration of Longest Relationship: 7 years *Was With:* ex-husband

Marital History:

When Marriage Began	When Marriage Ended	Reason Marriage Ended	Children Age/Sex	Children's Education/Vocational Adaptation	Relationship with Children
26	30	Husband was abusive and criminal	None	N/A	N/A

Her ex-husband was physically and sexually abusive to her. She has no children

She has trust issues with men. Currently, she is dating two men.

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Education and Work History

Undergraduate Education: B.A. in History from Univ. of Cincinnati, 2003. She had a 3.95 GPA

Graduate Education: 1st year law student at Cleveland State Univ. John Marshall College of Law. She started in 2008 but had to drop out due to health problems. The bar association told her that she could still be admitted to the bar. She has a 2.86 GPA

Average Grades Through High School: Almost valedictorian

Special Education: None *Grades Left Back:* None

Extracurricular Activities: Theatre, piano, voice, and soccer.

Suspensions: None

Additional Training or Education: Massage therapy for 1 semester

Special Licenses or Certifications: Her mortgage & insurance licenses have lapsed.

Chronological Work History:

Position	Employer	Duration
Talent scout	Moda modeling agency	1 year
Talent agent	Self - MKM Talent Group	9/04 to 12/05
Real estate investor	Self	2005 to 2007
Promotional model	Talent Group	2006
Loan officer	Transcontinental Lending	2006 to 2007
Massage therapist	Massage Healing	3 months
Waitress	Macaroni Grill and Brio Cafe	2010
Promotional & commercial model	M3 Model Management	2010
Law Student	Cleveland State University	Since 2008

She is supported by student loans and scholarship. She will be losing her scholarship due to low grades.

Employment Related Awards: None

Employment Related Disciplinary Actions: At Macaroni Grill, for accepting a drink from a customer.

Terminations: None

Criminal History:

Offense	When Occurred	Disposition
Underage alcohol use	Age 19	3 day intervention class
Disorderly conduct	6/09	3 day intervention class
Conspiracy to commit wire fraud	2011	Sentence is pending

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Military History: None

Daily Activities

Typically Arises: 6-8 AM

Typically Retires: 3 AM

Effect of Psychological Symptoms on Daily Functioning:

Type of Activity	Description
Self Care	She bathes & dresses daily
Household Chores	She keeps her residence neat and clean most of the time.
Social Activities	She speaks to 3 friends, daily, and sees them, 3 times a week.
Hobbies & Interests	She walks her dogs, sings karaoke, dines out, watches movies, and plays board games. She runs and does Pilates, 5 days a week.

Community Affiliations: None

Religious Affiliation: None

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Appendix B: Record Review

Although all of the records that are listed were reviewed, only those portions that are relevant to the examiner's opinions are described in this section of the report.

According to the Federal Prosecutor, Ms. Clover, along with codefendant Paul Lesniak, acted as "straw buyers" of 15 properties located in the Cleveland, Ohio area that were purchased within a two-month period on or about 6/02/05 through on or about 8/04/05. The defendants, Uri Gofman and Gennadiy Simkhovich, fraudulently provided down payment money for Clover and Lesniak to fraudulently purchase 34 properties located in the Cleveland, Ohio area. After the mortgage company funded the loan, the down payment money was quickly returned to Gofman and Simkhovich. The defendants, Anthony L. Viola, Nicholas G. Myles and Dave Pirichy, acted as mortgage brokers for the fraudulently purchased properties. The defendants, Anthony Capuozzo and Howard Siefert, Jr., acted as title agents for the transactions. The defendant, Noah Bloch, pretended to be Mr. Lesniak's employer in order to give the appearance that Mr. Lesniak had an inflated income.

The prosecutor indicated that the defendants conspired to defraud mortgage lending companies, by submitting mortgage loan applications and false and fraudulent information related to the straw buyers requesting the mortgage loan, in order to induce the mortgage companies to finance the purchase of 19 properties at an inflated appraised value throughout the Northern District of Ohio. The defendants, Gofman and Simkhovich, "flipped" or refinanced properties, using the straw buyers' names, with a legitimate financial institution in order to recoup the money used to purchase the property out of foreclosure or at a sheriff sale, plus obtain a profit from the refinancing, based on the increased appraisal of the reports. The defendants, Gofman and Simkhovich, flipped the residential properties a second time by coordinating the sale of the properties by the original straw buyer to a second straw buyer such as the defendant, Lesniak. The value of the properties would again be substantially increased. The moneys were then distributed to the defendants, Gofman, Simkhovich, Viola, Myles, Clover, and others. The defendants' fraudulent conduct resulted in a loss of approximately \$1,526,250.

Among other things, the pretrial release reporting instructions indicated that Ms. Clover was to undergo psychiatric/mental health evaluation and/or counseling as directed by Pretrial Services. She was also to take all medications as prescribed.

The plea agreement indicated that the maximum sentence was five years imprisonment and a fine of \$250,000, with supervised release of three years. The alternative maximum fine was the greater of the statutory maximum or twice the gross pecuniary loss or gain from the offense of conviction. A special assessment of \$200 was also due immediately upon sentencing.

The plea agreement indicated that Ms. Clover acted as a straw buyer to purchase 15 properties in the Cleveland, Ohio area over a two-month period from on or about 6/02/05 through on or about 8/04/05. Ms. Clover recruited the defendant, Paul Lesniak, to act as a straw buyer on another

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19 properties located in the Cleveland, Ohio area, of which 13 of the 19 properties were all purchased on or about 8/16/05 with the last property being purchased on or about 4/18/06. Ms. Clover and Mr. Lesniak were provided money for the down payments by Mr. Gofman and Mr. Simkhovich and submitted checks in their names to Mr. Capuozzo to be sent with loan applications to lenders. As part of the scheme, Mr. Viola promised Ms. Clover and Mr. Lesniak, as well as other straw buyers, that they could purchase the properties with no down payment money and would get money back at the closings on the properties. Ms. Clover agreed to waive appeal and post conviction attack and agreed to make full restitution as may be determined by the court. She agreed to submit a financial statement. The prosecutor agreed not to request a sentence higher than the advisory sentencing guidelines range and the defendant agreed not to request a sentence lower than the advisory sentencing guideline range. The adjusted offense level was calculated to be the number thirteen. Ms. Clover also agreed to cooperate fully with the United States, state, and local government investigations and prosecutions, and agreed not to communicate with any other parties regarding the charges or investigations. In exchange for her cooperation, the prosecutor agreed to move for a downward departure of no more than three levels. Ms. Clover understood that the criminal history category would be determined by the court after completion of a presentence investigation by the U.S. Probation Office. Ms. Clover understood that it was the court's decision alone to decide the applicable sentencing range under the advisory sentencing guidelines. Ms. Clover also understood that if she breached any promises in the agreement or if her guilty pleas or conviction were at any time rejected, vacated, or set aside, the prosecutor would be released from all obligations under the agreement and could institute or maintain any charges or make any recommendations with respect to sentencing that would otherwise be prohibited by the agreement. Ms. Clover understood that the agreement applied only to the United States Attorney's Office for the Northern District of Ohio. She indicated that she was satisfied with the assistance of her counsel and that her agreement was complete and voluntarily entered.

The presentence investigation report of 4/09/10 indicated that, on 3/10/10, Ms. Clover pled guilty to counts I and II of the Information, and her case was referred to the U.S. Probation Officer for preparation of a presentence investigation. In particular, she pled guilty to violations of Title 18, United States Code, Section 1343 (wire fraud). The report indicated that, if Ms. Clover fully complied with her obligation to cooperate and accept the responsibility for her criminal conduct, the prosecutor at the time of sentencing would move for a downward departure of no more than six levels. On 3/10/10, Ms. Clover was released on \$20,000 unsecured bond with conditions. The Pretrial Services Officer reported that she complied with all conditions of pretrial services.

During a presentence interview with the Cleveland Probation Office, on 3/30/10, Ms. Clover provided a written statement in which she indicated that she purchased approximately 15 properties in the Greater Cleveland, Ohio area and received cash back at the closings on all of the properties. It was represented to her that the cash back was to be utilized for any potential maintenance issues that could arise, and for security deposits. She did not put any money down on any of the purchases, and the properties were not intended to be a residence. The properties were purchased with the intent of leasing them with the hope and expectation of realizing

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appreciation and positive cash flow. She thought that she would be able to pay the mortgage payments as they came due. However, she defaulted on the promissory notes that were secured by the mortgages, and the properties went into default with a substantial loss to the lenders. She admitted that she should have been more careful and realized that receiving cash back and putting no money down should have alerted her to an impropriety. In retrospect, she realized that she could not purchase property with no money down and receive cash back in a legitimate transaction at least in the manner that her deals were configured. Ms. Clover also admitted that she conspired with the other defendants to submit false loan applications and that her actions resulted in substantial losses to the lending institutions. Ms. Clover indicated that she spent countless hours asking herself how she could have been so naive as to allow herself to become embroiled in the scheme where fraud was pervasive and the losses were enormous. She indicated that she followed bad advice and trusted people who were not trustworthy. She was 24 years old when the conspiracy began and was unsophisticated in complex real estate transactions. However, when she was told to represent a level of income she did not have since it was anticipated that she would have it, she recognized that she should have known better. She took full responsibility for her actions. Although she felt she was duped, after speaking with her attorney and the government, she realized that she was responsible for what occurred and no one else. She felt remorseful, ashamed, and embarrassed by her actions. She faced expulsion from law school and her life was in a "complete tailspin." Her marriage was ending and she was at a loss to see a future for herself.

During the presentence interview, Ms. Clover provided an additional handwritten statement in which she stated that she honestly thought that she could buy 200 homes and then get into apartment buildings with no money down. She recognized that she was stupid and naive to believe such a thing and did not blame anyone but herself for her actions. The total offense level was calculated to be nineteen.

Ms. Clover's criminal history showed no juvenile adjudications. She had an adult conviction for Disorderly Conduct in the Berea Municipal Court and received one year of community control with a requirement of no further alcohol offense. She was also required to participate in an eight-hour alcohol education program and follow all recommendations of probation, in addition to paying court costs and fines. The date of arrest was 6/06/09 and the sentence was imposed on 10/09/09. Charges of obstructing official business and resisting arrest were dismissed. The presentence investigator spoke with the Berea Municipal Court probation officer and the probation officer informed the investigator that Ms. Clover completed the first program and the eight-hour alcohol education program. She was maintaining contact as directed by the probation department and was compliant with all conditions of probation. The police who reported the incident indicated that Ms. Clover walked onto a stage when she was intoxicated where an act was performing, and refused to leave. She was escorted off the stage. When the police told her that she had to leave the premises, she became angry and refused to leave. A male friend told the officers that she was drunk and he would get her out. She began to yell that she was a lawyer and that her rights were being violated. The male friend attempted to push her out of the entry gate. The officer grabbed her right arm to escort her out. She swore and screamed, and swung

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her right elbow at the officer. She was placed under arrest for Disorderly Conduct. While the officers were handcuffing her, she continued to resist. The officers had to tase the male friend who was later identified as her husband, Matt Fairfield, and he was arrested. They recovered suspected marijuana and a loaded Taurus 38 Special pistol in an ankle holster on his person. Ms. Clover had three other convictions for speeding. There were no other pending charges or arrests. The criminal history computation was zero points, which corresponded to the Criminal History Category of I.

The personal family data that was obtained indicated that Ms. Clover was adopted when she was a few months old. Her parents adopted another child, Adam Clover, who changed his name to Ashes Stryffe. Ms. Clover indicated that her parents provided adequate provisions. Her mother had a master's degree and her father had a Ph.D. Both of her parents were educators. Although her family appeared to be "normal" she endured years of parental neglect, verbal and physical abuse from her father, as well as subsequent relationships with other males, in which she experienced emotional and sexual abuse. Her earliest recollection of abuse occurred when she was around age two or three. She described an incident in which her father was reading to her and she told him that he skipped a page. He then reportedly hurled a book across the room. When she was four years old, a male neighbor lured her into his bed by telling her that he would give her a Fudgesicle. She never witnessed any episodes of domestic violence during childhood although her parents fought a lot. She described her father as being verbally abusive and an alcoholic. Ms. Clover had to assume responsibility of providing care for herself and her brother. She learned to cook because her father usually prepared meals while he was drunk and the meals that he prepared were difficult to consume. For example, he made spaghetti with tuna fish. She indicated that her parents frequently neglected her and her brother. Consequently, they would have to stay at a babysitter's home and the babysitter also abused them. Ms. Clover indicated that her adoptive parents emotionally abused her by calling her "fat," and, when other peers teased her, they blamed her, claiming that the peers did not like her personality. Her father, who was a high school guidance counselor, was arrested for having intercourse with another male in a public bathroom. He told the family that, after he was arrested, he went to a state park with a gun to commit suicide. He told the family later that he was gay. Currently, her parents are still married. Ms. Clover reported that the incident occurred during her senior year of high school. She has limited contact with her adoptive parents and did not disclose the instant offense to them. At the time of the investigation, Ms. Clover was living in an apartment with three dogs.

Ms. Clover also described several abusive relationships. In high school, she began to date a 30-year-old teacher, when she was 17 years old. She expressed dismay that her mother knew of the relationship and supported it. The teacher was verbally and emotionally abusive toward her, calling her fat and ridiculed her about her inability to sing, model, or play the piano, although she obtained professional jobs in modeling. She married an individual, named Matthew Fairfield, on 9/16/06. They had no children. At the time of the investigation she was estranged from her husband and filed a complaint for divorce with a request for temporary restraining orders through the Cuyahoga County Common Pleas Court. She described Mr. Fairfield as abusive and manipulative and described incidents in which Mr. Fairfield created web site/chat rooms,

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displaying sexually inappropriate content about her. Unknown to her, he reportedly grew marijuana in their home and, after she destroyed it, he refused to speak to her for several days. Ms. Clover was undergoing medical treatment for myofascial pelvic pain and interstitial cystitis. She had chronic pain. Although Mr. Fairfield knew of her medical condition, he forced her to have intercourse. She recalled that, on three occasions, he raped her and, on one of those occasions, she passed out and woke up to discover that he allowed an associate to sexually accost her.

In June of 2009, Mr. Fairfield was charged through the Cuyahoga County Common Pleas Court for assault and carrying a concealed weapon. A jury found him guilty of carrying a concealed weapon but not guilty of assault. He was remanded into custody for a presentence investigation and a court-ordered psychiatric evaluation. After he was detained, she moved out of their home and filed for divorce. She feared for her safety due to his past history of abuse and threatening behavior.

The investigator conducted a collateral interview with Ashes Stryffe, Ms. Clover's adopted brother. When the investigator interviewed Ms. Clover's adopted brother, he stated that he had a close relationship with Ms. Clover and described it as, "their own family inside a family." He confirmed that they were both adopted and that the adoptive parents were both "odd and socially awkward." They were always at a babysitter's home and the babysitter had around 30 other children to supervise. Ms. Clover's brother indicated that their adoptive father had a history of drinking and prepared odd dishes. When he was 16 years old, their adoptive father was arrested for attempting to have sexual relationships with an undercover police officer. He was forced to resign from his high school job and his alcohol use increased. He faked a suicide attempt. Ms. Clover's brother stated that their adoptive father's arrest brought additional stress upon them because they were both attending the high school where he was employed. They also lived in a small town and the arrest was publicized. The publicity was difficult to endure. Ms. Clover and her brother had always been protective of each other due to their unusual upbringing. Her brother no longer had a bond with their adoptive parents but stated that Ms. Clover was showing more understanding of their family dynamics.

Ms. Clover's brother denied that he ever witnessed Ms. Clover being aggressive toward anyone and stated that he was uncertain of any mental health needs. He stated that she had always been ambitious, and goal-oriented. However, she became "stressed out" since she had "too much on her plate." He reported that she had always been an honest person and protective in nature but somewhat guarded, which he attributed to their childhood. He also reported that she always wanted to be a lawyer, piano player, or singer. They continued to have a close relationship. Her brother also stated that she appeared to be entering a new period of realization and understanding about what is a healthy life for her, particularly given that she was divorcing her husband. He indicated that he would continue to support her.

In describing her physical condition, the investigator indicated that Ms. Clover was under the care of three physicians, Dr. Tina Mahajan, Dr. George Coseriu, and Dr. Dorothy Bradford. She

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considered Dr. Mahajan to be her primary care physician, and had biweekly appointments with Dr. Mahajan. She was receiving medical treatment for several illnesses that included myofascial pelvic pain, diagnosed in 2005, and interstitial cystitis, diagnosed in 2004. She had recurrent migraines since age 18 and frequently had to self-catheterize as well as receive weekly injections in the urethra. Dr. Mahajan provided documentation which indicated that Ms. Clover was injected suprapubically at the site of her suprapubic laparoscopic site as well as periurethrally, bilaterally, at each visit. Dr. Coseriu indicated that her diagnoses were chronic interstitial cystitis for which she was prescribed Pentosan Polysulfate Sodium (Elmiron 100 mg.), Duloxetine HCL (Cymbalta 60 mg.), Loratadine (Claritin 10 mg.), Ethinyl Estradiol/Drospirenone (Yaz 28), Propoxyphene Acetaminophen (Darvocet), Oxycodone HCL/Acetaminophen (Percocet 7.5 mg./500 mg.), and Amitriptyline (10 mg.). She was recently hospitalized for persistent diarrhea and diagnosed with irritable bowel symptoms. She also had prescriptions for Diphenoxylate-Atropine (generic Lomotil), Metronidazole (generic Flagyl) and Prochlorperazine (generic Compazine).

In describing her mental and emotional health, the pre-sentence investigator indicated that Ms. Clover was under the care of a psychiatrist, Dr. Nan Nelson, in Mentor, Ohio. She was diagnosed with Severe Anxiety Disorder, Depression, and Bipolar Disorder. With regard to the Bipolar Disorder, she stated that, most days, she felt more depressed than manic. She was prescribed the antidepressant, Cymbalta, the mood stabilizer, Lamictal, the anti-anxiety medication, Klonopin, and the stimulant, Adderall, for attention-deficit disorder. In the past, she felt depressed and despondent and reported two instances of attempted suicide. In the summer of 2009, she ingested sleeping pills and consumed a large amount of alcohol. She did not disclose her suicide attempt to anyone because she wanted to die. At the time, she was distraught over her relationship with her estranged husband. In September of 2009, she was hospitalized for two days, at Southwest General Hospital for crisis stabilization. At the time, she was extremely inebriated and stated that she wanted to commit suicide. She reported that since she was prescribed psychotropic medication, she had been feeling better. Additionally, her depression decreased after she filed for divorce. Ms. Clover acknowledged that, throughout her depressive episodes, her consumption of alcohol increased significantly.

Dr. Nelson sent a letter to the pre-sentence investigator, which indicated that Ms. Clover had a Borderline Personality Disorder and Bipolar Disorder. She was prescribed Lamictal, Klonopin, and Adderall. The therapy sessions were focused on issues about her personality, including abandonment, rage, and self-destructive behavior. She was encouraged to continue counseling at Cleveland State University.

In describing her history of substance abuse, the pre-sentence investigator indicated that Ms. Clover initially smoked marijuana when she was 19 years old and described her use as rare since she was a singer who did not want to ruin her vocal cords. She last smoked marijuana in December of 2009. She used cocaine and LSD, twice, when she was 29 years old, and experienced troubling flashbacks from the LSD. She began to consume alcohol at age 19 and indicated that she was a "functional alcoholic." She used alcohol to "numb" herself in attempts

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to forget about her personal problems. During the summer of 2009, her drinking increased significantly. Since leaving her husband, her drinking decreased significantly.

In describing her education and vocational skills, the pre-sentence investigator indicated that Ms. Clover graduated from high school in 1998 and received a bachelor's degree in history in June of 2003 from the University of Cincinnati. She was attending Cleveland State University John Marshall College of Law. Due to the instant offense and lingering possibility of losing her scholarship, she was planning to withdraw from law school prior to the end of the spring semester. Ms. Clover was unemployed and financially sustained by her law school scholarship. She was seeking employment and worked part time as a Reiki massage therapist. She was also seeking employment at the Macaroni Grill. Before she enrolled in law school, she maintained consistent employment.

According to the investigator, from January of 2008 until June of 2008, she worked as an insurance agent and her income varied since she was paid by commission. From April of 2005 until December of 2007, she owned a property management company and her income varied, being mainly derived from rental income. She was also a loan officer from March of 2006 until 2007. Before she worked in the real estate profession, she was a professional model. She modeled since age four. In 2003 to 2004, she was employed as a model for Moda and her husband's agency, MKM Talent Group. While enrolled in college, she was employed at the Macaroni Grill in Cincinnati, Ohio.

The pre-sentence investigator indicated that Ms. Clover filed Chapter 7 bankruptcy on 9/21/07 and the debt was discharged on 2/29/08. The pre-sentence investigator concluded that Ms. Clover did not have the financial ability to pay a fine, the cost of incarceration, or the cost of supervision. The pre-sentence investigator indicated that, with a downward departure of six levels, the total offense level would become a ten. With a Criminal History Category of I, the guideline range of custody became 6 to 12 months. As a result, Ms. Clover was eligible for probation or home detention. The guideline for supervised release was determined to be at least two but not more than three years. She was eligible for not less than one but not more than five years of probation. She would also be subject to mandatory drug testing and a mandatory assessment of \$200. A maximum fine of \$250,000 could be imposed. The fine range for the instant offense was \$6,000 to \$60,000. Restitution could also be ordered. It was noted that many of the financial institutions that were affected were closed. The pre-sentence investigator found that a downward departure of six levels to offense level ten could be provided with acceptance of responsibility along with substantial assistance. No variance was recommended.

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Appendix C: Clinical Findings – Mental Status Examination

Demographic Information:

Age	Marital Status	Race	Sex
31	Divorced	Caucasian	Female

Height: 5'8" *Weight:* 130 lbs.

Weight Changes: Decreased from 180 lbs. in 2009 due to diet and exercise

Appearance & Interview Behavior:

Dress	Grooming	Eye Contact	Voice Volume	Voice Velocity
Business attire	Clean	Good	Normal	Normal
Cooperation	Pain Behavior			
Good	None			

Affect and Mood:

Predominant Mood	Range of Affect	Appropriateness of Affect
Depressed	Restricted	Appropriate

Mood Symptoms:

Symptom	Description	Symptom	Description
Appetite	Decreased	Decreased General Interest	Present
Energy	Decreased	Feeling Worthless	Present
Crying	Daily, for a few minutes	Feeling Hopeless	Occasionally
Temper	Increased	Feeling Helpless	Present
Violence	None	Feeling Guilty	Present

Manic Symptoms

Symptom	Description	Symptom	Description
Flight of Ideas/Racing Thoughts	Not present	Unusually Talkative/Pressured Speech	Not present
Decreased Need for Sleep	Not present	Inflated Self-esteem/Grandiosity	Not present
Distractibility	Not present	Unrestrained Pleasurable Activity	Not present

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Symptom	Description	Symptom	Description
Increased Activity/Psychomotor Agitation	Not present	Elevated, Expansive, or Irritable Mood	Not present

Sleep:

Average Amount of Sleep	3-5 hours per day		
Difficulty Falling Asleep	Nightly	Due To	Anxiety
Difficulty Remaining Asleep	Nightly	Due To	Anxiety
Napping Frequency	2-3 days per week	Duration of Naps	30-60 minutes
Frequency of Nightmares	3-4 nights a week	Nightmare Content	Abuse by ex-husband

*Suicidal & Homicidal Symptoms:**

Suicidal Symptoms	Description	Homicidal Symptoms	Description
Ideations	Due to ex-husband	Ideations	None
Plans	Overdose, auto accident	Plans	None
Attempts	2008, by overdose	Attempts	None
Intent	None	Intent	None

*Not imminently suicidal or homicidal

Anxiety Symptoms:

Panic Symptoms	Frequency/Duration	Other Anxiety Symptoms	Frequency/Duration
Heart Palpitations/Pounding/Rapidity	3 times a week, for 20 min.*	Restlessness	N/A
Trembling or Shaking	3 times a week, for 20 min.*	Fatigue	N/A
Shortness of Breath/Smothering	3 times a week, for 20 min.*	Racing Thoughts	N/A
Choking	N/A	Tension	N/A
Chest Pain/ Discomfort	N/A	Irritability	N/A
Nausea/ Abdominal Distress	N/A	Ringling in Ears	N/A
Dizzy/Lightheaded/Faint	N/A	Dry Mouth	N/A

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Panic Symptoms	Frequency/Duration	Other Anxiety Symptoms	Frequency/Duration
Derealization/Detachment	1-2 times a week	Shortened Life Span	Present
Fear of Losing Control or Going Crazy	N/A	Flashbacks	Of sexual assault by husband, every other week, for up to an hour
Fear of Dying	N/A	Increased Startle Response	Varies
Numbness/Tingling	N/A	Intrusive Thoughts	Daily, for up to 3 hours
Chills/ Hot Flushes	N/A	Hypervigilance	Present
Sweating	N/A	Emotional Numbing	Difficulty trusting
Difficulty Speaking	N/A	Hives	1-2 times a year, for 30-60 min.

*Alleviated after 20 min., with Klonopin

Additional Traumatic Experiences: none

Thought Process: Logical, coherent, organized & relevant

Reported Concentration: "Drifting"

Reported Memory: "Really good"

Hallucinations: None

Delusions: None

Results of Screening Questions for Malingering: Negative

Results of Screening Questions for Factitious Disorder: Indeterminate

Screening Questions for Factitious Disorder	Response
Do you admire doctors and what they can do for you?	Yes
Are you sometimes concerned that doctors are "too busy" to give you the time you truly need?	Yes
Are you sometimes forced to emphasize your symptoms to get the attention you deserve?	Yes

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Results of Screening Tests of Cognitive Functions:

Cognitive Function	Level of Functioning
Attention	No Impairment
Concentration	Moderate Impairment
Fund of Knowledge	Superior
Abstract Reasoning Ability	Superior
Memory	No Impairment

Results of Screening Questions for Cognitive Malingering: Negative

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Appendix D: Clinical Findings - Test Results

The **Personality Assessment Inventory** is an objective measure of general personality functioning which gives particular reference to diagnostic and treatment issues. The validity measures of this test indicate that the results are valid, although unusual symptom patterns were present. Given her traumatic history and history of multiple psychopathology, this would be expected. The clinical measures show significant elevation across a number of different scales, indicating the probability of multiple diagnoses. The configuration of the clinical scales indicates that she has significant unhappiness, moodiness, and tension. Although she is quite distressed and acutely aware of her need for help, her low energy level, passivity and withdrawal make it difficult for her to engage in treatment. Her self-esteem is quite low and she views herself as ineffective and powerless to change the direction of her life. Disruptions in her life have left her uncertain about her goals and priorities, and tense and pessimistic about the future. She has difficulties concentrating and making decisions, and the combination of hopelessness, agitation, confusion, and stress, places her at increased risk for self-harm.

Clinically significant symptoms of depression are present, which include thoughts of worthlessness, hopelessness, and personal failure. She admits openly to feelings of sadness, a loss of interest in normal activities, and a loss of pleasure in things that were previously enjoyed. There is likely to be a disturbance in sleep pattern, a decreased level of energy and sexual interest, and a loss of appetite and/or weight. Psychomotor slowing might also be expected.

Additionally, clinically significant symptoms of anxiety are present. She is likely to be plagued by worry to the degree that her abilities to concentrate and attend are significantly compromised. Associates are likely to comment about her overconcern regarding issues and events over which she has no control. Emotionally, she feels a great deal of tension, has difficulty relaxing, and experiences fatigue due to high stress. In contrast to these cognitive and physical symptoms of anxiety, physical symptoms of anxiety do not appear to be a major feature of the clinical picture.

Furthermore, she has specific fears and anxiety surrounding particular situations. This pattern of response reveals that she is likely to have significant symptoms related to traumatic stress. It is likely that she has experienced a disturbing traumatic event that continues to distress her and produces recurrent episodes of anxiety. This test, however, does not identify any specific traumatic stressor.

There also appears to be an unusual degree of concern about physical functioning and health matters, with probable impairment arising from somatic symptoms. She is likely to report that her daily functioning has been compromised by a variety of physical problems. Although she may appear relatively healthy to other observers, she is likely to see herself as having a history of complex medical problems. She probably feels that her health is not as good as that of her peers and is likely to be continuously concerned with her health status and physical problems. Her social interactions tend to focus on her health problems and her self-image is influenced by a belief that she is handicapped by poor health.

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The test results also indicate that she has history of being involved in intense and volatile relationships. In these relationships, she tends to be preoccupied with fears of being abandoned or rejected by people who are important to her. She is more wary and sensitive in interpersonal relationships than the average adult. Others are likely to see her as tough minded, skeptical, and somewhat hostile.

Measures of antisocial and psychopathic tendencies show no significant indication of such symptoms.

Her self-concept involves a rather negative self-evaluation. She is likely to be self-critical, not handling setbacks very well, and blaming herself for past failures and lost opportunities. It is likely that she is more inwardly troubled by self-doubt and misgivings about her adequacy than is apparent on the surface. She tends to play down her successes, as a result, and sees her accomplishments as heavily depending on the efforts or good will of others.

Interpersonally, she can present herself as warm, friendly, and sympathetic. She values harmonious relationships and derives much of her satisfaction from these relationships. However, due to the premium she places upon harmony, she is likely to be uncomfortable with confrontation or conflict and will tend to shun controversy. She is quick to forgive others and will readily give others a second chance. In considering her social environment with respect to perceived stressors, and the availability of social supports with which to deal with these stressors, her responses indicate that she has a level of social support that is lower than that of the average adult. She has relatively few close relationships, or is dissatisfied with the quality of these relationships.

With respect to suicidal ideation, she is experiencing recurrent thoughts related to suicide. Although at higher risk, the clinical presentation did not indicate that she was in any immediate danger of harming herself. With respect to anger management, her temper is within the normal range and is fairly well-controlled, without apparent difficulty.

Her interest in and motivation for treatment is typical of individuals being seen in treatment settings. Her responses show an acknowledgement of important problems and a perception of a need for help in dealing with these problems. She has a positive attitude towards the possibility of personal change, the value of therapy, and the importance of personal responsibility. Additionally, she has a number of other strengths that are positive indications for a relatively smooth treatment process and a reasonably good prognosis. Initially, she may have some difficulty placing trust in a treating professional as part of her more general problems with close relationships. However, this barrier could be readily overcome by a skilled and experienced therapist.

The diagnostic algorithms of this test indicate that it is likely that she has a Posttraumatic Stress Disorder and a Major Depressive Disorder.

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The **Millon Clinical Multiaxial Inventory-III** is an objective measure of general personality functioning which gives particular reference to psychopathology and personality disturbance. The validity measures of this test indicate that the results are valid. The clinical measures indicate that there is likely to be a personality disturbance that makes it difficult for her to regulate her thoughts and feelings. Her judgment and ability to act in her best interests can be readily overwhelmed by stress. There is likely to be a history of disappointments in her personal and family relationships. Deficits in her social attainments are also notable, as well as a tendency to engage in self-defeating behavior. Earlier aspirations have resulted in frustrating setbacks and efforts to achieve a consistent niche in life may have failed. Although she is able to function on a satisfactory basis, she has periods of marked emotional, cognitive, and behavioral impairment.

The personality measures indicate that she has a longstanding expectation that others will be rejecting or disparaging and this expectation precipitates gloom, self-defeating, and self-abnegating behavior, as well as irrational negativism. Variations in mood occur between her desire for affection, self-destructive behavior, fear, and general numbing of feelings. Despite her longing for warmth and acceptance, she withdraws to maintain a safe distance from close emotional involvement. Retreating defensively, she not only becomes remote from her needed and desired sources of support, but also impulsively engages in self-sabotaging pursuits.

Although she may appear to be unphased by her difficulties, her surface apathy conceals her excess sensitivity. Behind this front of restraint are intense contrary feelings that break through in displays of temper toward those who have been unsupportive, critical, or disapproving. However, the little security that she possesses is threatened when these resentments are expressed. Therefore, to protect herself against further loss, she tries to conceal or resist expressing anger, albeit unsuccessfully.

Although remorseful about engaging in self-destructive behavior and suicidal gestures, when she is not withdrawn, she participates in peripheral social roles and behaves in an unpredictable manner, impulsively falling into troublesome situations. Often, she will feel misunderstood, unappreciated, and demeaned by others. At times, she may actually provoke condemnation through her sad and inconsistent behavior and then accuse others of mistreating her.

Her low sense of self-worth causes her to see her situation as being futile. A tendency toward extreme introspection also compounds her identity problem. The alienation that she feels from others is also paralleled by feelings of alienation from herself, adding to her undercurrent of tension, sadness, and anger. With a chronic tendency to expect ridicule and derision, she is able to detect the most minute traces of indifference expressed by others and interpret a minor slight as an expression of contempt and condemnation. She believes that good things do not last and that overtures of affection end in disappointment and rejection. Anticipating disillusionment, she may undermine potentially positive opportunities with impulsive hostility. A vicious circle may emerge in which her efforts at emotional constraint are followed by impulsive outbursts, that in

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turn, are followed by remorse and regret. These erratic emotions are not only intrinsically distressing, but also upset her limited capacity to cope with everyday tasks.

The content measures of this test indicate that she has confusion about her identity and self-worth, which causes rapidly changing self-presentations and frequent self-punitive behavior. She feels unable to channel her abilities and feels incapable of settling onto some path or role that would provide a basis for fashioning a unified and enduring sense of self. Her desire to redeem herself and change accounts for expressions of contrition and self-punitive behavior.

The content measures also indicate she has a habit of judging herself to be valueless and insignificant. This adds significantly to her pervasive sadness. Any failure can plunge her into more severe states of disconsolation. Such events only reinforce her belief that she is unworthy. Similarly, an innocuous critical remark may set in motion obsessive worrying and brooding, further intensifying her sense of worthlessness. Even when things are going well, she has a deep sense of personal inadequacy, a feeling of being deficient in a host of desirable qualities.

Additionally, the content measures indicate that she has significant needs for attention and affection from others, which are undermined by her mercurial and unpredictable behavior. She frequently elicits erratic, angry, and rejecting responses from others, instead of the warmth that she desires. In an unpredictable and frantic reaction to her fear of abandonment and isolation, she can become angry and hostile, and thereby damage her security rather than eliciting the care that she seeks. Not only does she need protection and reassurance to maintain her equanimity, but she becomes inordinately vulnerable to separation from these external sources of support. Isolation terrifies her not only because she lacks a strong sense of identity, but also because she is incapable of taking, mature, self-determined, and independent action.

The clinical syndrome measures indicate that she is experiencing a Major Depressive Disorder as part of her overall and enduring characterological structure of self-defeating attitudes. Feelings of emptiness and loneliness, and recurrent thoughts of death and suicide, are accompanied by expressions of low self-esteem, preoccupation with failure and physical unattractiveness, and assertions of guilt and worthlessness. Although she complains about being mistreated, she is also likely to believe that she deserves to suffer. Such self-debasement is consonant with her self-image, as is her tolerance and perpetuation of relationships that foster and aggravate her misery.

Additionally, these measures indicate that she is likely to have clinically significant symptoms of anxiety that include restlessness, edginess, and distractibility along with somatic signs of anxiety, insomnia, and exhaustion. She varies between keeping her distress in check and voicing it, thus preventing her from stabilizing her emotions. This, in turn, prevents her from having the opportunity to let her emotions settle.

Beyond her general anxiety and dysphoria, it appears that she has been confronted with an event or events in which she was exposed to severe traumatic experiences that precipitate an intense

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fear of horror on her part. Currently, residual symptoms of this event appear to be persistently reexperienced, with recurrent and distressing recollections, such as in cues that resemble or symbolize an aspect of a traumatic event. Where possible, she seeks to avoid such cues and recollections. Where they cannot be anticipated and actively avoided, as in dreams or nightmares, she becomes terrified, exhibiting a number of symptoms of anxiety. Other traumatic symptoms include difficulty falling asleep, outbursts of anger, panic attacks, hypervigilance, exaggerated startle response, and/or a subjective sense of numbing and detachment.

It also appears that she is subject to alcoholic indulgence. Feeling anxious, alone, and mistreated, she is likely to turn to alcohol to facilitate psychological needs that are difficult for her to achieve otherwise. Alcohol moderates her social anxiety and fear, enhances her self-confidence, and enables her to relate easily to others. It also serves, briefly, to bolster her depleted sense of self-esteem and well-being. She is likely to recognize the detrimental consequences of her drinking. However, alcohol has become an effective antidote for her ever present psychic pain.

The diagnostic algorithms of this test indicate that she is likely to have a Posttraumatic Stress Disorder and a Major Depressive Disorder, as well as a Generalized Anxiety Disorder. Personality diagnoses are likely to include a Borderline Personality Disorder, with Masochistic and Histrionic Traits. Measures of antisocial and psychopathic tendencies show no significant indication of such symptoms.

The test results also indicate that she should be stabilized on psychiatric medications. Cognitive behavioral psychotherapy is also indicated to restructure her irrational self-beliefs. However, she will need a therapist with a warm and accepting attitude in order not to regress. The primary focus of treatment should be upon restructuring her self-image and improving her self-esteem.

The **Substance Abuse Subtle Screening Inventory-3** is an objective measure of chemical dependency. The validity measures of this test indicate that the results are valid. The clinical measures indicate that there is a very high probability that Ms. Clover is chemically dependent. An item analysis indicates that she is likely to be alcohol dependent.

The **Detailed Assessment of Posttraumatic Stress** provides detailed information about an individual's symptomatic responses to a specific traumatic event. This includes feelings and thoughts that occur during or soon after the event, as well as later posttraumatic symptoms involving intrusive reliving of the event, avoidance, and autonomic hyperarousal. Posttraumatic dissociation, suicidality, and substance abuse are also evaluated by this test. The validity measures of this test indicate that the results are valid.

The index trauma in this test is a traumatic event that is selected as the most upsetting or most clinically important at this time. The index trauma in this test involves being sexually assaulted. The description of the trauma was as follows: "My ex-husband's nightly raping of me, plus the time he let two others rape me." This traumatic experience occurred a year ago or longer. In

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In addition to this index trauma, her traumatic history includes several other traumatic events that involve being physically assaulted and threatened with bodily injury or death. She also witnessed someone being seriously hurt or killed and was physically and sexually abused during childhood.

With regard to the index trauma, her score on the measure of peritraumatic distress indicates that she experienced more distress soon after the index trauma than the average trauma victim. As a result, she is likely to experience significant posttraumatic symptomatology. Symptoms of distress include high levels of fear, helplessness, horror, guilt, shame or humiliation, disgust, upset, and fears that she would die.

The measure of peritraumatic dissociation indicates that she did not experience significant alteration in her awareness while the traumatic event was occurring, although she indicates that her mind went blank and she was not completely aware of what was going on around her often during the index trauma.

The measure of reexperiencing involves symptoms of intrusive thoughts about the trauma, flashbacks, upsetting memories, and nightmares of the traumatic event, as well as distress and autonomic reactivity upon exposure to events that remind her of the trauma. Her score on the measure of reexperiencing indicates that she is regularly bothered by intrusive recollections of the traumatic event and feels unable to control these reexperiencing symptoms. The item analysis indicates that, four times or more a week, she is upset by thoughts or memories of the experience and has thoughts or images of what happened to her that she cannot get out of her mind. These memories and experiences seem to come out of nowhere. About once a week, she feels frightened or upset by these memories. Additionally, four times or more a week, she has upsetting nightmares about the traumatic event and experiences increased symptoms of autonomic arousal.

The measure of avoidance includes conscious attempts to avoid people, places, conversations, or situations that could trigger flashbacks or other intrusive experiences. Other items measure a loss of interest in activities and feeling disconnected from others. Her score on this measure indicates that she has significant posttraumatic avoidance symptoms but does not exhibit extreme withdrawal, numbing, or emotional constriction seen in some cases of Posttraumatic Stress Disorder. Given her score on this measure, it is likely that she would avoid discussing or would minimize the amount of trauma that she actually experienced during the traumatic event. The item analysis indicates that, four times or more a week, she does not want to talk about what happened to her and tries not to have any upsetting thoughts or feelings about what happened. About once a week, she avoids doing things because they remind her of the traumatic experience.

The measure of hyperarousal on this test measures symptoms of autonomic arousal that include a heightened startle reaction, tension, sleep difficulties, irritability, problems with attention and concentration, and hypervigilance. Her score on this measure indicates that she is likely to

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experience a combination of tension, irritability, and a tendency to be jumpy or "on edge." There are likely to be significant somatic symptoms of distress that include muscle tension or gastrointestinal stress that reflect the effects of sustained hyperarousal. Since hyperarousal symptoms can be quite aversive, individuals with elevated scores on this test often resort to using alcohol or drugs or take other sedating measures to regulate their emotional state. The item analysis indicates that, about four or more times a week, she has difficulty falling asleep or staying asleep than she did before the traumatic event happened. Two or three times a week, she has times when she is so alert that she cannot relax. Additionally, since the traumatic event happened, she is more startled or frightened by sudden noises or movement. About once a week, she has difficulty concentrating or paying attention.

The global measure of trauma on this test combines the scores obtained from the reexperiencing, avoidance, and arousal scales to provide an overall severity rating of the trauma symptoms. Her score on this measure indicates that her posttraumatic stress symptoms are in the severe range.

Additionally, there is an impairment measure, which indicates the level of functional impairment that the posttraumatic symptoms cause. Her score on this test indicates that she has difficulty functioning on an ongoing basis due to posttraumatic symptoms. The item analysis indicates that two or three times a week, she has problems in relationships due to being sexually assaulted. Additionally, two to three times a week, she is not able to do things that she needs to do due to feeling too distressed.

The diagnostic algorithm of this test indicates that the probability that she has a Posttraumatic Stress Disorder is 88%.

The trauma-specific dissociation scale of this test measures symptoms of derealization, depersonalization, and detachment, that can develop after a traumatic event occurs. Such symptoms include going into a daze and feeling that things have become unreal or feeling separated from one's body. Her score on this test does not indicate that she has developed substantial dissociative responses related to the index trauma.

The substance abuse measure of this test does not indicate that she is currently relying extensively upon substances to control symptoms of hyperarousal. However, the suicide measure of this test indicates that her traumatic experiences are so painful that she often contemplates suicide as a way to escape them. The item analysis indicates that, once or twice, she did something dangerous because she hoped she would be killed. Once or twice, she also made plans about how to commit suicide.

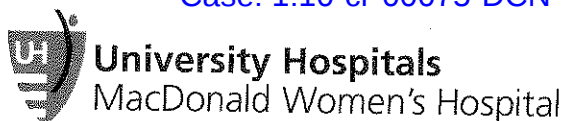
Overall, the results of this test indicate that Ms. Clover is experiencing severe symptoms of Posttraumatic Stress Disorder due to repeated sexual assault.

The **Trauma Symptom Inventory-2** is another objective measure of symptoms of trauma. Given the multiple psychopathology evident in the other test results, she obtained an inordinately

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high score on the measure of atypical responses on this test. Therefore, the results are likely to confound symptoms of posttraumatic stress with symptoms that are caused by other psychopathology. Consequently, the results of this test are considered to be invalid as they are more likely to be measuring a variety of other psychological symptoms due to other mental disorders, in addition to psychopathology that is caused by posttraumatic stress. Although the results do indicate that she has a Posttraumatic Stress Disorder, since the results are confounded with her other psychopathology, nothing conclusive can be drawn from this test alone. However, in combination with three other tests, which indicate that she has a Posttraumatic Stress Disorder, the results of this test would be consistent with such a conclusion.



**MacDonal Women's Hospital
Department of Obstetrics & Gynecology
Division of Female Pelvic Medicine and Reconstructive Surgery**

May 27, 2011

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PHYSICIAN

Sangeeta Tina Mahajan, M.D.
Assistant Professor

Jaye Schlachet
55 Public Sq #1300
Cleveland, OH 44113

**RE: KATHRYN K. CLOVER
MR# 03212941
Westlake**

To Whom It May Concern:

This is a letter regarding my patient, Kathryn Clover, who has been a long-term patient of mine since 2007 and who came to me at the age of twenty-six with a variety of pelvic floor issues. She has a history of pelvic pain as well as interstitial cystitis, which has been quite severe and debilitating. The patient's past social history is significant for history of molestation as a child at the hands of a neighbor followed by a rape at 16, although she did fairly well thereafter until she met her husband. Her relationship with her husband was complicated by physical and mental abuse including nonconsensual intercourse, or rape. The patient developed significant pelvic pain. She has undergone a variety of treatments with me including intradetrusor botulinum A toxin as well as pelvic floor botulinum A toxin as well as extensive pelvic floor physical therapy and pharmacologic treatments. The patient has made a significant improvement, but continues to have pain as well as urgency and frequency and remains under my close observation and care with appointments one to two times a month.

Advanced Obstetrical Ultrasound
and prenatal Diagnosis
Behavioral Medicine
Gynecologic Oncology
High Risk Pregnancy
Infertility
In Vitro Fertilization
Menopause & Climacteric Management
Nurse Midwifery
Pediatric & Adolescent Gynecology
Reproductive Endocrinology
Urogynecology/Pelvic Reconstruction

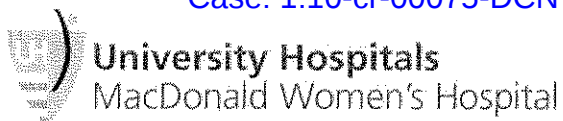
I am happy to keep you updated on any other issues regarding this nice lady. Through all of this, Kathryn remains a level-headed, productive and thoughtful member of society, now pursuing her JD in law school. Now that she has divorced her husband, who is now in jail, she is moving forward toward a more constructive relationship. Please let me know if I can be of any further assistance.

Sincerely,



Sangeeta T. Mahajan, M.D.
Head Division of Urogynecology
Department of Obstetrics/Gynecology and Urology
University Hospital Case Medical Center
Cleveland, OH

STM/LO



**MacDonalD Women's Hospital
Department of Obstetrics & Gynecology
Division of Female Pelvic Medicine and Reconstructive Surgery**

June 21, 2011

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PHYSICIAN

Sangeeta Tina Mahajan, M.D.
Assistant Professor

Jaye Schlachet
55 Public Sq #1300
Cleveland, OH 44113

**RE: KATHRYN K. CLOVER
DOB: 10/15/1979
MR# 03212941
Westlake**

To Whom It May Concern:

This letter is to affirm Ms. Clover's significant medical issues. Ms. Clover has been a patient of mine since February of 2007 when she initially presented to me with significant complaints of pelvic pain, interstitial cystitis, and intermittent urinary retention. She has had a long history of physical abuse, irritable bowel syndrome, and clostridium difficile infection. The patient has been a long term patient of mine who has undergone a variety of treatments for her pelvic pain as well as other pelvic conditions including physical therapy. Unfortunately, physical therapy for the pelvic floor is quite a special service and only a limited number of practitioners in the Cleveland area even perform this kind of treatment.

The patient does suffer from significant intermittent urinary retention, brought on by stress, which causes her to be catheter dependent at times. She also has flares of her interstitial cystitis, which require close management, particularly bladder instillations of medication to help with pain and manage inflammation, which I do on a p.r.n. basis for her. In addition, the patient has been undergoing invasive injections in my office into the uterosacral ligaments transvaginally for her significant pain and pressure complaints as well as urinary urgency, which have been quite effective, but do need to be performed on a weekly basis.

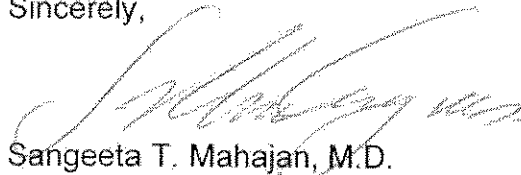
- Advanced Obstetrical Ultrasound and prenatal Diagnosis
- Behavioral Medicine
- Gynecologic Oncology
- High Risk Pregnancy
- Infertility
- In Vitro Fertilization
- Menopause & Climacteric Management
- Nurse Midwifery
- Pediatric & Adolescent Gynecology
- Reproductive Endocrinology
- Urogynecology/Pelvic Reconstruction

There is also a strong possibility that given the fact that this has helped her injection, she will require a surgery in order to permanently shorten and tighten uterosacral ligaments to help with the same complaints.

I am quite confident that Kathryn is a nonviolent offender and in no way warrants incarceration in a prison and will do quite well with probation. She is a very responsible young woman who has really turned her life around and is becoming an exemplary citizen. I know Kathryn well and can really vouch for her personality without hesitation. In addition, as a fellowship trained urogynecologist, I am one of only approximately 400 or 500 physicians in the country really adopted taking care of Kathryn's multiple pelvic issues and by incarcerating her, she will not be able to come in for weekly appointments and would be limited in her degree of care. Her care is much beyond the expertise of a general prison physician.

Please let me know if I can be of any further assistance. I am happy to testify in person on behalf of Ms. Clover.

Sincerely,



Sangeeta T. Mahajan, M.D.

Assistant Professor

Head, Division of Female Pelvic Medicine and Reconstructive Surgery

Department of Obstetrics/Gynecology

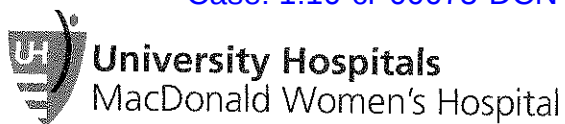
Director Joint Fellowship and Female Pelvic Surgery.

Departments of Obstetrics/Gynecology and Urology

University Hospital Case Western Medical Center

Cleveland, OH

STMLO



**MacDonald Women's Hospital
Department of Obstetrics & Gynecology
Division of Female Pelvic Medicine and Reconstructive Surgery**

September 19, 2011

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**RE: KATHRYN K. CLOVER
DOB: 10/15/1979
MR# 03212941
Westlake**

To Whom It May Concern:

PHYSICIAN

Sangeeta Tina Mahajan, M.D.
Assistant Professor

- Advanced Obstetrical Ultrasound and prenatal Diagnosis
- Behavioral Medicine
- Gynecologic Oncology
- High Risk Pregnancy
- Infertility
- In Vitro Fertilization
- Menopause & Climacteric Management
- Nurse Midwifery
- Pediatric & Adolescent Gynecology
- Reproductive Endocrinology
- Urogynecology/Pelvic Reconstruction

This is regarding my long-term patient, Kathryn Clover. Ms. Clover has been a patient of mine for approximately three to four years and suffers from significant interstitial cystitis, as well as myofascial pelvic pain with a history of personal abuse both as a child and an adult. The patient has been under my close care for this period of time, undergoing almost weekly treatments for her significant pain complaints. She recently benefited from the visit by Dr. Peter Petros from Australia, who performed a transvaginal procedure to release her pelvic pressure and heaviness this past May. Dr. Petros will be returning this fall and, given her successful pain response to these vaginal injections, we are both very confident that she will definitely benefit from surgery with Dr. Petros. Dr. Petros is probably one of the few people, if not the only person, in the world capable of doing this surgery, which has been found to significantly improve pelvic pain and pressure. Unfortunately, we are awaiting a visa and license for Dr. Petros, but anticipate him visiting sometime later this fall and being here for approximately the next six months to one year. As soon as he arrives, we are planning on Kat being one of his first patients for operative treatment.

September 19, 2011
Re: Kathryn K. Clover

Given all of these issues as well as her significant life stresses and history of multiple sexual traumas, it would definitely not be in Ms. Clover's best interest to be incarcerated by any means. She does continue to need close medical care to just maintain even minimal functional status. Please let me know if I can be of any further assistance.

Sincerely,



Sangeeta T. Mahajan, M.D.
Assistant Professor
Division of Female Pelvic Medicine and Reconstructive Surgery
Departments of Obstetrics & Gynecology and Urology
University Hospitals, Case Medical Center
11100 Euclid Avenue, MAC 5036
Cleveland, Ohio 44106

STM/LO



Bill Mason
CUYAHOGA COUNTY PROSECUTOR

Jaye M. Schlachet, Esq.
The Law Office of Jaye M. Schlachet
55 Public Square, Suite 1600
Cleveland, Ohio 44113

September 16, 2011

Re: U.S. Government v. Kathryn Clover

Dear Attorney Schlachet:

I have been informed that Kathryn Clover's sentencing date in the United States District Court for the Northern District of Ohio has been scheduled by the Honorable Judge Don Nugent for September 28, 2011. I am writing you concerning the sentencing date.

As you know you're at the present time is heavily involved in assisting the State of Ohio in several "Mortgage Fraud" investigations and pending cases. She is scheduled to testify on or about October 17, 2011 in the State of Ohio v. Turner Nash in the Courtroom of Daniel Gaul. In addition at the present time she is assisting the State Government in the investigation of top Argent executives who may have been responsible for committing fraud in the selling of mortgage backed securities to investors, and others who may have participated in the tampering with internal Argent loan documents. Her work as already lead to the indictment of several former Argent employees for tampering with these internal loan documents, thereby allowing at least 100 loans to be approved when the approval was contrary to Argent's stated guidelines. She has already testified before a State Grand Jury in that matter and more Grand jury testimony is expected. Moreover, she is also working with State Government Prosecutors in investigating two mortgage brokers and a title company of dubious repute who it appears was closing deals with two huds (and I am not referring to Family Title).

Given the above and on behalf of the State of Ohio and at your request the State Government is requesting that her sentencing be continued until at least the middle of November so that the above matters may be concluded.

OFFICE OF THE PROSECUTING ATTORNEY

The Justice Center • Courts Tower • 1200 Ontario Street • Cleveland, Ohio 44113
(216) 443-7800 • Fax: (216) 443-7601 • Email: prosecutor@cuyahogacounty.us
www.prosecutormason.com

Sincerely

A handwritten signature in black ink, appearing to read "D. Kasaris". The signature is written in a cursive style with a large, looped initial "D".

Daniel J. Kasaris
Assistant County Prosecutor
Supervisor Mortgage Fraud Unit
Cuyahoga County, Ohio
1200 Ontario ST, 9th Floor
216-443-7863
216-698-2270 (fax)