

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

CAUSE NO. 380-80047-00

EXHIBITS INDEX - DEFENDANT'S 1-34 - VOLUME 51 OF 53

THE STATE OF TEXAS \* IN THE 380TH DISTRICT COURT  
\*  
V. \*  
\*  
IVAN ABNER CANTU \* OF COLLIN COUNTY, TEXAS

I, LISA M. RENFRO, Official Court Reporter in and for the 380th District Court of Collin County, Texas, do hereby certify that the following exhibits, Pretrial Exhibits 1-2; Court's Exhibit 1; State's Exhibits 1-179 (excluding 25, 26, 84, 85, 172, 175b, 176, and 177), and Defendant's Exhibits 1-42 (excluding 3, 4 and 6) constitute a true and complete duplicate of the original exhibits admitted into evidence during the hearing in the above-entitled and -numbered cause as set out herein before the Honorable Charles F. Sandoval, Judge of the 380th District Court of Collin County, Texas, on the 13th day of July, 2001; the 15th thru 17th days of August, 2001; and the 21st thru the 26th day of October, 2001.

COPY

WITNESS MY OFFICIAL HAND on this the <sup>14th</sup> 27th day of ~~November, 2002.~~ January, 2003.

*Lisa M. Renfro*  
-----  
Lisa M. Renfro, Official Court Reporter  
Texas CSR #4534  
380th District Court  
Collin County Courthouse  
210 S. McDonald St.  
McKinney, Texas 75069  
(972) 548-4661

FILED  
NOV 15 11 09 AM

CHRONOLOGICAL EXHIBITS INDEX

STATE'S PRETRIAL

<u>EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
SX-1	Affidavit for Search Warrant	29/30	53
SX-2	" "	29/30	53
SX-3	Photograph	93/93	49
SX-4	" "	93/93	49
SX-5	Appointment of Office	13/15	49
SX-6	Acceptance of appointment	13/15	49

VOIR DIRE - COURT ONLY

<u>EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
Court-1	Handwritten notes		53

TRIAL CHRONOLOGICAL EXHIBITS INDEX

STATE'S

<u>EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
SX-1	Photograph	29/32	49
SX-2	Photograph	29/32	49
SX-3	Photograph	29/32	49
SX-4	Photograph	29/32	49
SX-5	Photograph	29/32	49
SX-7	Drawing of layout of home	86/86	49
SX-6	Telephone	22/22	49
SX-8-A	Set of Keys	30/30	49
SX8-11	Photographs	112/112	49
SX12-13	Photographs	117/117	49
SX-14	Photograph	133/133	49
SX-15	Photograph	160/160	49
SX16-18	Photographs	176/176	49
SX19-24	Photographs	177/196	49
SX25-26	Photographs	177/NA	53
SX27-56	Photographs	177/196	49
SX-58	Box of evidence	18/18	49
SX-58-A	Pillow with "love"	18/18	49
SX-58-B	Black hand towel	18/18	49
SX-58-C	Paisley round pillow	18/18	49
SX-58-D	Green-striped pillow	18/18	49
SX-59	Box of evidence	18/18	49
SX-59-A	One sheet/mattress cover	18/18	49
SX-60	Photo	22/23	49
SX-61	Photo	26/27	49
SX-62	Photo	26/27	49
SX-63	Photo of sock	26/27	49
SX-64	Photo	26/27	49

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

TRIAL CHRONOLOGICAL EXHIBITS INDEX

<u>STATE'S</u> <u>EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
SX-65	Photo	26/27	49
SX-66	Photo	26/27	49
SX-67	Photo	26/27	49
SX-68	Set of Keys	30/30	49
SX-69	Key fob	30/30	49
SX-70	Box of cartridges	30/30	49
SX-71	Box of items from apartment	33/35	49
SX-71-A	Pair of blue jeans	33/35	49
SX-71-B	White sock	33/35	49
SX-71-C	White sock	33/35	49
SX-72	Photo	35/36	49
SX-73	Photo	35/36	49
SX-74	Photo	113/113	49
SX-75	Photo	113/113	49
SX-76	Envelope w/ contents	125/126	49
SX-76-A	Bag	125/126	49
SX-76-B	Pistol (Colt .38)	125/126	49
SX-76-C	Box of cartridges	125/126	49
SX-76-D	Cartridges in magazine	125/126	49
SX-76-E	Test fires from SWIFS	125/144, V. 37	49
SX-77	Photo	128/128	49
SX-78	Photo	128/128	49
SX-79	Photo	128/128	49
SX-80	Photo	128/128	49
SX-81	Photo	128/128	49
SX-82	Photo	128/128	49
SX-83	Photo	128/128	49
SX-84	Photo	128/NA	
SX-85	Diazepam tablets	129/NA	
SX-86	Fingerprint cards	137/181	49
SX-87	Fingerprint card	137/181	49
SX-88	Fingerprint card	137/181	49
SX-89	Fingerprint card	183/181	49
SX-90	Fingerprint card	183/181	49
SX-90	Fingerprint card	13/14	49
SX-91	Fingerprint card	13/14	49
SX-92	Photo	130/130	49
SX-93	Green envelope	13/14	49
SX-93-A	Small print card	13/14	49
SX-93-B	Small print card	13/14	49
SX-93-C	Small print card	13/14	49
SX-94	Photo	91/92	49
SX-95	Photo	91/92	49

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

TRIAL CHRONOLOGICAL EXHIBITS INDEX

<u>STATE'S</u> <u>EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
SX-96	Photo	91/92	49
SX-97	Photo	91/92	49
SX-98	Photo	91/92	49
SX-99	Photo	91/92	49
SX-100	Photo	91/92	49
SX-101	Photo	91/92	49
SX-102	Rent Receipt	28/28	49
SX-103	Lease agreement	30/32	49
SX-104	Mapsco excerpt - blowup	51/51	49
SX-105	Search warrant	84/87	49
SX-106	Stmt. of Appointed officer	86/87	49
SX-107	Appointment of office	86/87	49
SX-108	Aerial photo	111/111	49
SX-109	Second search warrant	117/126	49
SX-110	Man's gold bracelet	150/150, V. 36	49
SX-111	Brown manila envelope	164/165	49
SX-111A	Spent projectile	164/165	49
SX-112	AIM mortgage business card	186/186	49
SX-113	Letter	208/209	49
SX-114	Photo	200/201	49
SX-115	Photo	200/201	49
SX-116	Photo	200/201	49
SX-117	Toll Tag Records	41/42	49
SX-118	Map of toll facilities	53/53	50
SX-119	Defendant's phone bill	57/57	50
SX-120 thru	James Mosqueda's	97/110	50
SX-131	autopsy photos		
SX-132	NONE		
SX-133 thru	Amy Kitchen's	111/111	50
SX-147	autopsy photos		
SX-148	Bullet from Wound No. 2	127/127	50
SX-149	Gunpowder fragments	127/127	50
SX-150	Bullet fragments	127/127	50
	from Wound No. 1		
SX-151	Env. of gunpowder fragments	127/127	50
SX-152	Casing	129/129	50
SX-153	Bullet	129/129	50
SX-154	Bullet	129/129	50
SX-155	Bullet	129/129	50
SX-156	Bullet	129/129	50
SX-157	Dr. Rohr's affidavit w/ A. Kitchen's autopsy report	73/74	50

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

TRIAL CHRONOLOGICAL EXHIBITS INDEX

STATE'S  
EXHIBITS

	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
SX-158	Dr. Rohr's affidavit w/ J. Mosqueda's autopsy report	73/74	50
SX-159	Diagram of James Mosqueda	96/96	50
SX-160	Diagram of Amy Kitchen	96/96	50
SX-161	Report from Mr. Emanuel	161/162	50
SX-162	Report from Mr. Emanuel	161/162	50
SX-163	Report from Mr. Emanuel	161/162	50
SX-164	Copy of Mr. Hall's Report	167/168	50
SX-165	Report - blood samples	192/192	50
SX-166	Report - blood samples	192/192	50
SX-167	Dr. Sliter's Report	191/191	50
SX-168	Four photos pasted together of crime scene by Sutton	205/205	50
SX-169	Photos of crime scene	215/216	50
SX-170	Photos of crime scene	210/210	50
SX-171	Three photos on board	223/223	50
SX-172	Statement of Defendant on PSI	NA	
SX-173	Print card of Defendant	204/205	50
SX-174	J&S - Collin County	207/207	50
SX-174B	Fingerprints - CCSO	210/201	50
SX-175	J&S - Certified packet	212/213	50
SX-175B	Excerpt from 175	212/NA	53
SX-176	J&S - DWI Offense	215/NA	53
SX-176B	Packet out of 176	218/220	50
SX-177	J&S - Deferred Adj.	218/NA	53
SX-177B	Packet out of 177	218/220	50
SX-178	Documents from the Navy	95/95, V. 43	50
SX-179	Inmate request form	165/NA	

TRIAL CHRONOLOGICAL EXHIBITS INDEX

<u>DEFENDANT'S</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
<u>EXHIBITS</u>			
DX-1	Green envelope	198/199	51
DX-1-A	Fingerprint card	198/199	51
DX-1-B	Fingerprint card	198/199	51
DX-2	Receipt book	34/35	51
DX-3	Case binder	173/Record	53
DX-4	Case binder	173/Record	53
DX-7	Copy of words left on vehicles at funeral	140/142	51
DX-8	Serology testing report	194/194	51
DX-9	Defendant's 1st grade report card	26/26	51
DX-10	Defendant's 2nd grade report card	26/26	51
DX-11	Elementary school award	26/26	51
DX-12	Defendant's 4th grade report card	26/26	51
DX-13	Outstanding Achievement	26/26	51
DX-14	Elem. graduation diploma	26/26	51
DX-15	Perfect attendance award	26/26	51
DX-16	1983 physical fitness award	26/26	51
DX-17	1984 physical fitness award	26/26	51
DX-18	Report cards	26/26	51
DX-19	Report cards	26/26	51
DX-20	Employee of the month award	37/37	51
DX-21	1998 tax return	42/43	51
DX-22	1999 tax return	44/44	51
DX-23	2000 tax return	44/44	51
DX-24	Disciplinary file	61/61	51
DX-25	Medical records	80/80	51
DX-26	Plano ISD school records	81/81	51
DX-27	Dallas IDS school records	81/81	51
DX-28 thru	Crossroads correspondence	107/107	51
DX-32			
DX-33	Curriculum Vitae	67/68	51
DX-34	Studies on Parole Outcomes	209/210	52
DX-35	Publications from witness	210/21	52
DX-36	Publications from witness	210/21	52
DX-37	Publications from witness	210/21	52
DX-38	Publications from witness	210/21	52
DX-39	Publications from witness	210/21	52
DX-40	Brochure	93/93	52
DX-41	Brochure	93/93	52
DX-42	Videotape	184/184	52



SERVICE # 010200 DATE: 11/9/2000

EXAMINER: Dr. James Gibbons

EXAMINED BY: Stew 9069

DFP  PALM

SUSPECT INFORMATION 1 2 3 4 5 6 7 8 9 10

PALMS R L

IR# \_\_\_\_\_

DAS: \_\_\_\_\_

DBY: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ # \_\_\_\_\_

AFIS INFORMATION

BADGE	PCN	DPS KEY #
5033	07-79-79599	7900368801
5033	07-79-79607	7900368802

LI  LRI  LRI2  791

~~LR~~  ~~LR~~

DPD-05317 REV. 9/97 260





COMP: Mosqueda, James

LOCATION: 18663 Gibbons

SERVICE #: 863688-J

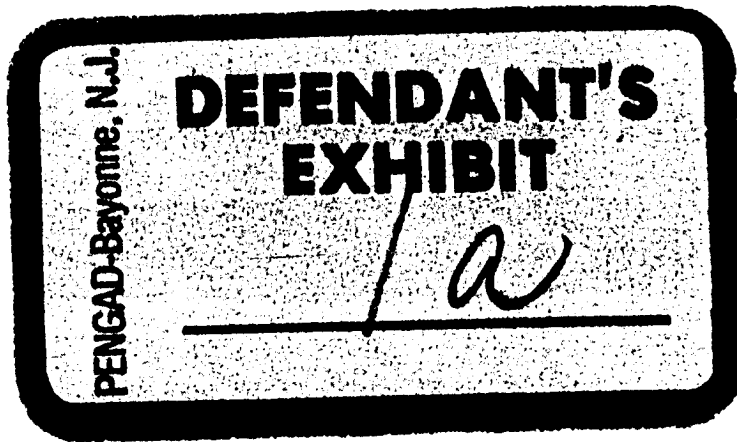
BEAT

DATE: 11/4/2000

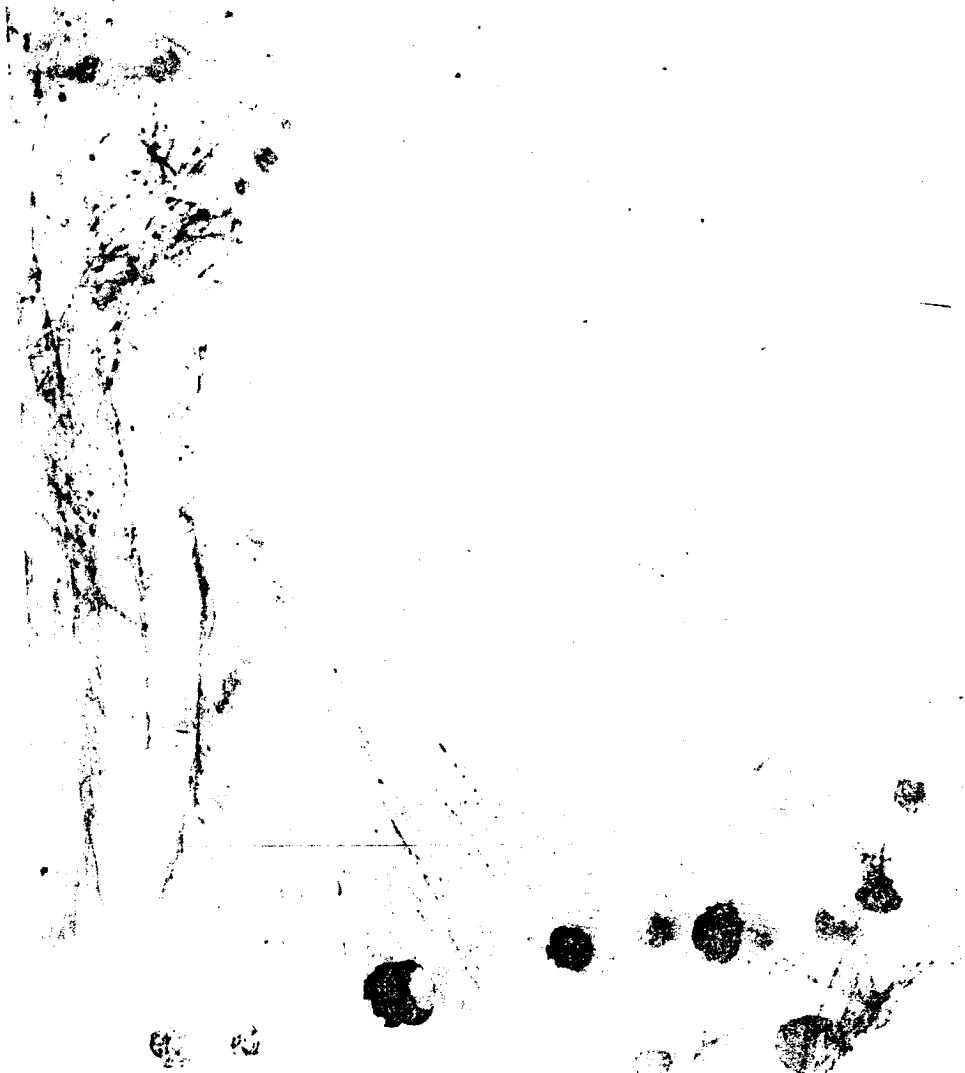
OFFENSE: Murder

LIFTED BY: Daw BADGE #: 4069

A1



lifted from left  
Side Rear Deck  
Trunk lid



COMP: Mosqueda, James

LOCATION: 18663 Gibbons

SERVICE #: 863688-J

BEAT

DATE: 11/4/2000

OFFENSE: Murder

LIFTED BY: Dun BADGE #: 4069

Lifted From The  
lower Rear Drivers  
Door Frame

ENGAD-Bayonne, N.J.  
**DEFENDANT'S  
EXHIBIT**  
16



DEFENDANT'S  
EXHIBIT  
*2*

RECEIPT No. 000001  
RECEIPT No. 000002  
RECEIPT No. 000003  
RECEIPT No. 000004



**Adams**

**MONEY OR  
RENT RECEIPT**

200 SETS  
5 1/4" x 11" (13.4 cm x 27.9 cm)



©1998, ADAMS BUSINESS FORMS, INC.,  
TOPEKA, KS 66603  
PRINTED IN USA

RECEIPT

DATE 9/14/00 No. 589201

FROM ERIC HERNANDEZ \$ 850<sup>00</sup>

Eight hundred & fifty DOLLARS

FOR RENT  
 FOR 2029 W 12th Street

ACCT.		<input checked="" type="radio"/> CASH	FROM <u>JAMES HOSCAULT</u>
PAID	<u>850<sup>00</sup></u>	<input type="radio"/> CHECK	
DUE	<u>425<sup>00</sup></u>	<input type="radio"/> MONEY ORDER	BY _____

1152

RECEIPT

DATE 9/30/00 No. 589202

FROM JOE RUIGUEZ \$ 575<sup>00</sup>

five hundred & seventy five DOLLARS

FOR RENT  
 FOR 2825 W 12th Street

ACCT.		<input checked="" type="radio"/> CASH	FROM <u>JAMES HOSCAULT</u>
PAID	<u>575<sup>00</sup></u>	<input type="radio"/> CHECK	
DUE	<u>0</u>	<input type="radio"/> MONEY ORDER	BY <u>For Deposit</u>

1152

RECEIPT

DATE 9/30/00 No. 589203

FROM JOE RUIGUEZ \$ 100<sup>00</sup>

one hundred & 00/100 DOLLARS

FOR RENT  
 FOR 2025 W 12th Street

ACCT.		<input checked="" type="radio"/> CASH	FROM <u>JAMES HOSCAULT</u>
PAID	<u>100<sup>00</sup></u>	<input type="radio"/> CHECK	
DUE	<u>775<sup>00</sup></u>	<input type="radio"/> MONEY ORDER	BY <u>For November Rent</u>

1152

RECEIPT

DATE 10/1/00 No. 589204

FROM ERIC HERNANDEZ \$ 850<sup>00</sup>

Eight hundred & fifty DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		<input checked="" type="radio"/> CASH	FROM _____ TO _____
PAID		<input type="radio"/> CHECK	
DUE		<input type="radio"/> MONEY ORDER	BY _____



RECEIPT

DATE 11/14/00 No. 589205

FROM Joe Bermudez \$ 300.00

Three hundred and no/100 DOLLARS

FOR RENT  
 FOR 2825 W 12th Street

ACCT.		<input checked="" type="radio"/> CASH	FROM <u>James M. [Signature]</u>
PAID	<u>300.00</u>	<input type="radio"/> CHECK	
DUE	<u>11/15/00</u>	<input type="radio"/> MONEY ORDER	BY <u>For November Rent</u>

1152

RECEIPT

DATE 11/3/00 No. 589206

FROM Joe Bermudez \$ 200.00

Two hundred and no/100 DOLLARS

FOR RENT  
 FOR 2825 W 12th Street

ACCT.		<input checked="" type="radio"/> CASH	FROM <u>James M. [Signature]</u>
PAID	<u>200.00</u>	<input type="radio"/> CHECK	
DUE	<u>11/15/00</u>	<input type="radio"/> MONEY ORDER	BY <u>For November Rent</u>

1152

RECEIPT

DATE 11/3/00 No. 589207

FROM Ernie Hernandez \$ 850.00

Six 650.00 Dollars  
Eight hundred and fifty DOLLARS

FOR RENT  
 FOR 2829 W 12th Street

ACCT.		<input checked="" type="radio"/> CASH	FROM <u>James M. [Signature]</u>
PAID	<u>850.00</u>	<input type="radio"/> CHECK	
DUE	<u>11/15/00</u>	<input type="radio"/> MONEY ORDER	BY <u>For November Rent</u>

1152

RECEIPT

DATE \_\_\_\_\_ No. 589208

FROM \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		<input type="radio"/> CASH	FROM _____ TO _____
PAID		<input type="radio"/> CHECK	
DUE		<input type="radio"/> MONEY ORDER	BY _____

1152

RECEIPT RECEIPT RECEIPT RECEIPT

DATE \_\_\_\_\_ No. 589213

FROM \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		
PAID		
DUE		

CASH FROM \_\_\_\_\_ TO \_\_\_\_\_

CHECK

MONEY ORDER BY \_\_\_\_\_

1152

DATE 05/10/01 No. 589209

FROM \_\_\_\_\_ \$ 85.00

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		
PAID		
DUE		

CASH FROM \_\_\_\_\_ TO \_\_\_\_\_

CHECK

MONEY ORDER BY \_\_\_\_\_

1152

DATE 5/10/01 No. 589210

FROM \_\_\_\_\_ \$ 85.00

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		
PAID		
DUE		

CASH FROM \_\_\_\_\_ TO \_\_\_\_\_

CHECK

MONEY ORDER BY \_\_\_\_\_

1152

DATE \_\_\_\_\_ No. 58

FROM \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		
PAID		
DUE		

CASH FROM \_\_\_\_\_ TO \_\_\_\_\_

CHECK

MONEY ORDER BY \_\_\_\_\_

1152

RECEIPT RECEIPT RECEIPT

DATE \_\_\_\_\_ No. **589213**

FROM \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		<input checked="" type="radio"/> CASH	FROM _____ TO _____
PAID		<input type="radio"/> CHECK	
DUE		<input type="radio"/> MONEY ORDER	BY _____

1152

DATE 2/24/01 No. **589214**

FROM \$-10/01/01/01/01/01 \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		<input type="radio"/> CASH	FROM _____ TO _____
PAID		<input type="radio"/> CHECK	
DUE		<input type="radio"/> MONEY ORDER	BY _____

1152

DATE \_\_\_\_\_ No. **589215**

FROM \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		<input type="radio"/> CASH	FROM _____ TO _____
PAID		<input type="radio"/> CHECK	
DUE		<input type="radio"/> MONEY ORDER	BY _____

1152

DATE 03/04/01 No. **589216**

FROM Mary Deann \$ 6.00

9665 Glen (aka) \_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.		<input type="radio"/> CASH	FROM _____ TO _____
PAID		<input type="radio"/> CHECK	
DUE		<input type="radio"/> MONEY ORDER	BY _____

1152



RECEIPT RECEIPT RECEIPT RECEIPT

DATE \_\_\_\_\_ No. 589221

FROM \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.			<input type="radio"/> CASH	FROM _____ TO _____
PAID			<input type="radio"/> CHECK	
DUE			<input type="radio"/> MONEY ORDER	BY _____

1152

DATE \_\_\_\_\_ No. 589214

FROM \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.			<input type="radio"/> CASH	FROM _____ TO _____
PAID			<input type="radio"/> CHECK	
DUE			<input type="radio"/> MONEY ORDER	BY _____

1152

DATE \_\_\_\_\_ No. 589215

FROM \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.			<input type="radio"/> CASH	FROM _____ TO _____
PAID			<input type="radio"/> CHECK	
DUE			<input type="radio"/> MONEY ORDER	BY _____

1152

DATE 03/04/01 No. 589212

FROM *Nancy Adams* \$ *200*

*9665 Glen Green* \_\_\_\_\_ DOLLARS

FOR RENT  
 FOR \_\_\_\_\_

ACCT.			<input type="radio"/> CASH	FROM _____ TO _____
PAID			<input type="radio"/> CHECK	
DUE			<input type="radio"/> MONEY ORDER	BY _____





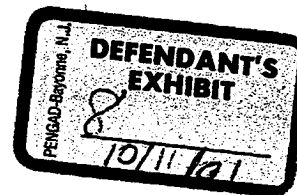






INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS

5230 Medical Center Drive  
Dallas, Texas 75235



Criminal Investigation Laboratory  
FORENSIC BIOLOGY REPORT

September 20, 2001

---

Investigating Agency:	S.C. Anthony Winn Dallas Police Department Crimes Against Persons Division 2014 Main Street Dallas, Texas 75201	Laboratory #:	00P2209-S1
		Agency #:	0863688-J
		Complainant:	James Mosqueda
		Offense:	Homicide

---

SUPPLEMENTAL REPORT

NEWLY ANALYZED EVIDENCE:

Submitted by R.E. Clark on November 9, 2000:

13A. Fitted sheet

PREVIOUSLY ANALYZED EVIDENCE:

Submitted by W.B. Rohr, M.D., on November 13, 2000:

44. Autopsy blood standard of James Mosqueda

Related Case: 00P2235 - Amy Kitchen, Dallas PD #864325-J  
Submitted by W.B. Rohr, M.D., on November 13, 2000:

13. Autopsy blood standard of Amy Kitchen

RESULTS:

Portions of the following stored samples were subjected to a chemical process to extract deoxyribonucleic acid (DNA):

- 13A-T1. Stained fabric from fitted sheet
- 13A-T2. Stained fabric from fitted sheet
- 13A-T3. Stained fabric from fitted sheet
- 13A-T4. Stained fabric from fitted sheet
- 13A-T5. Stained fabric from fitted sheet
- 13A-T6. Stained fabric from fitted sheet

Analysts initials AP

The DNA extracts from the above listed samples were amplified using the Polymerase Chain Reaction method, and typed for Amelogenin and the following nine Short Tandem Repeat (STR) systems: D3S1358, vWA, FGA, D8S1179, D21S11, D18S51, D5S818, D13S317, and D7S820.

The DNA profiles from the above listed samples were compared to the previously reported DNA profiles of James Mosqueda and Amy Kitchen. The DNA profiles are shown in Table 1.

The DNA profiles from the following samples matched the DNA profile of James Mosqueda: 13A-T1, 13A-T2, 13A-T3, 13A-T4, 13A-T5, 13A-T6.

**CONCLUSIONS:**

Based upon the results described above:

1. James Mosqueda is a possible source of DNA obtained from samples 13A-T1, 13A-T2, 13A-T3, 13A-T4, 13A-T5, 13A-T6.

**STATISTICAL ANALYSIS:**

The probability of selecting at random an unrelated individual with the same DNA profile as samples 13A-T1, 13A-T2, 13A-T3, 13A-T4, 13A-T5, 13A-T6, each of which match James Mosqueda's DNA profile, was calculated for the Caucasian, African-American and Hispanic population groups using the Texas Department of Public Safety database of STR population frequencies. The combined probabilities for STR systems D3S1358, vWA, FGA, D8S1179, D21S11, D18S51, D5S818, D13S317, and D7S820 are:

<u>Population Group</u>	<u>Probability</u>
Caucasian	1 in 222 billion
African-American	1 in 2.15 trillion
Hispanic	1 in 88.7 billion

**DISPOSITION OF EVIDENCE:**

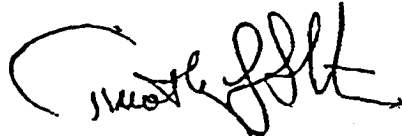
Unused portions of the following samples have been stored, and are available for future testing: 13A-T1, 13A-T2, 13A-T3, 13A-T4, 13A-T5, 13A-T6.

Analysts initials JP

Unused portions of DNA extracts of the following samples have been stored: 13A-T2, 13A-T4, 13A-T5. The DNA extracts prepared from samples 13A-T1, 13A-T3 and 13A-T6 were consumed for this analysis.

**ADDITIONAL COMMENTS:**

In the event additional analysis is required, please notify the laboratory as soon as possible.



Timothy J. Sliter, Ph.D.  
Senior Forensic Biologist  
Direct Line: (214) 920-5834

cc: FL# 00P2235  
Jerry L. Johnson, Collin Co. District Attorney's Office

Analysts initials JB

Pg. 4 of 4  
 FI.# 00P2209  
 September 20, 2001

Table 1. DNA Profiles

System	44. Standard of James Moeqmeda		00P2235-13. Standard of Amy Klichen		13A-T1. Fitted sheet		13A-T2. Fitted sheet		13A-T3. Fitted sheet		13A-T4. Fitted sheet		13A-T5. Fitted sheet		13A-T6. Fitted sheet	
	X	Y	X	Y	X	Y	X	Y	X	Y	X	Y	X	Y	X	Y
Anclogenba																
D1S1158	15	15	14	16	15	15	15	15	15	15	15	15	15	15	15	15
SWA	14	17	17	18	14	17	14	17	14	17	14	17	14	17	14	17
FGA	23	26	21	23	23	26	23	26	23	26	23	26	23	26	23	26
D8S1179	11	13	12	13	11	13	11	13	11	13	11	13	11	13	11	13
D21S11	30	32.2	29	31	30	32.2	30	32.2	30	32.2	30	32.2	30	32.2	30	32.2
D18S51	14	17	17	18	14	17	14	17	14	17	14	17	14	17	14	17
D5S818	11	12	12	12	11	12	11	12	11	12	11	12	11	12	11	12
D13S317	12	12	11	12	12	12	12	12	12	12	12	12	12	12	12	12
D7S820	11	11	10	11	11	11	11	11	11	11	11	11	11	11	11	11

Analysts initials 



AT DALLAS  
5230 Medical Center Drive  
Dallas, Texas 75235

Criminal Investigation Laboratory  
FORENSIC BIOLOGY REPORT

September 12, 2001

Investigating Agency:	S.C. Anthony Winn Dallas Police Department Crimes Against Persons Division 2014 Main Street Dallas, TX 75201	Laboratory #:	00P2209
		Agency #:	0863688J
		Complainant:	James Mosqueda
		Offense:	Homicide

COPY

**EVIDENCE:**

Submitted by R.E. Clark on November 9, 2000:

- |                   |                            |
|-------------------|----------------------------|
| 9. "Pillow case"  | 12. "Pillow case"          |
| 10. "Pillow case" | 13A. Fitted sheet          |
| 11. "Pillow case" | 13B. Fitted mattress cover |

**RESULTS:**

Human blood was detected on item 13A.

A presumptive test for blood was positive on item 13B.

No analysis was performed on items 9, 10, 11, and 12 by the Forensic Biology Unit per D.A. Gayle Falco.

In the event additional analysis is required, please notify the Laboratory as soon as possible.

**DISPOSITION OF EVIDENCE:**

Items 9, 10, 11, 12, 13A, and 13B will be released to the investigating agency; however, portions of item 13A have been retained.

*Melissa Sweetland*  
Melissa Sweetland  
Forensic Biologist II  
Direct Line: 214-920-5958  
Fax: 214-920-5813

cc: Gail Falco, Collin County District Attorney's Office  
Related FL# 00P2235

01 SEP 24 AM 9:02

BRANDY KUNKLE  
DISTRICT CLERK  
COLLIN COUNTY, TEXAS  
*Brandy Kunkle*

Analyst Initials *ms*

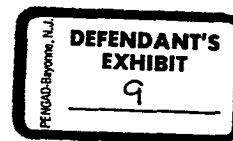


	2nd	3rd	4th	5th	6th
<b>Work Habits</b>					
• Makes good use of time	✓	✓	✓	✓	✓
• Takes care of materials	✓	✓	✓	✓	✓
• Works independently	✓	✓	✓	✓	✓
• Completes assigned work	✓	✓	✓	✓	✓
• Makes use of study skills	✓	✓	✓	✓	✓
<b>Conduct</b>					
• Works with a group	✓	✓	✓	✓	✓
• Observes rights of others	✓	✓	✓	✓	✓
• Works with adults	✓	✓	✓	✓	✓
DAYS PRESENT	28	26	26	23	25
DAYS ABSENT	1	4	3	6	4
TIMES TARDY					
Dates of Parent-Teacher Conferences	11/3				
Assignment for following year:	Assigned to 2A				

**NOTE:**  
Each parent should plan to attend at least two conferences during the year. It is suggested that the 3rd and 5th six weeks should include a conference.

<i>Ivan is a nice pupil.</i>	<i>Mr. Alan Carter</i> Parent's Signature
<i>Ivan is work assignments need to be neat and more carefully done.</i>	<i>Alan Carter</i> Parent's Signature
<i>I have enjoyed having Ivan in my room this year.</i>	<i>H. Mark Carter</i> Parent's Signature

## Early Childhood Education REPORT TO PARENTS



Name Ivan Cantu School James B. Bonham Section 1A Year 79-80

Principal Chris Carrizales

Teacher V. West

Student Number 622770 CANTU IVAN M M 06/14/73

Number

# SIX-WEEKS' REPORT

✓ in appropriate column	2nd				3rd				4th				5th				6th			
	Needs to Improve	Satisfactory Progress	Rapid Progress	Above Grade Level	Needs to Improve	Satisfactory Progress	Rapid Progress	Above Grade Level	Needs to Improve	Satisfactory Progress	Rapid Progress	Above Grade Level	Needs to Improve	Satisfactory Progress	Rapid Progress	Above Grade Level	Needs to Improve	Satisfactory Progress	Rapid Progress	Above Grade Level
<b>COMMUNICATIONS</b>																				
<b>Basic Concepts</b>																				
• Demonstrates an understanding of the basic concepts		✓				✓					✓				✓				✓	
<b>Listening</b>																				
• Listens to and follows directions		✓				✓				✓				✓				✓		
• Hears differences in sounds		✓				✓				✓				✓				✓		
<b>Speaking</b>																				
• Expresses ideas orally		✓				✓				✓				✓				✓		
• Speaks clearly and distinctly		✓				✓				✓				✓				✓		
<b>Visualizing</b>																				
• Sees likenesses and differences		✓				✓				✓				✓				✓		
• Uses left to right eye movement		✓				✓				✓				✓				✓		
<b>Reading</b>																				
• Makes use of word attack skills		✓				✓				✓				✓				✓		
• Reads with understanding		✓				✓				✓				✓				✓		
• Retains the vocabulary taught		✓				✓				✓				✓				✓		
• Reads aloud		✓				✓				✓				✓				✓		
• Shows an interest in extra reading		✓				✓				✓				✓				✓		
<b>Handwriting</b>																				
• Forms letters correctly		✓				✓				✓				✓				✓		
• Uses proper spacing		✓				✓				✓				✓				✓		
<b>Spelling</b>																				
• Writes spelling words correctly																		✓		
• Uses spelling words in sentences																		✓		
• Writes creatively																				
<b>MATHEMATICS</b>																				
• Recognizes geometric shapes		✓				✓				✓										
• Demonstrates ability to use number skills		✓				✓				✓				✓				✓		
• Makes use of measuring devices																				
• Demonstrates knowledge of addition facts		✓				✓				✓				✓				✓		
• Demonstrates knowledge of subtraction facts						✓				✓				✓				✓		
• Demonstrates knowledge of multiplication facts																				
• Demonstrates knowledge of division facts																				
<b>SOCIAL SCIENCES</b>																				
• Demonstrates a positive self-image		✓				✓				✓				✓				✓		
• Respects the rights and differences of others		✓				✓				✓				✓				✓		
• Demonstrates an understanding of the function of groups — schools, families, communities		✓				✓				✓				✓				✓		
<b>HEALTH — SCIENCE</b>																				
• Uses scientific skills to solve problems																				
• Observes health rules		✓				✓				✓				✓				✓		
<b>ART — MUSIC</b>																				
• Shows originality																				
• Makes good use of a variety of art materials		✓				✓				✓				✓				✓		
• Participates in music activities		✓				✓				✓				✓				✓		
<b>MOVEMENT — P.E.</b>																				
• Demonstrates body coordination		✓				✓				✓				✓				✓		
• Participates in games and group activities		✓				✓				✓				✓				✓		
• Shows sportmanship qualities		✓				✓				✓				✓				✓		





**SOCIAL AND PERSONAL GROWTH**

Six Weeks

1 2 3 4 5 6

akes good use of time  
 kes care of materials  
 rks independently  
 llows directions — completes assigned tasks  
 rks neatly and carefully  
 rks well with others  
 ntributes to group discussions

✓						
✓						
	✓					
✓						

**ADDITIONAL INSTRUCTION**

STUDENT EFFORT  
 STUDENT EFFORT  
 STUDENT EFFORT


**ATTENDANCE**

Regular attendance is important to your child's progress. Frequent or prolonged absence may result in a serious interruption of academic progress.

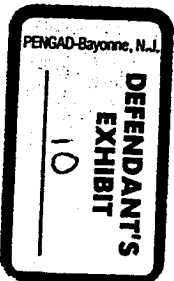
Days Absent  
 Days Present  
 Days Tardy

1	2	3	4	5	6
0	2	2	2	3	
28	27	29	28	25	
5	1	0	0	2	

dallas independent school district

**Early Childhood Education  
 REPORT CARD**

**1-2-3**



Year 1980 - 1981

Pupil's Name Ivan Carthé I.D.# 6227

ECE Center (School) James B. Bonham

Date Entered August 25, 1980

Present Grade Assignment 2B

Teacher Mrs. Fernandez

Principal Miss Serrano

TO THE PARENT OR GUARDIAN:

This progress report has been designed to inform you of your child's contr progress in the Early Childhood Education Program (K-3). Each rating tells how well child is performing in each curriculum area. Some children will progress faster others but all students will be provided with a variety of appropriate instructional acti to master all of the objectives by the end of the third year.

Our goal is to provide each student with experiences to attain his/her opti intellectual, social, emotional, and physical development. It is a responsibility the share with us. We are looking forward to Parent-Teacher Conferences. You w requested to attend at least one conference during the year. You are always welco our schools.

*Linus Wright*  
 Linus Wright  
 General Superintendent

Assignment for Next School Year

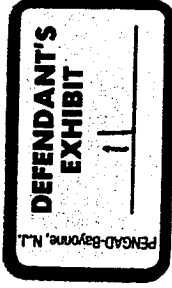
Assigned to 3B





# CERTIFICATE

## of Award



This Certificate is presented to

*James B. Bonham*

Upon Recommendation of the Administration and Faculty of

*James B. Bonham School*

For Outstanding Accomplishment and Excellence in

*Reading Readiness*

Given this 1st day of *June* 19*77*

*Sally A. Bryant*

PRINCIPAL

*W. W. ...*

TEACHER



### SIX WEEKS

## SOCIAL AND PERSONAL GROWTH

- Makes good use of time
- Takes care of materials
- Works independently
- Follows directions — completes assigned tasks
- Works neatly and carefully
- Works well with others
- Contributes to group discussions


### TEACHER COMMENTS

Please sign below to show you have read this report. Your signature does not necessarily register your approval of this report.

1 10-9-82 \_\_\_\_\_  
Date

[Signature]  
Parent Signature

2 \_\_\_\_\_  
PARENT CONFERENCE NECESSARY BEFORE END OF SECOND SIX WEEK PERIOD

3 \_\_\_\_\_  
Date \_\_\_\_\_  
Parent Signature

4 \_\_\_\_\_  
Date \_\_\_\_\_  
Parent Signature

5 \_\_\_\_\_  
Date \_\_\_\_\_  
Parent Signature

PARENT CONFERENCE DESIRED BEFORE END OF FIFTH SIX WEEK PERIOD

6 \_\_\_\_\_  
Date \_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date \_\_\_\_\_  
Parent Signature

### ATTENDANCE

Regular attendance is important to your child's progress. Frequent or prolonged absence may result in a serious interruption of academic progress.

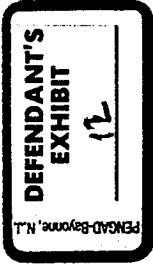
	1	2	3	4	5	6
Total Days Present	25	28				
Total Days Absent	4	0				
Days Unexcused						
Total Days Tardy						

dallas independent school district

## REPORT CARD

# 4-5-6

Year 1982 - 1983



Student's Name Susan Carter I.D.# B.G. Baker

4-6 Center (School) Dan D. Davis School Principal

Homeroom Grade/Section 4B

### CLASS ASSIGNMENTS

#### TEACHER

- Yates Language Arts
- Blackwell Mathematics
- \_\_\_\_\_ Social Studies
- \_\_\_\_\_ Science/Health
- \_\_\_\_\_ Art
- \_\_\_\_\_ Music
- \_\_\_\_\_ Physical Education
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### TO THE PARENT OR GUARDIAN:

This progress report has been designed to inform you of your child's progress in the 4-6 Center curriculum program. Our goal is to provide each student with experiences to attain his/her optimum intellectual, social, emotional, and physical development. Since your child's development is a responsibility you share with us you will be requested to attend at least one conference during the year. You are always welcome in our schools and we look forward to meeting you.

[Signature]  
Linus Wright — General Superintendent

Assignment for Next School Year

Assigned to \_\_\_\_\_ Grade for August, 19 \_\_\_\_\_

# PROGRESS REPORT

Student's Name Ivan Carter

## EXPLANATION OF SYMBOLS

**SUBJECT AREA GRADE**  
 A — Excellent  
 B — Good  
 C — Fair  
 D — Poor  
 F — Failing

**STUDENT EFFORT**  
 E — Excellent  
 S — Satisfactory  
 N — Needs improvement  
 Parent Conference necessary for detailed progress report

**SKILLS/CONCEPTS/SOCIAL, PERSONAL GROWTH**  
 X indicates specific skills and understandings which need attention  
 ✓ indicates good progress in a specific area

**INSTRUCTIONAL LEVELS**  
 1, 2, 3, 4, 5, 6, 7, etc.

Six Weeks

1	2	3	4	5	6
---	---	---	---	---	---

## LANGUAGE ARTS

### ORAL LANGUAGE

Expresses self through oral language

--	--	--	--	--	--

### INSTRUCTIONAL LEVEL

### READING GRADE

Uses word-attack skills  
 Uses vocabulary skills  
 Uses comprehension skills  
 Applies reading to everyday life

4	4				
C	C				

### SPELLING GRADE

Masters sound/letter patterns  
 Spells correctly in written work

C	C				
---	---	--	--	--	--

### COMPOSITION GRADE

Capitalizes and punctuates correctly  
 Uses parts of speech correctly (nouns, verbs, plurals, possessives, etc.)  
 Expresses ideas in written work

B	B				
---	---	--	--	--	--

### HANDWRITING GRADE

Writes legibly (neatness and letter formation)  
**STUDY SKILLS**

Uses reference skills  
 Takes notes  
 Outlines

B	B				
---	---	--	--	--	--

### LITERARY APPRECIATION

Reads for pleasure  
 Responds to variety of literary types

S	S				
---	---	--	--	--	--

### STUDENT EFFORT

S	S				
---	---	--	--	--	--

## MATHEMATICS

Six Weeks

### INSTRUCTIONAL LEVEL

### GRADE

Computes whole numbers (+, -)  
 Computes whole numbers (x, ÷)  
 Computes fractions, decimals  
 Estimates and determines measures  
 Understands concepts of geometry  
 Solves problems; applies math to life situations

4	4				
B	A				

## SOCIAL STUDIES

### GRADE

Understands concepts  
 Uses required vocabulary  
 Understands/uses maps, graphs, charts, tables  
 Understands and practices good citizenship

B	C				
---	---	--	--	--	--

## SCIENCE/HEALTH

### GRADE

Understands concepts  
 Uses required vocabulary  
 Solves problems scientifically  
 Understands/practices good health, safety habits

A	C				
---	---	--	--	--	--

## CREATIVE ARTS

### ART GRADE

### GENERAL MUSIC GRADE

### (Tuition) Piano/Band/Orchestra Grade

### STUDENT EFFORT

A	A				
A	A				

## PHYSICAL EDUCATION

### GRADE

Demonstrates good sportsmanship  
 Participates in group activities

A	A				
---	---	--	--	--	--

### STUDENT EFFORT

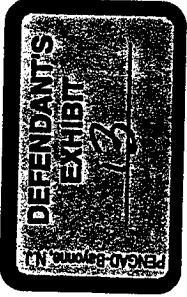
--	--	--	--	--	--

## ADDITIONAL INSTRUCTION (Alternative Method)

1. \_\_\_\_\_ STUDENT EFFORT
2. \_\_\_\_\_ STUDENT EFFORT
3. \_\_\_\_\_ STUDENT EFFORT





# Certificate of Award

TO Alan Carter

FOR OUTSTANDING ACHIEVEMENT  
IN  
THE ELEMENTARY LIBRARY READING PROGRAM

<u>Fifth</u>	GRADE	<u>Hughston</u>	SCHOOL
<u>May 25, 1984</u>	DATE	<u>Mary Swann</u>	TEACHER
		<u>Josephine Russell</u>	PRINCIPAL





# Northham Elementary School

PLANO, TEXAS

This Certifies That

*Erin Carter*

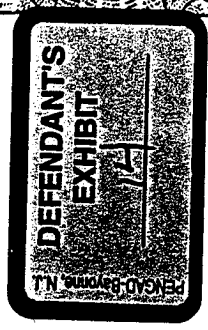
Has completed the prescribed course of study  
for this Elementary School and shall be admitted to  
Middle School, upon presentation of this Certificate

## Certificate of Promotion

on this 25 day of May 1984

*Jacqueline Russell*

*Becky Russell*





**Stratford Elementary School**  
PLANO, TEXAS

This Certifies That

Ivan Carter

Has attained special recognition for

Perfect Attendance

And is Hereby Awarded This

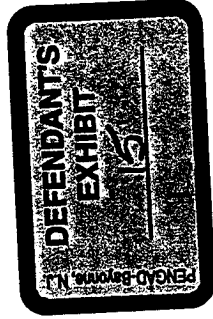
Certificate of

**Perfect Attendance**

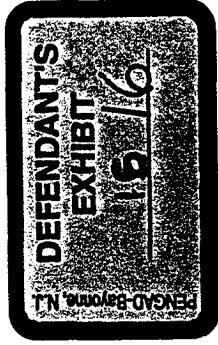
on this 30<sup>th</sup> day of May 19 84

Jacqueline Russell

Mary Ann







# GOVERNOR'S PHYSICAL FITNESS AWARD

presented to

*Juan Cantu*

in recognition of exceptional achievement and physical fitness proficiency as established  
by superior performance on the Texas Physical Fitness Test Presented *May 1983*



*Mark White*

Governor, The State of Texas

*R. L. Aminger*

Chairman

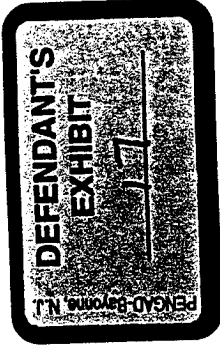
*Albert G. Rothen*

Governor's Commission on Physical Fitness

Executive Director







# GOVERNOR'S PHYSICAL FITNESS AWARD

presented to Juan Gutu  
in recognition of exceptional achievement and physical fitness proficiency as established  
by superior performance on the Texas Physical Fitness Test Presented MAY 1984



Mark White  
Governor, The State of Texas

R. L. Springue Chairman  
Albert A. Rooker Executive Director  
Governor's Commission on Physical Fitness



Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Teacher \_\_\_\_\_ Principal \_\_\_\_\_

AREAS OF LEARNING

	REPORTING PERIOD					
	1	2	3	4	5	6
<b>READING (A-F)</b>						
Reads with comprehension	H-	H	A			
Demonstrates vocabulary skills	S	S	S+			
Reads independently for information	S	S	S			
Demonstrates varied word attack skills	S	S	S			
Applies listening skills	S	S+	E			
Understands literary skills (author's purpose, plot, etc.)	S	S	S			
Applies study skills	S	S	S			
<b>LANGUAGE (A-F)</b>						
Applies language skills in oral communication	H-	H-	A			
Applies language skills in written communication	S	S	S			
<b>HANDWRITING (A-F)</b>						
Forms letters correctly	H-	S+	A-			
Writes legibly in all subject areas	S	S	S			
<b>SPELLING (A-F)</b>						
Knows basic words	S	S	S			
Applies skills in other areas	S	S	S			
<b>MATHEMATICS (A-F)</b>						
Knows basic facts	S	S	S			
Applies computational skills	S	S	S			
Solves word problems	S	S	S			
<b>SCIENCE/HEALTH (A-F)</b>						
Understands science/health concepts	S	S	S			
Applies scientific processes in experiments	S	S	S			
<b>SOCIAL STUDIES (A-F)</b>						
Understands concepts studied	S	S	S			
Applies skills in student project work	S	S	S			
<b>ART (E-U)</b>						
<b>MUSIC (S or U)</b>						
<b>PHYSICAL EDUCATION (A-F)</b>						
Citizenship in physical education	S	S	S			

WORK HABITS  
CITIZENSHIP

	1	2	3	4	5	6
Listens attentively	S	S+	E			
Works independently	S	S+	E			
Accomplishes assigned work	S	S	E			
Works neatly and carefully	S	S+	E			
Uses time wisely	S	S+	E			
Works well in groups	S	S	E			
Organizes materials for work	S	S+	E			

SOCIAL-PERSONAL DEVELOPMENT

Cooperates in work and play	S	S	E			
Respects authority	S	S	E			
Respects other students	S	S	E			
Respects property	S	S	E			
Exhibits self-discipline	S	S	E			

The chart below indicates the relationship between the student's achievement level and normal grade placement.

GRADE LEVEL	READING	MATHEMATICS	SPELLING
1st	R pp <sup>1</sup> P <sup>1</sup> P <sup>2</sup>	1st	1st
2nd	2 <sup>1</sup> 2 <sup>2</sup>	2nd	2nd
3rd	3 <sup>1</sup> 3 <sup>2</sup>	3rd	3rd
4th	4 <sup>1</sup> 4 <sup>2</sup>	4th	4th
5th	5 <sup>1</sup> 5 <sup>2</sup>	5th	5th
6th	6 <sup>1</sup> 6 <sup>2</sup>	6th	6th
7th	7	7th	7th
8th	8	8th	8th

EXPLANATION OF MARKS

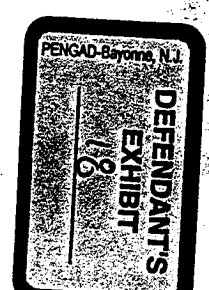
- Progress Marks**
- E = Excellent
  - S = Satisfactory
  - N = Needs Improvement
  - U = Unsatisfactory

- Grades**
- A = Outstanding
  - B = Above Average
  - C = Average
  - D = Below Average
  - F = Failing

ATTENDANCE RECORD

Reporting Period	1	2	3	4	5	6
Times Tardy						
Days Present	27	28	29			
Days Absent	0	0	0			

(Teacher comments may be written on the back of this report.)





PLANO INDEPENDENT SCHOOL DISTRICT  
 GRADES 3-6

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Teacher \_\_\_\_\_ Principal \_\_\_\_\_

AREAS OF LEARNING

	REPORTING PERIOD					
	1	2	3	4	5	6
<b>READING (A-F)</b>		A				
Reads with comprehension		S				
Demonstrates vocabulary skills		S				
Reads independently for information		S				
Demonstrates varied word attack skills		S				
Applies listening skills		S+				
Understands literary skills (author's purpose, plot, etc.)		-				
Applies study skills		S-				
<b>LANGUAGE (A-F)</b>		A-				
Applies language skills in oral communication		S				
Applies language skills in written communication		S				
<b>HANDWRITING (A-F)</b>		S				
Forms letters correctly		B+				
Writes legibly in all subject areas		S				
<b>SPELLING (A-F)</b>		S				
Knows basic words		S				
Applies skills in other areas		S				
<b>MATHEMATICS (A-F)</b>		A				
Knows basic facts		S				
Applies computational skills		S-				
Solves word problems		S				
<b>SCIENCE-HEALTH (A-F)</b>		A				
Understands science-health concepts		S+				
Applies scientific processes in experiments		S+				
<b>SOCIAL STUDIES (A-F)</b>		A				
Understands concepts studied		S				
Applies skills in student project work		S				
<b>ART (E-U)</b>		S				
<b>MUSIC (S or U)</b>		S				
<b>PHYSICAL EDUCATION (A-F)</b>		A-				
Citizenship in physical education		E				

CITIZENSHIP

WORK HABITS	REPORTING PERIOD					
	1	2	3	4	5	6
Listens attentively		S+				
Works independently		S+				
Accomplishes assigned work		S				
Works neatly and carefully		S+				
Uses time wisely		S+				
Works well in groups		S				
Organizes materials for work		S+				

SOCIAL-PERSONAL DEVELOPMENT

Cooperates in work and play		S+				
Respects authority		S				
Respects other students		S				
Respects property		S				
Exhibits self-discipline		S+				

The chart below indicates the relationship between the student's achievement level and normal grade placement.

GRADE LEVEL	READING	MATHEMATICS	SPELLING
1st	R pp1 pp2 pp3 P 1	1st	1st
2nd	2 <sup>1</sup> 2 <sup>2</sup>	2nd	2nd
3rd	3 <sup>1</sup> 3 <sup>2</sup>	3rd	3rd
4th	4 <sup>1</sup> 4 <sup>2</sup>	4th	4th
5th	5 <sup>1</sup> 5 <sup>2</sup>	5th	5th
6th	6 <sup>1</sup> 6 <sup>2</sup>	6th	6th
7th	7	7th	7th
8th	8	8th	8th

EXPLANATION OF MARKS

- Progress Marks
- E = Excellent
  - S = Satisfactory
  - N = Needs Improvement
  - U = Unsatisfactory

- Grades
- A = Outstanding
  - B = Above Average
  - C = Average
  - D = Below Average
  - F = Failing

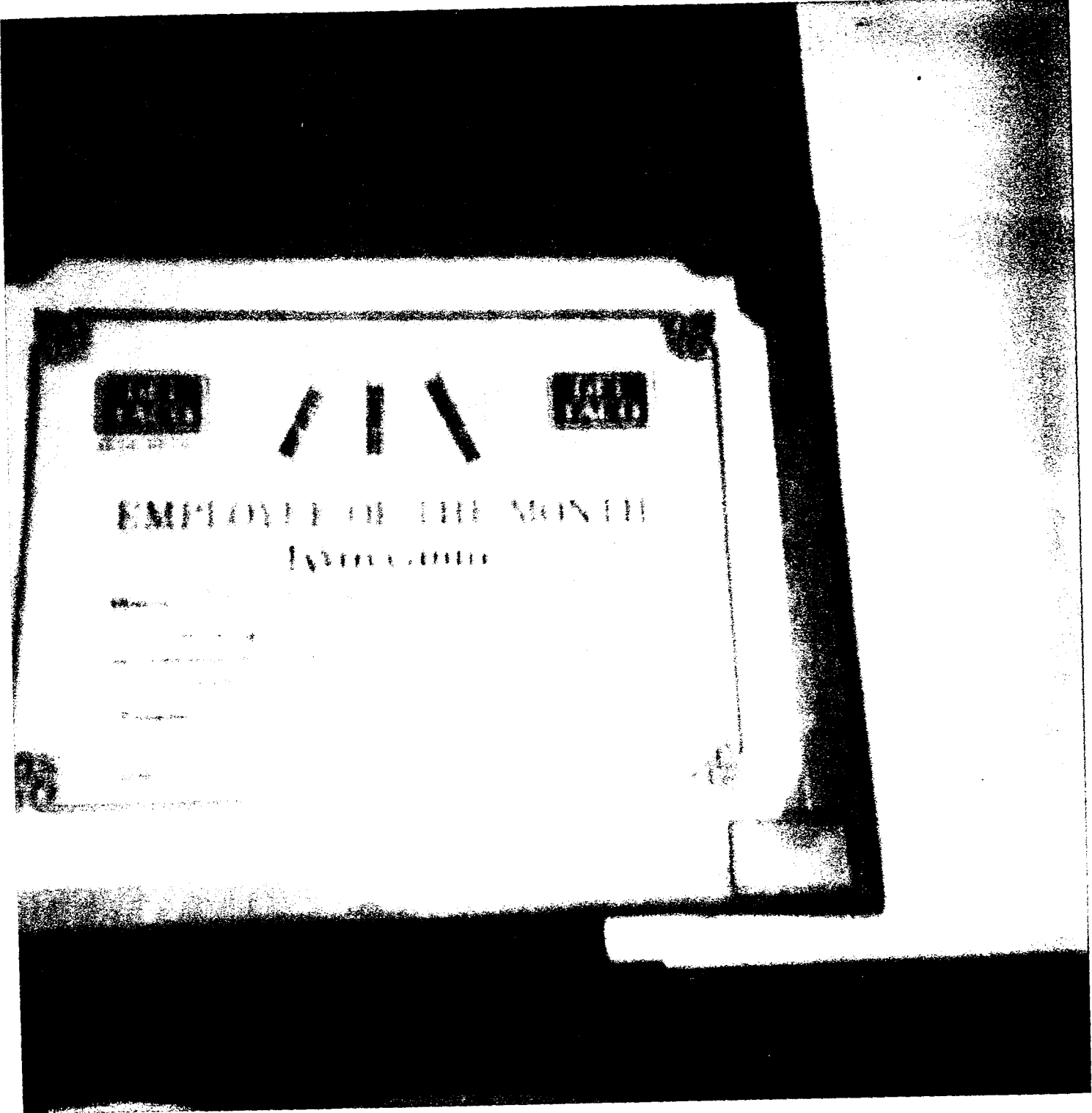
ATTENDANCE RECORD

Reporting Period	1	2	3	4	5	6
Times Tardy						
Days Present		28				
Days Absent		0				

(Teacher comments may be written on the back of this report.)







LX20







CHASE BANK OF TEXAS, N.A.  
 P.O. BOX 4410  
 HOUSTON, TX 77210-4410

**1998**

Form 1099-INT  
 Interest Income  
 OMB No. 1545-011

IVAN CANTU  
 7908 BOW COURT  
 FRISCO TX 75034

FEDERAL ID:



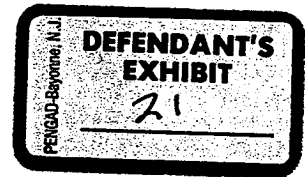
TAXPAYER ID:

74-0800980

461-77-6986

2000 0193

ACCOUNT NO.	ACCOUNT DESCRIPTION	BOX DESCRIPTION	BOX	AMOUNT
*** 1998 - 1099-INT, INTEREST INCOME ***				
07700066381	HI-YIELD SAVING	INTEREST INCOME	1	14.61



CUSTOMER SERVICE PHONE NUMBER	FEDERAL INCOME TAX WITHHELD	TOTAL INTEREST EARNED
(800) 551-1099		14.61

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

CORRECTED (if checked)

**1998 MORTGAGE INTEREST STATEMENT - FORM 1098 SUBSTITUTE**

OMB No. 1545-0901

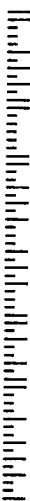
RECIPIENT'S/LENDER'S name, address, and telephone number

SUPERIOR BANK, FSB  
 135 CHESTNUT RIDGE ROAD  
 MONTVALE, NJ 07645  
 888 - 323 - 6111

Recipient's Tax ID No. 36-1414142  
 Payer's Social Security No. 461-77-6986

PAYER'S/BORROWER'S name, address, and ZIP code

001208/B/019897  
 IVAN A CANTU  
 MICHELLE L CANTU  
 7908 BOW COURT  
 FRISCO TX 75035-7538



1 Mortgage interest received from payer(s)/borrower(s)*	\$13,010.13	<p>* The amount shown may not be fully deductible by you on your Federal income tax return. Limitations based on the cost and value of the secured property may apply. In addition, you may only deduct an amount of mortgage interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.</p> <p><b>Copy B For Payer</b></p> <p>The information in boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.</p>	
2 Points paid on purchase of principal residence (See Box 2 on back.)	\$0.00		
3 Refund of overpaid interest (See Box 3 on back.)	\$0.00		
4 Real estate taxes paid	\$0.00		
Account number (optional)	0800653735	Loan type	MORTGAGES



1040A copy

Form 1040A U.S. Individual Income Tax Return (99) 1999

Department of the Treasury — Internal Revenue Service

IRS use only — Do not write or staple in this space.

OMB No. 1545-0085

Label

(see the instructions.)

Form fields for personal information: Your First Name and Initial (IVAN A), Last Name (CANTU), Your Social Security Number (461-77-6986), Spouse's Social Security Number, Home Address (18790 LLOYD DR., 6311), City (DALLAS TX 75252), Presidential Election Campaign Fund (No), and Note: Checking 'Yes' will not change your tax or reduce your refund.

Filing status

Check only one box.

Filing status options: 1 Single (checked), 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions

If more than seven dependents, see instructions.

Exemptions section: 6a Yourself (checked), 6b Spouse, 6c Dependents table with columns for first name, last name, social security number, relationship, and child tax credit eligibility. Total exemptions claimed: 1.

Income

Attach Copy B of your Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

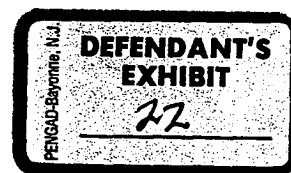
If you did not get a W-2, see instructions.

Enclose, but do not staple, any payment.

Income section: 7 Wages, salaries, tips, etc. (2,260); 8a Taxable interest; 8b Tax-exempt interest; 9 Ordinary dividends; 10a Total IRA distributions; 10b Taxable amount; 11a Total pensions and annuities; 11b Taxable amount; 12 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends; 13a Social security benefits; 13b Taxable amount; 14 Total income (2,260); 15 IRA deduction; 16 Student loan interest deduction; 17 Total adjustments; 18 Adjusted gross income (2,260).

BAA For Paperwork Reduction Act Notice, see instructions.

Form 1040A (1999)



a Control number <b>C000024</b>		d Employee's social security number <b>461-77-6986</b>		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer's identification number <b>34-9990000</b>		c Employer's name, address, and ZIP code <b>DFAS-CL/FFSA 1240 E. NINTH STREET CLEVELAND OH 44199-2055</b>		1 Wages, tips, other compensation <b>2,260.10</b>	
e Employee's name, address, and ZIP code <b>IVAN ABNER CANTU II 18790 LLOYD DR APT 6311 DALLAS TX 75252</b>		3 Social security wages <b>1,849.31</b>		2 Federal income tax withheld <b>98.50</b>	
		5 Medicare wages and tips <b>1,849.31</b>		4 Social security tax withheld <b>114.66</b>	
		7 Social security tips <b>1,849.31</b>		6 Medicare tax withheld <b>26.81</b>	
		9 Advance EIC payment		8 Allocated tips	
		12 Benefits included in box 1		10 Dependent care benefits	
		13 See instrs. for box 13 <b>Q 1,139.30</b>		14 See instrs. for box 14 <b>W NONE</b>	
15		<input type="checkbox"/> Statutory employee <input type="checkbox"/> Deceased <input checked="" type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred compensation			
16 State <b>TX</b>	Employer's state I.D. no.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.
					21 Local income tax

Form **W-2** Wage and Tax **1999** Copy C Department of the Treasury - Internal Revenue Service  
 For EMPLOYER'S RECORDS (See Notice on Back) **REISSUED BY EMPLOYER**

**Taxable income**

19 Enter the amount from line 18 ..... 19 2,260.

20a Check if:  You were 65 or older  Spouse was 65 or older  Blind  Blind Enter number of boxes checked ... 20a

b If you are married filing separately and your spouse itemizes deductions, see instructions and check here ..... 20b

21 Enter the **standard deduction** for your filing status. **But** see instructions if you checked any box on line 20a or 20b or if someone can claim you as a dependent.  
 • Single – \$4,300 • Married filing jointly or Qualifying widow(er) – \$7,200  
 • Head of household – \$6,350 • Married filing separately – \$3,600 ..... 21 4,300.

22 Subtract line 21 from line 19. If line 21 is more than line 19, enter 0 ..... 22 0.

23 Multiply \$2,750 by the total number of exemptions claimed on line 6d ..... 23 2,750.

24 Subtract line 23 from line 22. If line 23 is more than line 22, enter 0. This is your **taxable income** ..... 24 0.

**Tax, credits, and payments**

25 Find the tax on the amount on line 24 (see instructions) ..... 25 0.

26 Credit for child and dependent care expenses. Attach Schedule 2 ..... 26

27 Credit for the elderly or the disabled. Attach Schedule 3 ..... 27

28 Child tax credit (see instructions) ..... 28

29 Education credits. Attach Form 8863 ..... 29

30 Adoption credit. Attach Form 8839 ..... 30

31 Add lines 26 through 30. These are your **total credits** ..... 31

32 Subtract line 31 from line 25. If line 31 is more than line 25, enter 0 ..... 32 0.

33 Advance earned income credit payments from Form(s) W-2 ..... 33

34 Add lines 32 and 33. This is your **total tax** ..... 34 0.

35 Total federal income tax withheld from Forms W-2 and 1099 ..... 35 99.

36 1999 estimated tax payments and amount applied from 1998 return ..... 36

37a **Earned income credit.** Attach Schedule EIC if you have a qualifying child ..... 37a 258.

b Nontaxable earned income:  
 amount: ▶ 1,139. and type ▶ Milt Hsng

38 Additional child tax credit. Attach Form 8812 ..... 38

39 Add lines 35, 36, 37a and 38. These are your **total payments** ..... 39 357.

**Refund**

40 If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you **overpaid** ..... 40 357.

41a Amount of line 40 you want **refunded to you** ..... 41a 357.

b Routing number ..... c Type:  Checking  Savings

d Account number .....

42 Amount of line 40 you want **applied to your 2000 estimated tax** ..... 42

**Amount you owe**

43 If line 34 is more than line 39, subtract line 39 from line 34. This is the **amount you owe.** For details on how to pay, see instructions ..... 43

44 Estimated tax penalty (see instructions) ..... 44

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your Signature: *Ivan Cantu* Date: 5/19/00 Your Occupation: U.S. MILITARY (NAVY) Daytime Telephone Number (optional):

Spouse's Signature. If Joint Return, Both Must Sign. Date: Spouse's Occupation:

**Paid Preparer's Use Only**

Preparer's Signature: *Ronald R. Svihovec* Date: 05/19/2000 Check if self-employed:  Preparer's SSN or PTIN: 503-32-3858

Firm's Name (or yours if self-employed) and Address: Ronald R. Svihovec, CPA  
 2908 Moody Ct.  
 Plano TX ZIP Code 75025







Tax and Credits

Standard Deduction for Most People

Single: \$4,400
Head of household: \$6,450
Married filing jointly or Qualifying widow(er): \$7,350
Married filing separately: \$3,675

34 Amount from line 33 (adjusted gross income) 34 5691 -
35a Check if: You were 65 or older, Blind; Spouse was 65 or older, Blind. Add the number of boxes checked above and enter the total here 35a
b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here 35b
36 Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent 36 4400 -
37 Subtract line 36 from line 34 37 1291 -
38 If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter 38 2800 -
39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 0 -
40 Tax (see page 32). Check if any tax is from a Form(s) 8814 b Form 4972 40 0 -
41 Alternative minimum tax. Attach Form 6251 41 0 -
42 Add lines 40 and 41 42 0 -
43 Foreign tax credit. Attach Form 1116 if required 43
44 Credit for child and dependent care expenses. Attach Form 2441 44
45 Credit for the elderly or the disabled. Attach Schedule R 45
46 Education credits. Attach Form 8863 46
47 Child tax credit (see page 36) 47
48 Adoption credit. Attach Form 8839 48
49 Other. Check if from a Form 3800 b Form 8396 c Form 8801 d Form (specify) 49
50 Add lines 43 through 49. These are your total credits 50
51 Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- 51 0 -

Other Taxes

52 Self-employment tax. Attach Schedule SE 52
53 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 53
54 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 54
55 Advance earned income credit payments from Form(s) W-2 55
56 Household employment taxes. Attach Schedule H 56
57 Add lines 51 through 56. This is your total tax 57 0 -

Payments

If you have a qualifying child, attach Schedule EIC.

58 Federal income tax withheld from Forms W-2 and 1099 58 668 -
59 2000 estimated tax payments and amount applied from 1999 return 59
60a Earned income credit (EIC) 60a 353 -
b Nontaxable earned income: amount and type
61 Excess social security and RRTA tax withheld (see page 50) 61
62 Additional child tax credit. Attach Form 8812 62
63 Amount paid with request for extension to file (see page 50) 63
64 Other payments. Check if from a Form 2439 b Form 4136 64
65 Add lines 58, 59, 60a, and 61 through 64. These are your total payments 65 1021 -

Refund

Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.

66 If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid 66 1021 -
67a Amount of line 66 you want refunded to you 67a 1021 -
b Routing number
c Type: Checking Savings
d Account number
68 Amount of line 66 you want applied to your 2001 estimated tax 68

Amount You Owe

69 If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51 69
70 Estimated tax penalty. Also include on line 69 70

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: Sylvan M. Carter 4-13-01
Your occupation:
Daytime phone number: 241 467-5065
Spouse's signature: (Attorney in Fact)
Spouse's occupation:
May the IRS discuss this return with the preparer shown below (see page 52)? Yes No

Paid Preparer's Use Only

Preparer's signature: TCE 7511501
Date:
Check if self-employed:
Preparer's SSN or PTIN:
Firm's name (or yours if self-employed), address, and ZIP code:
EIN:
Phone no.:

(copy)

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning 2000, ending 20 OMB No. 1545-0074

**Label**

(See instructions on page 19.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 19.)

LABEL HERE	Your first name and initial <b>IVAN A</b>	Last name <b>CANTU</b>
	If a joint return, spouse's first name and initial	Last name
	Home address (number and street). If you have a P.O. box, see page 19. <b>5242 BRYCE CANYON RD</b>	
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. <b>DALLAS TX 75211</b>	
	Apt. no.	

Your social security number  
**461 77 6986**

Spouse's social security number

**Important!**  
You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?  Yes  No  Yes  No

**Filing Status**

Check only one box.

- 1  Single
- 2  Married filing joint return (even if only one had income)
- 3  Married filing separate return. Enter spouse's social security no. above and full name here. ▶
- 4  Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5  Qualifying widow(er) with dependent child (year spouse died ▶ ). (See page 19.)

**Exemptions**

If more than six dependents, see page 20.

6a  Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b  Spouse

(1) First name		Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 20)
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

d Total number of exemptions claimed

No. of boxes checked on 6a and 6b **1**

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers entered on lines above **1**

**Income**

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	5669	-
8a	Taxable interest. Attach Schedule B if required	8a		
b	Tax-exempt interest. Do not include on line 8a	8b		
9	Ordinary dividends. Attach Schedule B if required	9		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10		
11	Alimony received	11		
12	Business income or (loss). Attach Schedule C or C-EZ	12	22	-
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13		
14	Other gains or (losses). Attach Form 4797	14		
15a	Total IRA distributions	15a		
b	Taxable amount (see page 23)	15b		
16a	Total pensions and annuities	16a		
b	Taxable amount (see page 23)	16b		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
18	Farm income or (loss). Attach Schedule F	18		
19	Unemployment compensation	19		
20a	Social security benefits	20a		
b	Taxable amount (see page 25)	20b		
21	Other income. List type and amount (see page 25)	21		
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	5691	-

**Adjusted Gross Income**

23	IRA deduction (see page 27)	23		
24	Student loan interest deduction (see page 27)	24		
25	Medical savings account deduction. Attach Form 8853	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed health insurance deduction (see page 29)	28		
29	Self-employed SEP, SIMPLE, and qualified plans	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	Add lines 23 through 31a	32		
33	Subtract line 32 from line 22. This is your adjusted gross income ▶	33	5691	-

**DEFENDANT'S EXHIBIT**  
23

**Refund-Even if you do not have to file a tax return, you should file to get a refund if box 2 shows Federal income tax withheld, or if you can take the earned income credit.**  
**Earned income credit (EIC).** You must file a tax return if any amount is shown in box 9. You may be able to take the EIC for 2000 if (1) you do not have a qualifying child and you earned less than \$10,380, (2) you have one qualifying child and you earned less than \$27,413, or (3) you have more than one qualifying child and you earned less than \$31,152. You and any qualifying children must have valid social security numbers (SSNs). You cannot claim the EIC if your investment income is more than \$2,400. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,412 of the EIC advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.  
**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at an SSA office or call 1-800-772-1213. Credits for excess taxes. If you had more than one employer in 2000 and more than \$4,724.40 in social security and Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your Federal income tax. If you had more than one railroad employer and more than \$2,773.30 in Tier 2 RRTA tax withheld, you also may be able to claim credit. See your Form 1040 or 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

**Box 1.** Enter the amount on the wages line of your tax return.  
**Box 2.** Enter this amount on the Federal income tax withheld line of your tax return.  
**Box 3.** This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.  
**Box 8.** Enter this amount on the advance earned income credit payments line of your

**Notice to Employee**

**Refund-Even if you do not have to file a tax return, you should file to get a refund if box 2 shows Federal income tax withheld, or if you can take the earned income credit.**  
**Earned income credit (EIC).** You must file a tax return if any amount is shown in box 9. You may be able to take the EIC for 2000 if (1) you do not have a qualifying child and you earned less than \$10,380, (2) you have one qualifying child and you earned less than \$27,413, or (3) you have more than one qualifying child and you earned less than \$31,152. You and any qualifying children must have valid social security numbers (SSNs). You cannot claim the EIC if your investment income is more than \$2,400. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,412 of the EIC advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.  
**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at an SSA office or call 1-800-772-1213. Credits for excess taxes. If you had more than one employer in 2000 and more than \$4,724.40 in social security and Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your Federal income tax. If you had more than one railroad employer and more than \$2,773.30 in Tier 2 RRTA tax withheld, you also may be able to claim credit. See your Form 1040 or 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

**Box 1.** Enter this amount on the wages line of your tax return.  
**Box 2.** Enter this amount on the Federal income tax withheld line of your tax return.  
**Box 3.** This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.  
**Box 8.** Enter this amount on the advance earned income credit payments line of your

**Notice to Employee**

**Refund-Even if you do not have to file a tax return, you should file to get a refund if box 2 shows Federal income tax withheld, or if you can take the earned income credit.**  
**Earned income credit (EIC).** You must file a tax return if any amount is shown in box 9. You may be able to take the EIC for 2000 if (1) you do not have a qualifying child and you earned less than \$10,380, (2) you have one qualifying child and you earned less than \$27,413, or (3) you have more than one qualifying child and you earned less than \$31,152. You and any qualifying children must have valid social security numbers (SSNs). You cannot claim the EIC if your investment income is more than \$2,400. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,412 of the EIC advance by completing Form W-5, Earned Income Credit Advance Payment Certificate, and religious workers. If you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.  
**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at an SSA office or call 1-800-772-1213. Credits for excess taxes. If you had more than one employer in 2000 and more than \$4,724.40 in social security and Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your Federal income tax. If you had more than one railroad employer and more than \$2,773.30 in Tier 2 RRTA tax withheld, you also may be able to claim credit. See your Form 1040 or 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

**Box 1.** Enter this amount on the wages line of your tax return.  
**Box 2.** Enter this amount on the Federal income tax withheld line of your tax return.  
**Box 3.** This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.  
**Box 8.** Enter this amount on the advance earned income credit payments line of your

**Box 10.** This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan), any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.  
**Box 11.** This amount is (a) reported in box 1 if it is distribution made to you from a non-qualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer an outstanding debt of your right to the deferred amount.  
**Box 12.** This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits. See the Form 1040 instructions.  
**Box 13.** The following list explains the codes shown in box 13. You may need this information to complete your tax return.

- Note:** If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
- A - Unfunded social security or RRTA tax on tips include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.
  - B - Unfunded Medicare tax on tips include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.
  - C - Cost of group-term life insurance over \$50,000 included in boxes 1, 3 up to social security wage base, and 5.
  - D - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of section 401(k) arrangement.
  - E - Elective deferrals to a section 402(b) salary reduction agreement.
  - F - Elective deferrals to a section 408(a)(6) salary reduction SEP.
  - G - Elective and non-elective deferrals to a section 457(b) deferred compensation plan.
  - H - Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in Form 1040 instructions for how to deduct).

**Form 1040 or 1040A**

**Box 10.** This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan), any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.  
**Box 11.** This amount is (a) reported in box 1 if it is distribution made to you from a non-qualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer an outstanding debt of your right to the deferred amount.  
**Box 12.** This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits. See the Form 1040 instructions.  
**Box 13.** The following list explains the codes shown in box 13. You may need this information to complete your tax return.

- Note:** If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
- A - Unfunded social security or RRTA tax on tips include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.
  - B - Unfunded Medicare tax on tips include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.
  - C - Cost of group-term life insurance over \$50,000 included in boxes 1, 3 up to social security wage base, and 5.
  - D - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of section 401(k) arrangement.
  - E - Elective deferrals to a section 402(b) salary reduction agreement.
  - F - Elective deferrals to a section 408(a)(6) salary reduction SEP.
  - G - Elective and non-elective deferrals to a section 457(b) deferred compensation plan.
  - H - Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in Form 1040 instructions for how to deduct).

**Form 1040 or 1040A**

**Box 10.** This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan), any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.  
**Box 11.** This amount is (a) reported in box 1 if it is distribution made to you from a non-qualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer an outstanding debt of your right to the deferred amount.  
**Box 12.** This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits. See the Form 1040 instructions.  
**Box 13.** The following list explains the codes shown in box 13. You may need this information to complete your tax return.

- Note:** If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
- A - Unfunded social security or RRTA tax on tips include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.
  - B - Unfunded Medicare tax on tips include this tax on Form 1040. See "Total Tax" in Form 1040 instructions.
  - C - Cost of group-term life insurance over \$50,000 included in boxes 1, 3 up to social security wage base, and 5.
  - D - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of section 401(k) arrangement.
  - E - Elective deferrals to a section 402(b) salary reduction agreement.
  - F - Elective deferrals to a section 408(a)(6) salary reduction SEP.
  - G - Elective and non-elective deferrals to a section 457(b) deferred compensation plan.
  - H - Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in Form 1040 instructions for how to deduct).

- K - 20% tax on excess golden parachute payments (see "Total Tax" in form 1040 instructions).
  - L - Substantiated employee business expense reimbursements (nontaxable).
  - M - Unfunded social security or RRTA tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions).
  - N - Unfunded Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions).
  - P - Excludable moving expense reimbursements paid directly to employee (not included in box 1, 3, or 5).
  - Q - Military employee basic housing, subsistence, and combat zone compensation (use this amount if you qualify for EIC).
  - R - Employer contributions to your medical savings account (MSA) (see Form 8853, Medical Savings Accounts and Long-Term Care Insurance Contracts).
  - S - Employee salary reduction contributions under a section 408(b) SIMPLE (not included in box 1).
  - T - Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.
- Box 15.** If the "Pension plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals on box 13 (codes D, E, F, G, H, and S) for all employers, and for all such plans to which you belong, are generally limited to \$10,500. Elective deferrals for section 402(b) contracts are limited to \$10,500 (\$13,500 in some cases; see Pub. 571). The limit for section 457(b) plans is \$8,000. Amounts over these limits must be included in income. See "Wages, Salaries, Tips, etc." in Form 1040 instructions.  
**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, but in case there is a question about your work record and/or earnings in a particular year, SSA suggests you confirm your work record with them from time to time.

- J - Nontaxable sick pay (not included in box 1, 3, or 5).
  - K - 20% tax on excess golden parachute payments (see "Total Tax" in form 1040 instructions).
  - L - Substantiated employee business expense reimbursements (nontaxable).
  - M - Unfunded social security or RRTA tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions).
  - N - Unfunded Medicare tax on cost of group-term life insurance coverage over \$50,000 (former employees only) (see "Total Tax" in Form 1040 instructions).
  - P - Excludable moving expense reimbursements paid directly to employee (not included in box 1, 3, or 5).
  - Q - Military employee basic housing, subsistence, and combat zone compensation (use this amount if you qualify for EIC).
  - R - Employer contributions to your medical savings account (MSA) (see Form 8853, Medical Savings Accounts and Long-Term Care Insurance Contracts).
  - S - Employee salary reduction contributions under a section 408(b) SIMPLE (not included in box 1).
  - T - Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.
- Box 15.** If the "Pension plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals on box 13 (codes D, E, F, G, H, and S) for all employers, and for all such plans to which you belong, are generally limited to \$10,500. Elective deferrals for section 402(b) contracts are limited to \$10,500 (\$13,500 in some cases; see Pub. 571). The limit for section 457(b) plans is \$8,000. Amounts over these limits must be included in income. See "Wages, Salaries, Tips, etc." in Form 1040 instructions.  
**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, but in case there is a question about your work record and/or earnings in a particular year, SSA suggests you confirm your work record with them from time to time.

OMB NO. 1545-0008

**Form W-2 Wage and Tax Statement 2000**

c Employer's name, address, and Zip code

ACCORD HUMAN RESOURCES  
210 PARK AVENUE, SUITE 1200  
OKLAHOMA CITY OK 73102-5602

e Employee's name, address, and Zip code

\*\*\*\*\*3-DIGIT 752



IVAN CANTU  
18790 LLOYD #6311  
DALLAS TX 75252

7 Social Security tips 0.00	1 Wages, tips, other compensation 1,941.00	2 Federal income tax withheld 245.40
8 Allocated tips 0.00	3 Social Security wages 1,941.00	4 Social Security tax withheld 120.34
9 Advanced EIC payment 0.00	5 Medicare wages and tips 1,941.00	6 Medicare tax withheld 28.14
10 Dependent care benefits 0.00	11 Non qualified plans 0.00	12 Benefits included in Box 1 0.00
b Employer's identification number 73-1402191	13 See inserts for Box 13	14 Other
d Employee's social security number 461-77-6986		
15 statutory employee    deceased    pension plan    legal rep.    deferred comp.		
16 State TX Employer's State ID number	17 State wages, tips, etc. 1,941.00	18 State income tax 0.00
19 Name of locality		20 Local wages, tips, etc.
		21 Local income tax

Copy C for EMPLOYEE'S RECORDS (See notice on back)

Dept. of the Treasury- IRS

OMB NO. 1545-0008

**Form W-2 Wage and Tax Statement 2000**

c Employer's name, address, and Zip code

ACCORD HUMAN RESOURCES  
210 PARK AVENUE, SUITE 1200  
OKLAHOMA CITY OK 73102-5602

e Employee's name, address, and Zip code

IVAN CANTU  
18790 LLOYD #6311  
DALLAS TX 75252

7 Social Security tips 0.00	1 Wages, tips, other compensation 1,941.00	2 Federal income tax withheld 245.40
8 Allocated tips 0.00	3 Social Security wages 1,941.00	4 Social Security tax withheld 120.34
9 Advanced EIC payment 0.00	5 Medicare wages and tips 1,941.00	6 Medicare tax withheld 28.14
10 Dependent care benefits 0.00	11 Non qualified plans 0.00	12 Benefits included in Box 1 0.00
b Employer's identification number 73-1402191	13 See inserts for Box 13	14 Other
d Employee's social security number 461-77-6986		
15 statutory employee    deceased    pension plan    legal rep.    deferred comp.		
16 State TX Employer's State ID number	17 State wages, tips, etc. 1,941.00	18 State income tax 0.00
19 Name of locality		20 Local wages, tips, etc.
		21 Local income tax

Copy 2 to be filed with EMPLOYEE'S State, City, or Local Income Tax Return

Dept. of the Treasury- IRS

OMB NO. 1545-0008

**Form W-2 Wage and Tax Statement 2000**

c Employer's name, address, and Zip code

ACCORD HUMAN RESOURCES  
210 PARK AVENUE, SUITE 1200  
OKLAHOMA CITY OK 73102-5602

e Employee's name, address, and Zip code

IVAN CANTU  
18790 LLOYD #6311  
DALLAS TX 75252

7 Social Security tips 0.00	1 Wages, tips, other compensation 1,941.00	2 Federal income tax withheld 245.40
8 Allocated tips 0.00	3 Social Security wages 1,941.00	4 Social Security tax withheld 120.34
9 Advanced EIC payment 0.00	5 Medicare wages and tips 1,941.00	6 Medicare tax withheld 28.14
10 Dependent care benefits 0.00	11 Non qualified plans 0.00	12 Benefits included in Box 1 0.00
b Employer's identification number 73-1402191	13 See inserts for Box 13	14 Other
d Employee's social security number 461-77-6986		
15 statutory employee    deceased    pension    legal rep.    deferred comp.		
16 State TX Employer's State ID number	17 State wages, tips, etc. 1,941.00	18 State income tax 0.00
19 Name of locality		20 Local wages, tips, etc.
		21 Local income tax

Copy 2 to be filed with EMPLOYEE'S State, City, or Local Income Tax Return

0013017

Dept. of the Treasury- IRS

**Amounts shown on this form may be subject to self-employment tax.** If your net income from self-employment is \$400 or more, you must file a return and compute your self-employment tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for information on self-employment income. If no income or social security and Medicare taxes were withheld by the payer, you may have to make estimated tax payments if you are still receiving these payments. See Form 1040-ES, Estimated Tax for Individuals.

If you are an individual, report the taxable amounts shown on this form on Form 1040, as explained below. (Others, such as corporations, fiduciaries, or partnerships, report the amounts on the proper line of your tax return.)

**Boxes 1 and 2.** Report rents from real estate on Schedule E (Form 1040) if you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

**Box 3.** Generally, report on the "Other income" line of Form 1040 and identify the payment, if it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040). The amount shown may be payments you received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income.

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 31% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. **Include this on your income tax return as tax withheld.**

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

**Box 6.** Report on Schedule C or C-EZ (Form 1040).

**Box 7.** Generally shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. Generally, payments reported in this box are income from self-employment. Since you received this form, rather than Form W-2, the payer may have considered you self-employed and did not withhold social security or Medicare taxes. Report self-employment income on Schedule C, C-EZ, or F (Form 1040), and compute the self-employment tax on Schedule SE (Form 1040). However, if you are not self-employed, report this amount on the "Wages, salaries, tips, etc." line of Form 1040. Call the IRS for information about how to report any social security and Medicare taxes.

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale. Report on the "Other income" line of Form 1040.

**Box 9.** If marked, sales to you of consumer products on a buy-sell, deposit commission, or any other basis for resale have amounted to \$5,000 or more. The person filing this return does not have to show a dollar amount in this box. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

**Box 10.** Report on the "Crop insurance proceeds..." line on Schedule F (Form 1040).

**Box 13.** "A" or "EPP" may be shown to identify the income you received. **A**—Gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**EPP**—Excess golden parachute payments subject to a 20% excise tax. See your Form 1040 instructions for the "Total Tax" line. The amount in box 7 is your total compensation.

Other information may be provided to you in box 13 without "A" or "EPP."

1099-MISC / COPY B

CORRECTED (if checked)

<b>PAYER'S name, street address, city, state, ZIP code, and telephone no.</b> SOUTHWESTERN MORTGAGE, INC.  840 CENTRAL PRKWAY EAST, STE 100 PLANO, TX 75074-5551 (972) 424-0750		OMB No. 1545-0115  <b>2000</b>  Form <b>1099-MISC</b>	<b>Miscellaneous Income</b>	
<b>PAYER'S Federal identification number</b> 75-2744746		<b>RECIPIENT'S identification number</b> 461-77-6986		
<b>RECIPIENT'S name, address, and ZIP code</b> IVAN CANTU  7908 BOW CT  FRISCO, TX 75034		<b>Account number (optional)</b>		
<b>1 Rents</b> \$	<b>2 Royalties</b> \$	<b>3 Other income</b> \$	<b>4 Federal income tax withheld</b> \$	<b>5 Fishing boat proceeds</b> \$
<b>6 Medical and health care payments</b> \$	<b>7 Nonemployee compensation</b> \$ 2460.00	<b>8 Substitute payments in lieu of dividends or interest</b> \$	<b>9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale</b> <input type="checkbox"/>	<b>10 Crop insurance proceeds</b> \$
		<b>11 State income tax withheld</b> \$	<b>12 State/Payer's state number</b> 13	<b>13</b> \$

**Copy B For Recipient**  
 This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form **1099-MISC** Department of the Treasury - Internal Revenue Service  
 (Keep for your records.)

## Notice to Employee

**Refund.** Even if you do not have to file a tax return, you should file to get a refund if box 2 shows Federal income tax withheld, or if you can take the earned income credit.

**Refund income credit (EIC).** You must file a tax return if amount is shown in box 9.

You may be able to take the EIC for 2000 if (1) you do not have a qualifying child and you earned less than \$3,800, (2) you have one qualifying child and you earned less than \$27,413, or (3) you have more than one qualifying child and you earned less than \$31,152. You must have any qualifying children must have valid social security numbers (SSNs). You cannot claim the EIC if your investment income is more than \$2,400. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.** If you have at least one qualifying child, you may get as much as \$1,412 of the EIC advance by completing Form W-5, Earned Income Credit Advance Payment Certificate.

**Clergy and religious workers.** If you are not subject to Social Security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported on a SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any SSA office or call 1-800-772-1213.

**Credit for excess taxes.** If you had more than one employer in 2000 and more than \$4,724.40 in social security and/or Tier 1 railroad retirement (RTTA) taxes were withheld, you may be able to claim a credit for the excess against your Federal income tax. If you had more than one railroad employer and more than \$2,778.30 in RTTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or 1040A instructions and Pub. 505, Tax Withholding and Estimated Tax.

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 3. This amount is not included in boxes 1, 3, 5, or 7. See your Form 1040 instructions for information on how to report tips on your tax return.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or 1040A.

**Box 10.** This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

**Box 12.** This amount is the taxable fringe benefits included in box 1. You may be able to deduct expenses that are related to fringe benefits; see the Form 1040 instructions.

**Box 13.** The following list explains the codes shown in box 13. You may need this information to complete your tax return.

**Note:** If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A**—Uncollected social security or RRTA tax on tips (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

**B**—Uncollected Medicare tax on tips (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

**C**—Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E**—Elective deferrals under a section 403(b) salary reduction agreement

**F**—Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective and nonelective deferrals to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct)

**J**—Nontaxable sick pay (not included in box 1, 3, or 5)

**K**—20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions)

**L**—Substantiated employee business expense reimbursements (nontaxable)

**M**—Uncollected social security or RRTA tax on cost of group-term life insurance over \$50,000 (former employer only) (see "Total Tax" in the Form 1040 instructions)

**N**—Uncollected Medicare tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

**P**—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

**Q**—Military employee basic housing, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

**R**—Employer contributions to your medical savings account (MSA) (see Form 8853, Medical Savings Accounts and Long-Term Care Insurance Contracts)

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

**T**—Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**Box 15.** If the "Pension plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. If the "Deferred compensation" box is checked, the elective deferrals in box 13 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong) are generally limited to \$10,500. Elective deferrals for section 403(b) contracts are limited to \$10,500 (\$13,500 in some cases; see Pub. 571). The limit for section 457(b) plans is \$8,000. Amounts over these limits must be included in income. See "Wages, Salaries, Tips, etc." in the Form 1040 instructions.

**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. The SSA suggests you confirm your work record with them from time to time.

**This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.**

Department of the Treasury — Internal Revenue Service



**2000 W-2 and Earnings Summary**

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general filing information that you may also find helpful.

Wages, tips, other comp. 3728.41		Federal income tax withheld 423.02	
Social security wages 3728.41		Social security tax withheld 231.16	
Medicare wages and tips 3728.41		Medicare tax withheld 54.06	
Control number 3-0002358	Code U866	Employer use only 40836 973	
Employer's name, address, and ZIP code COUNTRYWIDE HOME LOANS IN P.O. BOX 7137 PASADENA CA 91109			
Employer's FED ID number 13-2631719		Employee's SSA number 461-77-6986	
Social security tips		Allocated tips	
Advance EIC payment		Dependent care benefits	
Nonqualified plans		Benefits included in box 1	
See instrs. for box 13		Other	
Part emp.	Deceased	Pension plan	Legal rep.
Deferred comp			
Employee's name, address, and ZIP code IVAN ABNER CANTU 5242 BRYCE CANYON RD DALLAS TX 75211			
State	Employer's state ID no.	State wages, tips, etc.	
State income tax		Locality name	
Local wages, tips, etc.		Local income tax	

**1. The following information reflects your final 2000 W-2 gross and withholding amounts:**

	Reportable W-2 Gross		Income Taxes Withheld	
	W-2 Amount	Box on W-2	Tax Amount	Box on W-2
FEDERAL	\$ 3,728.41	1	\$ 423.02	2

**2. Box 13 of your W-2 includes:**

Box 13 Code	Amount	Description

**3. Your current W-4 profile is:**

**Social Security Number:** 461-77-6986

Marital Status and Exemptions		
FEDERAL	SINGLE	1

**4. The Social Security and Medicare Rates and Taxable Limits are:**

	2000 Limits			2001 Limits		
	Wages	Rate	Withheld	Wages	Rate	Withheld
SOC. SEC.	\$76,200.00	6.20%	\$4,724.40	\$80,400.00	6.20%	\$4,984.80
MEDICARE	UNLIMITED	1.45%	UNLIMITED	UNLIMITED	1.45%	UNLIMITED

IVAN ABNER CANTU  
5242 BRYCE CANYON RD  
DALLAS TX 75211

**Employee Reference Copy**  
**W-2 Wage and Tax Statement 2000**  
Employee's records OMB No 1545-0008

© 2000 AUTOMATIC DATA PROCESSING INC.

Join the 40 million Americans who will e-file their income tax returns this year! Visit [www.irs.gov](http://www.irs.gov) for details.

## A Change To Note

Beginning in 2000, new rules apply to determine who is a foster child for purposes of the EIC. For details, see Qualifying Child below.

## Purpose of Schedule

The purpose of this schedule is to give the IRS information about your qualifying child after you have figured your earned income credit.

To figure the amount of your credit or to have the IRS figure it for you see the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 60a and 60b.

**Taking the EIC When Not Eligible.** If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

## Qualifying Child

A qualifying child is a child who is your . . .

Son	Grandchild
Daughter	Stepchild
Adopted child	Foster child*

\* A foster child is any child you cared for as your own child **and** who is (1) your brother, sister, stepbrother, or stepsister; (2) a descendant (such as a child, including an adopted child) of your brother, sister, stepbrother, or stepsister; **or** (3) a child placed with you by an authorized placement agency.

**AND**

was at the end of 2000 . . .

Under age 19  
**or**  
 Under age 24 and a student  
**or**  
 Any age and permanently and totally disabled

**AND**

who . . .

Lived with you in the United States for more than half of 2000 or, if a foster child, for all of 2000.

If the child did not live with you for the required time, see Exception to "Time Lived With You" Condition on page 43 of the Form 1040A or 1040 instructions.

**Note.** If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse if filing a joint return), special rules apply. For details, see page 43 of the Form 1040A or 1040 instructions.



## A Change To Note

Beginning in 2000, new rules apply to determine who is a foster child for purposes of the EIC. For details, see Qualifying Child below.

## Purpose of Schedule

The purpose of this schedule is to give the IRS information about your qualifying child after you have figured your earned income credit.

To figure the amount of your credit or to have the IRS figure it for you see the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 60a and 60b.

**Taking the EIC When Not Eligible.** If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

## Qualifying Child

A qualifying child is a child who is your . . .

Son	Grandchild
Daughter	Stepchild
Adopted child	Foster child*

\* A foster child is any child you cared for as your own child **and** who is (1) your brother, sister, stepbrother, or stepsister; (2) a descendant (such as a child, including an adopted child) of your brother, sister, stepbrother, or stepsister; **or** (3) a child placed with you by an authorized placement agency.

**AND**

was at the end of 2000 . . .

Under age 19

or

Under age 24 and a student

or

Any age and permanently and totally disabled

**AND**

who . . .

Lived with you in the United States for more than half of 2000 or, if a foster child, for all of 2000.

If the child did not live with you for the required time, see Exception to "Time Lived With You" Condition on page 43 of the Form 1040A or 1040 instructions.

**Note.** If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse if filing a joint return), special rules apply. For details, see page 43 of the Form 1040A or 1040 instructions.



## Instructions

You may use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship and you have met all the requirements listed in Part I of Schedule C-EZ.

### Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

### Line B

Enter the six-digit code that identifies your principal business or professional activity. See pages C-7 and C-8 of the Instructions for Schedule C for the list of codes.

### Line D

You need an employer identification number (EIN) only if you had a qualified retirement plan or were required to file an employment, excise, estate, trust, or alcohol, tobacco, and firearms tax return. If you need an EIN, file **Form SS-4**, Application for Employer Identification Number. If you do not have an EIN, leave line D blank. **Do not** enter your SSN.

### Line E

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

### Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on **Forms 1099-MISC**. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

### Line 2

Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expense, rent or lease expenses, repairs and maintenance, supplies, taxes, travel, the allowable percentage of business meals and entertainment, and utilities (including telephone). For details, see the instructions for Schedule C, Parts II and V, on pages C-3 through C-6. If you wish, you may use the optional worksheet below to record your expenses.

If you claim car or truck expenses, be sure to complete Part III of Schedule C-EZ.

### Optional Worksheet for Line 2 (keep a copy for your records)

a Business meals and entertainment . . . . .	a				
b Enter nondeductible amount included on line a (see the instructions for lines 24b and 24c on page C-5) . . . . .	b				
c Deductible business meals and entertainment. Subtract line b from line a . . . . .	c				
d . . . . .	d				
e . . . . .	e				
f . . . . .	f				
g . . . . .	g				
h . . . . .	h				
i . . . . .	i				
j <b>Total.</b> Add lines c through i. Enter here and on line 2 . . . . .	j				

**SCHEDULE C-EZ  
(Form 1040) (U)**

Department of the Treasury  
Internal Revenue Service

Name of proprietor

**Net Profit From Business**

(Sole Proprietorship)

- ▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
- ▶ Attach to Form 1040 or Form 1041. ▶ See instructions on back.

OMB No. 1545-0074

**2000**

Attachment  
Sequence No. **09A**

Social security number (SSN)

IVAN A CANTU

461 77 6986

**Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$2,500 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

**And You:**

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-3 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

**A** Principal business or profession, including product or service  
FINANCIAL - MORTGAGE LENDING

**B** Enter code from pages C-7 & 8

522200

**C** Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN), if any

**E** Business address (including suite or room no.). Address not required if same as on Form 1040, page 1.

City, town or post office, state, and ZIP code

**Part II Figure Your Net Profit**

<b>1</b> Gross receipts. <i>Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <b>Statutory Employees</b> in the instructions for Schedule C, line 1, on page C-2 and check here</i> <input type="checkbox"/>	1	2460	-
<b>2</b> Total expenses. If more than \$2,500, you <b>must</b> use Schedule C. See instructions.	2	2438	-
<b>3</b> Net profit. Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on <b>Form 1040, line 12</b> , and also on <b>Schedule SE, line 2</b> . (Statutory employees do not report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)	3	22	-

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ 5, 10, 99
- 5** Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:
- a** Business 7500      **b** Commuting 13000      **c** Other 6700
- 6** Do you (or your spouse) have another vehicle available for personal use?  Yes  No
- 7** Was your vehicle available for use during off-duty hours?  Yes  No
- 8a** Do you have evidence to support your deduction?  Yes  No
- b** If "Yes," is the evidence written?  Yes  No



PENGAD-Bayonne, N.J.  
DEFENDANT'S  
EXHIBIT  
24

CANTU, IVAN ABNER



THE STATE OF TEXAS  
CRIMINAL SUBPOENA Duces Tecum

Cause 380-80047-01

STATE OF TEXAS

v. CANTU, IVAN ABNER

TO ANY SHERIFF OR CONSTABLE OF THE STATE OF TEXAS GREETINGS:

YOU ARE COMMANDED TO SUMMON <sup>Jerry</sup> LT MCCRAW

COLLIN COUNTY JAIL  
4300 COMMUNITY BLVD  
MCKINNEY TX 75070

to be and appear before the Honorable 380TH DISTRICT COURT of Collin County to be held at the Court House thereof, in McKinney, in said County, on the 10th day of OCTOBER A.D. 2001, at 9:00 o'clock A.M., then and there to testify in behalf of the Defendant in the above styled and numbered cause, now pending in said Court and there remain from day to day and from term to term until discharged by due course of law. Said above named witness is further commanded to produce at said time and place above set forth the following books, papers, documents or other tangible things, to wit:

SAID WITNESS TO DILIGENTLY SEARCH AND COPY, AND PRODUCE IN COURT ANY AND ALL JAIL RECORDS, INCLUDING, BUT NOT LIMITED TO, VISITOR LOGS, DISCIPLINARY REPORTS, INTERCEPTED AND COPIED CORRESPONDENCE, EDUCATIONAL RECORDS, ADMINISTRATIVE RECORDS, MEDICAL RECORDS, COUNSELING RECORDS, CLASSIFICATION RECORDS, CELL ASSIGNMENTS RECORDS, PSYCHOLOGICAL REPORTS AND EVALUATIONS ON THE FOLLOWING INDIVIDUALS:

returnable the 10th day of OCTOBER A.D. 2001 at 9:00 o'clock A.M.

Herein fail not, but of this writ make due return, showing how you have executed the same.

Witness my official signature at McKinney, Texas this 10 day of Oct, 2001.

by Hannah Kunkle Deputy District Clerk, Collin County, Texas

OFFICER'S RETURN

Came to hand 10<sup>th</sup> day of October, 2001, at 10:30 o'clock A.M., and executed the 10<sup>th</sup> day of October, 2001, at 12:25 o'clock P.M., by delivering to the within named Cecilia Nunez at 4300 Community Blvd in McKinney, Collin County, Texas, in person, a true copy of this Subpoena.

FEES: \$ N/A

by: Vince Gonzalez County, Texas

SEND TO: ATTORNEY FOR SERVICE

JRT PROCEEDINGS ARE SERIOUS MATTERS DESERVING OF THE HIGHEST STANDARDS OF DIGNITY AND DECORUM. PLEASE DRESS APPROPRIATELY.

LB#: 118631  
NAME: CANTU IVAN ABNER

DATE	TIME	OFFICER	MOVED FROM	MOVED TO	FROM CLASS	TO CLASS
11/14/2000	1415	403		J118K01		MXX
ORIGINAL BOOKING						
11/15/2000	0033	256	J118K01	J120101	MXX	MXX
ORIGINAL HOUSING - PENDING SEP CELL						
12/22/2000	0930	223	J120101	J11G901	MXX	MXX
MOVE TO SEP.						

END OF REPORT



CLASSIFICATION NOTICE

NAME: CANTU IVAN ABNER D.O.B.: 6/14/1973 RACE: W SEX: M  
SS#: 461/77/6986 BOOK-IN-DATE: 11/14/2000

CHARGE #1: 09990020 CAP MURDER  
#2: 09990020 CAP MURDER  
#3:

YOU HAVE BEEN PLACED IN CLASSIFICATION # 1 (HIGH)  
THIS WAS OVERRIDDEN FROM CLASSIFICATION # 3 (MEDIUM {ASSAULT/ESCAPE})

CAPITAL MURDER CHARGES

THIS CLASSIFICATION IS DETERMINED BY CURRENT/PAST CONVICTIONS; CURRENT/PAST INSTITUTIONAL BEHAVIOR; PENDING CHARGES OR HOLDS IN OTHER JURISDICTIONS (IF ANY); SENTENCED OR UNSENTENCED; AND/OR ANY OTHER INFORMATION THAT MAY BE DEEMED APPROPRIATE WITH REGARD TO YOUR PERSONAL SECURITY OR THE SECURITY OF THE FACILITY.

>>>> NOTE: YOUR CLASSIFICATION CAN CHANGE WHEN:

CHARGES ARE ALTERED OR REDUCED  
YOU ARE SENTENCED  
ADMINISTRATIVE HEARINGS ARE HELD  
REGULAR PERIODIC REVIEW IS DUE  
OTHER REASONS RECOMMENDED BY STAFF

\*\*\*\*\*

>> ASSESSMENT QUESTIONS <<

CURRENT OFFENSE ASSAULTIVE FELONY Y  
PRIOR ASSAULTIVE FELONY CONVICTIONS N  
HISTORY OF ESCAPE ATTEMPTS N  
KNOWN INSTITUTIONAL BEHAVIOR PROBLEMS N

\*\*\*\*\*

APPEAL PROCESS:

ANY INMATE DISSATISFIED WITH HIS OR HER CLASSIFICATION MUST APPEAL HIS OR HER CLASSIFICATION, IN WRITING, WITHIN 10 DAYS OF THAT CLASSIFICATION BY ADDRESSING HIS OR HER APPEAL AS "APPEAL OF CLASSIFICATION" AND DIRECTING IT TO THE SHERIFF OR HIS DESIGNEE.

CLASSIFIED BY: 228 WISER JASON DATE: 11/16/2000

COMMENTS:



SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# CLASSIFICATION NOTICE

Name: Carter (last) Dean (first) Abner (middle)

Jail No. 1181031 D.O.B. 10/14/73 Race W Sex M SS# 461-77-6916

Charge(s) 1) Capital Murder 2) Capital Murder 3) High

You have been placed in the following classification: High. This classification is determined by: current/past convictions; current/past institutional behavior; pending charges or holds in other jurisdictions (if any sentenced or unsentenced); and/or any other information that may be deemed appropriate with regard to your personal security or the security of the facility. NOTE: Your classification can change when: charges are altered or reduced; you are sentenced; due to administrative hearings; or to regular periodic review; and/or other reasons recommended by the jail staff.

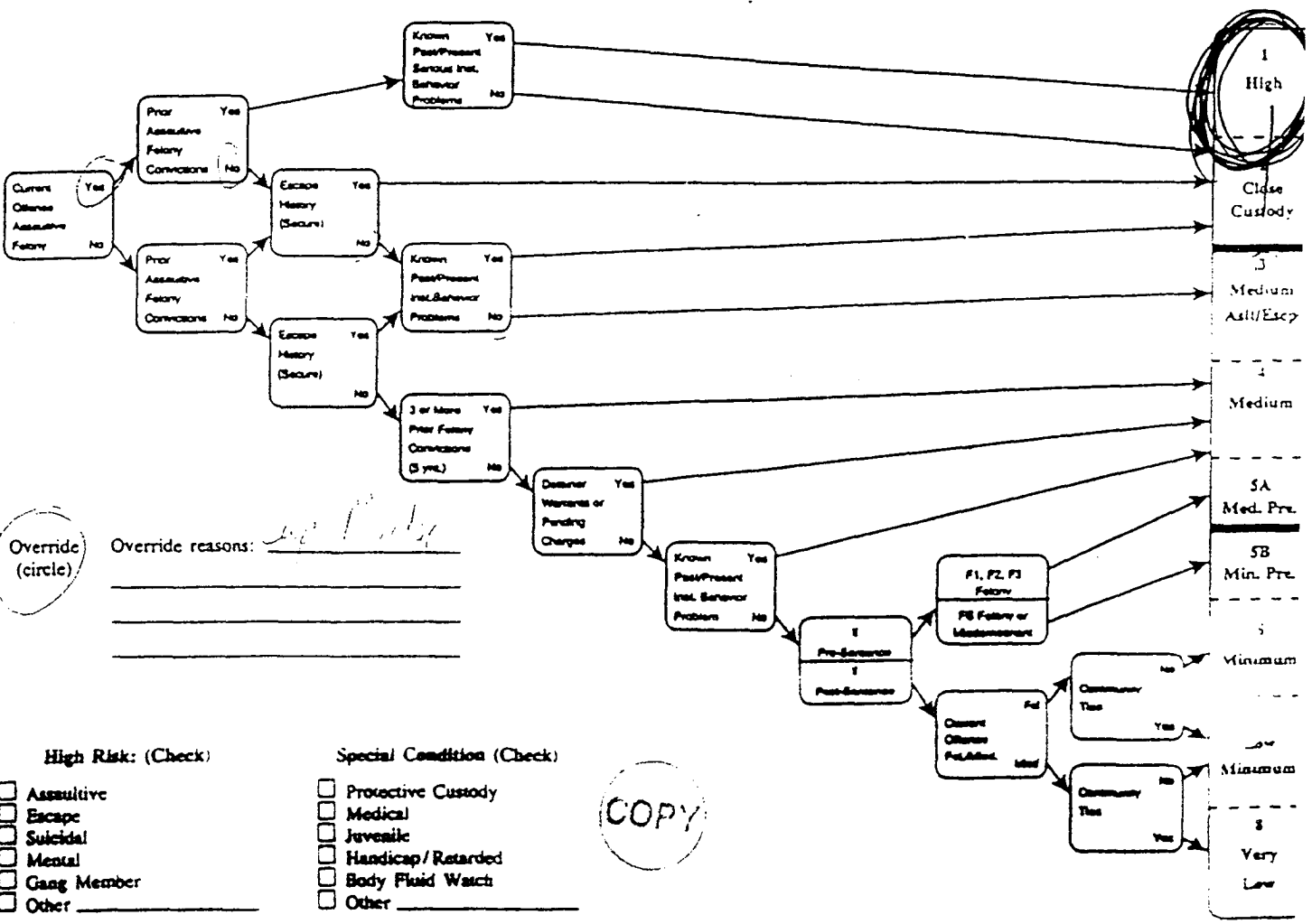
Appeal Process: Any inmate dissatisfied with his or her classification must appeal his/her classification, in writing, within ten (10) days of primary classification or reclassification by addressing his/her appeal as APPEAL OF CLASSIFICATION and directing it to: the Sheriff or his designee.

Classified by: [Signature] Date: 11/16/03

Comments by staff: \_\_\_\_\_

## PRIMARY SECURITY LEVEL ASSIGNMENT

Booking Date 11-14-2003



MINIMUM SECURITY/INMATE WORKER ASSESSMENT WORKSHEET

INMATE NAME: Contra, Sean Abner D.O.B.: \_\_\_\_\_  
 Classification Sgt. completing worksheet: J. V. - Date: 11/11/00  
 Recommended Security Designation: High

	SIGNATURE	DATE	MINIMUM SECURITY (circle one)	INMATE WORKER (circle one)
Process Lt.:	<u>[Signature]</u>	<u>11-27-00</u>	APPROVED/ <u>DENIED</u>	APPROVED/ <u>DENIED</u>
Captain:	_____	_____	APPROVED/DENIED	
Medical:	_____	_____	APPROVED/DENIED,	APPROVED/DENIED
Service Lt.:	_____	_____	*****	APPROVED/DENIED

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COPY

CLASSIFICATION NOTICE

NAME: CANTU IVAN ABNER D.O.B.: 6/14/1973 RACE: W SEX: M  
SS#: 461/77/6986 BOOK-IN-DATE: 11/14/2000

CHARGE #1: 09990020 CAP MURDER  
#2: 09990020 CAP MURDER  
#3:

YOU HAVE BEEN PLACED IN CLASSIFICATION # 1 (HIGH)

THIS CLASSIFICATION IS DETERMINED BY CURRENT/PAST CONVICTIONS; CURRENT/PAST INSTITUTIONAL BEHAVIOR; PENDING CHARGES OR HOLDS IN OTHER JURISDICTIONS (IF ANY); SENTENCED OR UNSENTENCED; AND/OR ANY OTHER INFORMATION THAT MAY BE DEEMED APPROPRIATE WITH REGARD TO YOUR PERSONAL SECURITY OR THE SECURITY OF THE FACILITY.

>>>> NOTE: YOUR CLASSIFICATION CAN CHANGE WHEN:

CHARGES ARE ALTERED OR REDUCED  
YOU ARE SENTENCED  
ADMINISTRATIVE HEARINGS ARE HELD  
REGULAR PERIODIC REVIEW IS DUE  
OTHER REASONS RECOMMENDED BY STAFF

\*\*\*\*\*

>> ASSESSMENT QUESTIONS <<

MARKED IMPROVEMENT IN ATTITUDE, COMPLIANCE N

\*\*\*\*\*

APPEAL PROCESS:

ANY INMATE DISSATISFIED WITH HIS OR HER CLASSIFICATION MUST APPEAL HIS OR HER CLASSIFICATION, IN WRITING, WITHIN 10 DAYS OF THAT CLASSIFICATION BY ADDRESSING HIS OR HER APPEAL AS "APPEAL OF CLASSIFICATION" AND DIRECTING IT TO THE SHERIFF OR HIS DESIGNEE.

CLASSIFIED BY: 313 RUSHING A. DATE: 12/14/2000

COMMENTS: 30 DAY REASSESSMENT

SIGNATURE: \_\_\_\_\_



DATE: \_\_\_\_\_

CLASSIFICATION NOTICE

NAME: CANTU IVAN ABNER D.O.B.: 6/14/1973 RACE: W SEX: M  
SS#: 461/77/6986 BOOK-IN-DATE: 11/14/2000

CHARGE #1: 09990020 CAP MURDER  
#2: 09990020 CAP MURDER  
#3:

YOU HAVE BEEN PLACED IN CLASSIFICATION # 1 (HIGH)

THIS CLASSIFICATION IS DETERMINED BY CURRENT/PAST CONVICTIONS; CURRENT/PAST INSTITUTIONAL BEHAVIOR; PENDING CHARGES OR HOLDS IN OTHER JURISDICTIONS (IF ANY); SENTENCED OR UNSENTENCED; AND/OR ANY OTHER INFORMATION THAT MAY BE DEEMED APPROPRIATE WITH REGARD TO YOUR PERSONAL SECURITY OR THE SECURITY OF THE FACILITY.

>>>> NOTE: YOUR CLASSIFICATION CAN CHANGE WHEN:

CHARGES ARE ALTERED OR REDUCED  
YOU ARE SENTENCED  
ADMINISTRATIVE HEARINGS ARE HELD  
REGULAR PERIODIC REVIEW IS DUE  
OTHER REASONS RECOMMENDED BY STAFF

\*\*\*\*\*

>> ASSESSMENT QUESTIONS <<

MARKED IMPROVEMENT IN ATTITUDE, COMPLIANCE N

\*\*\*\*\*

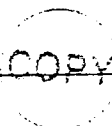
APPEAL PROCESS:

ANY INMATE DISSATISFIED WITH HIS OR HER CLASSIFICATION MUST APPEAL HIS OR HER CLASSIFICATION, IN WRITING, WITHIN 10 DAYS OF THAT CLASSIFICATION BY ADDRESSING HIS OR HER APPEAL AS "APPEAL OF CLASSIFICATION" AND DIRECTING IT TO THE SHERIFF OR HIS DESIGNEE.

CLASSIFIED BY: 248 JARESH, CHARLES DATE: 2/12/2001

COMMENTS: 90 DAY REASSESSMENT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



CLASSIFICATION NOTICE

NAME: CANTU IVAN ABNER D.O.B.: 6/14/1973 RACE: W SEX: M  
SS#: 461/77/6986 BOOK-IN-DATE: 11/14/2000

CHARGE #1: 09990020 CAP MURDER  
#2: 09990020 CAP MURDER  
#3:

YOU HAVE BEEN PLACED IN CLASSIFICATION # 1 (HIGH)

THIS CLASSIFICATION IS DETERMINED BY CURRENT/PAST CONVICTIONS; CURRENT/PAST INSTITUTIONAL BEHAVIOR; PENDING CHARGES OR HOLDS IN OTHER JURISDICTIONS (IF ANY); SENTENCED OR UNSENTENCED; AND/OR ANY OTHER INFORMATION THAT MAY BE DEEMED APPROPRIATE WITH REGARD TO YOUR PERSONAL SECURITY OR THE SECURITY OF THE FACILITY.

>>>> NOTE: YOUR CLASSIFICATION CAN CHANGE WHEN:

CHARGES ARE ALTERED OR REDUCED  
YOU ARE SENTENCED  
ADMINISTRATIVE HEARINGS ARE HELD  
REGULAR PERIODIC REVIEW IS DUE  
OTHER REASONS RECOMMENDED BY STAFF

>> ASSESSMENT QUESTIONS <<

MARKED IMPROVEMENT IN ATTITUDE, COMPLIANCE N

APPEAL PROCESS:

ANY INMATE DISSATISFIED WITH HIS OR HER CLASSIFICATION MUST APPEAL HIS OR HER CLASSIFICATION, IN WRITING, WITHIN 10 DAYS OF THAT CLASSIFICATION BY ADDRESSING HIS OR HER APPEAL AS "APPEAL OF CLASSIFICATION" AND DIRECTING IT TO THE SHERIFF OR HIS DESIGNEE.

CLASSIFIED BY: 094 NUNIES CECILIA DATE: 5/13/2001

COMMENTS 180 DAYS REASSESSMENT

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





CLASSIFICATION NOTICE

NAME: CANTU IVAN ABNER D.O.B.: 6/14/1973 RACE: W SEX: M  
SS#: 461/77/6986 BOOK-IN-DATE: 11/14/2000

CHARGE #1: 09990020 CAP MURDER  
#2: 09990020 CAP MURDER  
#3:

YOU HAVE BEEN PLACED IN CLASSIFICATION # 1 (HIGH)

THIS CLASSIFICATION IS DETERMINED BY CURRENT/PAST CONVICTIONS; CURRENT/PAST INSTITUTIONAL BEHAVIOR; PENDING CHARGES OR HOLDS IN OTHER JURISDICTIONS (IF ANY); SENTENCED OR UNSENTENCED; AND/OR ANY OTHER INFORMATION THAT MAY BE DEEMED APPROPRIATE WITH REGARD TO YOUR PERSONAL SECURITY OR THE SECURITY OF THE FACILITY.

>>>> NOTE: YOUR CLASSIFICATION CAN CHANGE WHEN:

CHARGES ARE ALTERED OR REDUCED  
YOU ARE SENTENCED  
ADMINISTRATIVE HEARINGS ARE HELD  
REGULAR PERIODIC REVIEW IS DUE  
OTHER REASONS RECOMMENDED BY STAFF

\*\*\*\*\*

>> ASSESSMENT QUESTIONS <<

MARKED IMPROVEMENT IN ATTITUDE, COMPLIANCE N

\*\*\*\*\*

APPEAL PROCESS:

ANY INMATE DISSATISFIED WITH HIS OR HER CLASSIFICATION MUST APPEAL HIS OR HER CLASSIFICATION, IN WRITING, WITHIN 10 DAYS OF THAT CLASSIFICATION BY ADDRESSING HIS OR HER APPEAL AS "APPEAL OF CLASSIFICATION" AND DIRECTING IT TO THE SHERIFF OR HIS DESIGNEE.

CLASSIFIED BY: 223 JENNIFER DUNN DATE: 8/11/2001

COMMENTS: 270 DAY REASSESSMENT

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(COPY)

LE# 118631

PAGE 1

Name CANTU IVAN ABNER

Classification: M - D - 002 , 016 , 017

Race/Sex W/M DOB 6/14/73

Current housing assignment: J L L BK 01

Total points from Inmate Assessment Form \_\_\_\_\_

MANDATORY SEPARATIONS

SECTION I

M= Male

SECTION II

D= Housing considerations only

HOUSING CONSIDERATION FACTORS

SECTION III

002- A high public safety risk, Primary Security Assessment-Medium/Maximum

016- Education - What grade in school did this inmate complete?

SUBJECT STATES THAT HE HAS COMPLETED THE 12TH GRADE. ALSO HAS TWO YEARS OF COLLEGE.

017- Employment? Occupation?

SUBJECT STATES THAT HE WAS EMPLOYEED AT COUNTRY WIDE LOAN OFFICE FOR THE LAST 3 MONTHS.

Classification: M - D - 002 , 016 , 017  
Section (I - II - III)

Classification Sergeant conducting interview: Dunn

Housing reassignment recommendation: J 1 2 01 01 Date 11-23-00

Process Lieutenant, APPROVED/DENIED: \_\_\_\_\_ Date: 11-27-00

SUBJECT IS IN CUSTODY FOR CAPITAL MURDER X2 WITH 2,000,000.00. SUBJECT DENIES ANY MEDICAL, MENTAL OR SUICIDE PROBLEMS.

COPY



Terry G. Box  
Office of the Sheriff

### Medical Statement

Date of Report: 11-18-01

Inmate: Compton, Jason

LE#: 118631

DOB: 6-14-73

Above individual was involved in an accident / altercation.

Location: IA 1 Date of accident: 11-18-01 Time: 1155

Type of injury: SO sprain/bruise @ hand

Physical Findings:

States swollen but him & hand  
numb & swollen. Hand has small  
red dot possibly bite, no swelling  
or redness. Sprain remains inspected  
& no mt appear to be broken necked.

Recommendations: Ice applied, will assess

again during PM treatments. Follow up  
with Hager's model

934 - Rechecked - no more  
problems or symptoms - mt - to mt staff

Collin County Sheriff's Office 4300 Community Ave, McKinney, TX 75070  
Sheriff's Office (972) 547-5100 • Metro (972) 424-4797 • FAX (972) 547-5304  
Detention (972) 547-5200 • Metro (972) 424-4433 • FAX (972) 547-5301

if problems arise

Hager

COPY

Last Name: CANTON First: Ivan Date In: 11-14-00 AM  
TRN#: \_\_\_\_\_ Time In \_\_\_\_\_ PM

**PERSONAL INFORMATION**

MARITAL STATUS  MARRIED  DIVORCED  SINGLE  
SPOUSE NAME: \_\_\_\_\_  
ADDRESS: 4753 - Old Bent Tree # 1004  
CITY, STATE, ZIP: Dallas

PERSON TO NOTIFY IN CASE OF EMERGENCY. (REQUIRED)  
NAME: Mrs Canton RELATIONSHIP: Wife  
ADDRESS: 5272 Bryce Canyon Dallas PHONE: 214-467-5065

MEDICAL PROBLEMS  NO  YES. WHAT? \_\_\_\_\_

**ARREST INFORMATION**

	Charge/Hold #1	Charge/Hold #2	Charge/Hold #3	Charge/Hold #4
Offense:	<u>Capital Murder</u>	<u>Capital Murder</u>		
Offense Code:				
Warrant #	<u>F00-863688</u>	<u>F00-864325</u>		
Bond Amt	<u>1,000,000</u>	<u>1,000,000</u>		
Agency	<u>Dallas</u>	<u>Dallas</u>		
Statute Cit				
LEVEL/DEGREE	FC MA F1 MB F2 MC F3 Other	FC MA F1 MB F2 MC F3 Other	FC MA F1 MB F2 MC F3 Other	FC MA F1 MB F2 MC F3 Other

(IF MORE THAN 4 CHARGES/HOLDS, LIST IN "DETAILS OF ARREST" BELOW)

Frags. Haz. Material:  No  Yes  Other \_\_\_\_\_  
Is it a Motor Vehicle:  No  Yes  Other \_\_\_\_\_  
Was Weapon Involved?  No  Yes \_\_\_\_\_  
Where arrested? \_\_\_\_\_  
Vehicle into:  Yes  No \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Color: \_\_\_\_\_

Subject transferred from DSC

COPY

Arresting Officer(s): Mike White Arresting Agency: CCSU

# Warrant of Arrest & Detention

Collin County, Texas

(1)

Felony

Misdemeanor

Warrant Number (2)

F00-864325

Bail Amount \$ (3)

1,000,000

In the name of the State of Texas to any Sheriff or other Peace Officer of the State of Texas — Greetings:

You are hereby commanded to take instanter the body of:

(4) Cantu, Ivan, Abner

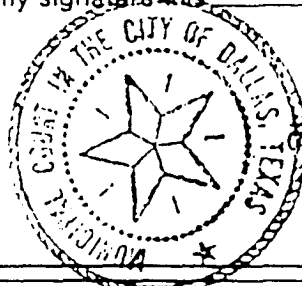
hereinafter called the accused, and him safely keep so that he may be dealt with according to law, and to hold the accused to answer to the State of Texas for an offense against the laws of the said State, namely:

(5) Capital Murder Texas Penal Code Capital Felony

of which (misdemeanor) (felony) offense he is accused by written complaint, made under oath that has been presented to me and that is by this reference incorporated herein for all purposes

Witness my signature this <sup>(6)</sup> 9 day of November 2000

COPY



*Ray Rodue*

Magistrate  
Municipal Court  
City of Dallas, Texas

## ADMINISTRATIVE DATA

ALL BLANKS MUST BE COMPLETED OR INDICATE "UNKNOWN"

(8) State of Texas vs. Cantu, Ivan, Abner (9) Arrest Status Dallas County Jail  
(10) Race L (11) Sex M (12) O.O.B. 061473 (13) HI. 507 (14) Wt. 140 (15) Hair Color Blac Eye Color bro  
(17) Residence Address 4753 Old Bent Tree Lane 1004 (18) Driver's Lic. # 01891126 (19) State Tx  
(20) Business Address N/A (21) Business Name N/A

RECEIVED  
NOV - 9 PM 11:41  
SHERIFF  
COLLIN COUNTY

# Warrant of Arrest & Detention

Collin County, Texas

(1)  Felony  
 Misdemeanor

Warrant Number (2)

F00-863688

Bail Amount \$ (3)

1,000,000

In the name of the State of Texas to any Sheriff or other Peace Officer of the State of Texas — Greetings:

You are hereby commanded to take instanter the body of:

(4) Cantu, Ivan, Abner

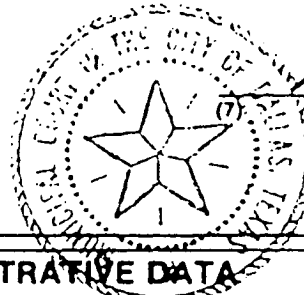
hereinafter called the accused, and him safely keep so that he may be dealt with according to law, and to hold the accused to answer to the State of Texas for an offense against the laws of the said State, namely:

(5) Capital Murder Texas Penal Code Capital Felony

of which (misdemeanor) (felony) offense he is accused by written complaint, made under oath that has been presented to me and that is by this reference incorporated herein for all purposes.

Witness my signature this 9 (6) day of November 2000

copy



Magistrate  
Municipal Court  
City of Dallas, Texas

RECEIVED  
NOV - 9 PM 1:41  
SHERIFF  
DALLAS COUNTY

## ADMINISTRATIVE DATA

ALL BLANKS MUST BE COMPLETED OR INDICATE "UNKNOWN"

(8) State of Texas vs. Cantu, Ivan, Abner (9) Arrest Status Dallas County Jail

(10) Race L (11) Sex M (12) D.O.B. 061473 (13) Ht. 507 (14) Wt. 140 (15) Hair Color Blac (16) Eye Color brow

(17) Residence Address 4753 Old Bent Tree Lane 1004 (18) Driver's Lic. # 01891126 (19) State Tx

(20) Business Address N/A (21) Business Name N/A

STATE OF TEXAS  
COUNTY OF DALLAS

BOOK 00023822 PAGE 0746582

211

vs. BARBARA M. CARLSON

in Dallas County, Texas, to-wit:

A MAGISTRATE, HEREBY CERTIFY THAT ON THIS, THE 11TH DAY OF NOVEMBER, 1971,

AT 6:00 AM, BEING AT 111 EMBERSIDE, CITY OF DALLAS, DALLAS COUNTY, TEXAS,

APPEARED DANIEL EVAN ALDER,

TYPE 02/14/71 111 EMBERSIDE

UNDER OATH, AND THAT I HAVE IN FULLY FAITHFUL MANNER INFORMED HER OF THE ALLEGATION AGAINST HIM AND OF ANY RIGHTS, LEGAL OR OTHERWISE, WHICH SHE MAY BE ENTITLED TO, AND OF HER RIGHT TO BE REPRESENTED BY COUNSEL AND OF HER RIGHT TO HAVE AN ATTORNEY PRESENT DURING ANY INTERVIEW WITH OFFICERS OR ATTORNEYS EMPLOYED BY THE STATE, AND OF HIS RIGHT TO STOP THE INTERVIEW AT ANY TIME, AND HE DECLINED TO HAVE ANY FURTHER INTERVIEW.

I HEREBY CERTIFY THAT THE PERSON ABOVE NAMED HAS NOT BEEN TO COURT AND HAS NOT BEEN AT ALL, AND THAT ANY STATEMENT MADE BY HIM MAY BE USED IN EVIDENCE AGAINST HIM ON HIS TRIAL FOR THE OFFENSES CHARGED, WHICH THE STATEMENTS TO ME.

I HAVE SEARCHED THE RECORDS OF THE COUNTY CLERK OF DALLAS COUNTY, TEXAS, AND HAVE FOUND NO RECORDS OF ANY OTHER PROCEEDINGS IN THIS CASE.

EX  
EX

COPY

Barbara M. Carlson  
Daniel E. Alder

Barbara M. Carlson

NOV 11 1971

- 1. SYLVIA CANTU            MOTHER  
   UNK  
   DALLAS                   TX
- 2. PENNY LILAND           AUNT  
   UNK  
   DALLAS                   TX
- 3. ERIC CANTU             BROTHER  
   UNK  
   PLANO                    TX
- 4. JAY SWANN              FRIEND  
   UNK  
   DALLAS                   TX
- 5.

Inmate Signature

*Ivan Abner Cantu*

Inmate Name

CANTU IVAN ABNER

DATE

11-14-00

DOB

6/14/73

Witness Officer

*my*





BOOKING CHECKLIST

INMATE'S NAME: Crate, Ivan Abner DOB: 11/14/73

INTAKE DATE: 11/14/00 PROCESS ONLY OR FAST TRACK: Y OR (N)

ACCEPTANCE OFFICER REVIEW-

[Signature] CHECK FOR INJURIES (NEED FOR REVIEW BY NURSE? NO)

[Signature] ARREST REPORT AND SUPPORTING DOCUMENTS REVIEWED  
 (CAUSE FOR ARREST IN NARRATIVE FOR "ON VIEW" ARREST ONLY)  
 (COMMITMENTS, WARRANTS, AND/OR TELETYPES PRESENT-IF NOT)  
 (Probable Cause Statement initiated - if Fam. Viol. Asslt.)

[Signature] PROPERTY INVENTORY VERIFIED

[Signature] CHECK FOR ARRESTING OFFICER'S SIGNATURE

[Signature] SIGN AS RECEIVING OFFICER

[Signature] PERSONAL PROPERTY AND CASH SEALED AND PLACED IN SECURE STORAGE

[Signature] SIGNATURE OF BOOK - IN OFFICER CONDUCTING PAT SEARCH OF INMATE

[Signature] NAME PLACED ON MAGNETIC BOARD

[Signature] MENTAL DISABILITY/SUICIDE INTAKE SCREENING FORM REVIEWED

ADMISSION SERGEANT'S REVIEW -

[Signature] WARRANTS  
 EXECUTED, COPIED, ORIGINAL FORWARDED TO BOND/REL. AREA

[Signature] INDICTMENT-REVOCATION CHECK

[Signature] COPY SERVED

[Signature] EXTRADITION CHECK

[Signature] COPY OF FACESHEET FORWARDED TO ARRAIGNMENT OFFICER  
 PROCESSING (ONLY IF THERE ARE NO EXISTING CHARGES  
 WITHIN THE STATE)

[Signature] ARRAIGNMENT CHECK

[Signature] YES

[Signature] NO, PLACE FACESHEET IN BASKET FOR ARRAIGNMENT OFFICER

[Signature] WANTED CHECK

[Signature] TELETYPE SENT RECEIVED

[Signature] CRIMINAL HISTORY RAN ON FILES

[Signature] COMMITMENT CHECK

[Signature] TIME COMPUTATION FORM COMPLETED

[Signature] EXPECTED RELEASE DATE ENTERED ON COMPUTER

[Signature] VISITATION LIST REVIEWED

[Signature] PHOTOGRAPHS REVIEWED

[Signature] FINGERPRINTS REVIEWED (CHECK QUALITY AND DATA)

[Signature] ARM BAND SECURED ON INMATE (IF INMATE IS TO BE HOUSED)

[Signature] MEDICAL REVIEWED BY NURSE (MEDICAL INTERVIEW COMPLETED)

CLASS C ONLY ARRESTS

[Signature] COMPLAINT REVIEWED IF A COLLIN CO. JP. FORWARD FACESHEET  
 TO J.C.C.

[Signature] BOARDING SLIP INITIATED IF NOT COLLIN CO. CHARGE

[Signature] CAPIAS PRO FINE? (SERVE TIME PAY FINE, NOT BONDABLE)

[Signature] **COPY** ADMISSION SERGEANT'S SIGNATURE 1555 11-14-00  
**TIME** **DATE**

**Collin County  
Mental Disability/Suicide Intake Screening**

Name: Cantu Ivan Aber Date of Birth: 6/4/73  
Last First Middle

L.E. #: \_\_\_\_\_ Date: 11/14/00 Completed by: [Signature]

Was inmate a medical, mental health, or suicide risk during any prior contact or confinement with department? Yes \_\_\_ No  If Yes, when? \_\_\_\_\_

Does arresting or transporting officer believe that the inmate is a medical, mental health, or suicide risk? Yes \_\_\_ No \_\_\_

A. Questions For Detainee		B. Observation Questions	
1. Have you ever received MHMR Services or other medical health services?	Yes No <input checked="" type="checkbox"/>	6. Does the individual act or talk in a strange manner?	Yes No
2. Do you know where you are?	Correct <input checked="" type="checkbox"/> Incorrect	7. Does the individual seem unusually confused or Preoccupied?	Yes No
3. What season is this?	Correct <input checked="" type="checkbox"/> Incorrect	8. Does the individual talk very rapidly or seem to be in a unusually good mood?	Yes No
4. How many months are there in a year?	Correct <input checked="" type="checkbox"/> Incorrect	9. Does the individual claim to be someone else like a famous person or fictional figure?	Yes No
5. (a) Sometimes people tell me they hear noises or voices that other people don't seem to hear. What about you?  (b) If yes, ask for an explanation: "What do you hear?" _____	Yes No <input checked="" type="checkbox"/>	10. (a) Does the individual's vocabulary (in his/her Native tongue) seem limited?  (b) Does the individual have difficulty coming up with words to express him/herself?	Yes No Yes No

C. Suicide Related Questions / Observations	
11. Have you ever attempted suicide or had thoughts about killing yourself? If yes, when? _____ Why? _____ How? _____	Yes No <input checked="" type="checkbox"/>
12. Are you thinking about killing yourself today?	Yes No <input checked="" type="checkbox"/>
13. (a) Have you ever been so down that you couldn't do anything for more than a week? (If no, go to 14.)  (b) Do you feel this way now?	Yes No <input checked="" type="checkbox"/> Yes No
14. When not on drugs or drinking, have you ever gone for days without sleep or had a long period in your life when you felt very energetic or excited?	Yes No <input checked="" type="checkbox"/>
15. Have you experienced a recent loss of a family member or friend or are you worried about major Problems other than your legal situation?	Yes No <input checked="" type="checkbox"/>
16. Does the individual seem extremely sad, apathetic, Helpless, or hopeless?	Yes No

Comments \_\_\_\_\_

**\*\*Note: A single inappropriate response, except as appropriate in A.3., indicates additional evaluation recommended.**

NL01MCSC .QH.TX0430000  
NAM/CANTU, IVAN ABNER. SBLA/M.RAC/W.DOB/19730614.  
PUR/C  
REQ/MONTGOMERY.OPR/MONTGOMERY

\*\*TEXAS ID SUMMARY\*\*

TEXAS DEPARTMENT OF PUBLIC SAFETY COMPUTERIZED CRIMINAL HISTORY SUMMARY

ADDITIONAL INFORMATION AVAILABLE FROM CORRECTION TRACKING SYSTEM(CTS)  
SID/TX05498825  
FBI/516575AB9  
NAM/CANTU, IVAN ABNER  
SOC/461-77-6986 DOB/06-14-1973 SEX/M RACE/W ETH/ SKN/MED POB/TX CITZ/US  
HGT/507 WGT/150 EYE/BRO HAIR/BLK DL/01891126 DL STATE/TX  
ID/ ID STATE/ III/S/S  
NCIC HENRY AFIS WLRWR  
FPC/ FPC/ FPC/ WWLLL  
IDENTIFICATION COMMENTS -

\*\* ADDITIONAL IDENTIFIERS \*\*  
AKA/CANTU, IVAN

DATE OF REPORT/11-14-2000

\*\* ARREST SUMMARY \*\*

TOTAL ARRESTS/	2	CONVICTIONS OR COURT ORDERED PROBATIONS	OFFENSE CATEGORY
1	0		DANGEROUS DRUGS
1	0		OBSTRUCTING POLICE
2	0		TRAFFIC OFFENSE
1	0		DWI

LAST ARREST STATUS (INCLUDED ABOVE)  
04-23-1997 TX0570400 CARROLLTON PD  
TRAFFIC OFFENSE

\*\* LAST CUSTODY SUMMARY (DOES NOT NECESSARILY REFLECT CUSTODY OF LAST ARREST.  
AGENCY/ NO/  
CO. OF COMMIT/ START/ EXPIRE/  
STATUS DESCRIPTOR/

RECEIVING AGENCY/ UNTIL DATE/

\*\* THIS IS SUMMARY DATA ONLY. FOR COMPLETE HISTORY, REQUEST A FULL RAP (QR)

-----

END

CRIME RECORDS SERVICE DPS AUSTIN TX 11/14/2000  
OUTPUT MSG 671, FROM CCH# FOR MCSC 11/14/00 13:50

COPY

TX0430000

THIS NCIC INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR INQUIRY ON NAM/CANTU, IVAN ABNER SEX/M RAC/W DOB/19730614 PUR/C

NAME	FBI NO.	INQUIRY DATE	PHOTO
CANTU, IVAN ABNER	516575AB9	2000/11/14	N
SEX RACE BIRTH DATE	HEIGHT WEIGHT EYES HAIR	BIRTH PLACE	
M W 1973/06/14	507 140 BRO BLK	TEXAS	

FINGERPRINT CLASS	PATTERN CLASS
PO 55 14 PM 15	WU UC RS WU RS WU WU LS LS LS
PI PM 15 17 16	WU WU WU

SOCIAL SECURITY

461-77-6986

IDENTIFICATION DATA UPDATED 2000/02/17

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE FOLLOWING:

TEXAS - STATE ID/TX05498825

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE IDENTIFICATION INDEX BY USING THE APPROPRIATE NCIC TRANSACTION.

END

OUTPUT MSG 672, FROM NIC# FOR MCSC 11/14/00 13:51

DISSEMINATED ON TLETS FOR CRIMINAL JUSTICE PURPOSES ONLY

COPY

2L01MCSC .QR.TX043000  
PUR/C  
ATN/MICHELLE FOWLER BOOKING  
PART 1  
THE FOLLOWING RECORD PERTAINS TO  
FBI/516575AB9  
SID/TX05498825

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT CONTRIBUTED THE FINGERPRINTS.

TEXAS DEPARTMENT OF PUBLIC SAFETY CRIMINAL HISTORY RECORD  
ADDITIONAL INFORMATION AVAILABLE FROM CORRECTION TRACKING SYSTEM (CTS)

NAME	SID NO	FBI NO	SOC
CANTU, IVAN ABNER	TX05498825	516575AB9	461-77-6986

DOB	SEX	RACE	SKN	POB	CITZ	HGT	WGT	EYE	HAIR
06/14/1973	M	W	MED	TX	US	5-07	150	BRO	BLK

DL NO	STATE	ID NO	III
01891126	TX		S/S

NCIC FINGERPRINT	HENRY FINGERPRINT	AFIS FINGERPRINT
		WLRWR
		WWLL

IDENTIFICATION COMMENTS

\*\*ADDITIONAL IDENTIFIERS\*\*

AKA	DOB	MNU	SOC	SMT
CANTU, IVAN				

DATE OF REPORT	DATE OF ORIGINATION	DATE OF LAST UPDATE
11/14/2000	09/29/1995	09/09/1997

-----  
TRACKING INCIDENT NO: 0202448371 ARREST DATE: 09-08-1995 A  
ARREST NAME: CANTU, IVAN ABNER

\*\* ARREST \*\*

AGENCY: TXDPD0000 DALLAS PD

AGENCY CASE NO: 89550626S

AGENCY ARREST NO: 0746052

\*TRS: A001 LEVEL: SJ FELON

CHARGE:

POSS CS PG 1 < 1G

481.115(b) HSC

DESCRIPTOR:

DISPOSITION: HELD

DISPOSITION DATE: 09-08-1

REFERRED TO: TX057015A DALLAS DA

\*TRS: A002 LEVEL: MSDMNR B

CHARGE:

RECKLESS DRIVING

6701d(51) (a) VCS

DESCRIPTOR:

DISPOSITION: HELD

DISPOSITION DATE: 09-08-1

REFERRED TO: TX057015A DALLAS DA

RECKLESS DRIVING  
DESCRIPTOR:

6701d(51)(a) VCS

COPY

DISPOSITION: HELD  
REFERRED TO: TX057015A DALLAS DA

DISPOSITION DATE: 09-08-19

\*\* JUDICIAL \*\*

\*TRS: A001 LEVEL: SJ FELON PROSECUTOR ACTION: ACCEPTED THE CHARGE  
\*PROS TX057015A DALLAS DA  
CHARGE:

POSS CS PG 1 < 1G  
DESCRIPTOR: F-9550626

481.115(b) HSC

\*\* JUDICIAL \*\*

\*TRS: A003 LEVEL: MSDMNR B PROSECUTOR ACTION: CHR. DROPPED BY ARREST AGENC  
\*PROS TX057015A DALLAS DA  
CHARGE:

RECKLESS DRIVING  
DESCRIPTOR:  
\*COURT: TX057165J CRIMINAL DIST COURT  
CHARGE:

6701d(51) (a) VCS

PLEA: GUILTY

POSS CS PG 1 < 1G  
DESCRIPTOR:

481.115(b) HSC

LEVEL: SJ FELON

CAUSE: F-9550626 DISPOSITION: DEFERRED DISPOSITION

DISPOSITION DATE: 02-08-1996 SENTENCE DATE: 02-08-1996

SENTENCE CONF: PROB: 2Y SUSP TIME:

FINE: \$750 SUSP FINE: CT COST: \$127

COURT PROVISION: DEFERRED ADJUDICATION

AGENCY RECEIVING CUSTODY: TX057045G

DATE OF APPEAL: APPEAL DISPOSITION:

RESULT OF APPEAL:

-----  
TRACKING INCIDENT NO: 0011980192 ARREST DATE: 04-23-1997 A  
ARREST NAME: CANTU, IVAN ABNER

\*\* ARREST \*\*

AGENCY: TX0570400 CARROLLTON PD

AGENCY CASE NO: 973050

AGENCY ARREST NO: 7043274

\*TRS: A001 LEVEL: MSDMNR A

CHARGE:

EVADING ARREST/DET USING VEHICLE

38.04(b) (1)

DESCRIPTOR:

DISPOSITION: BAIL/ROR

DISPOSITION DATE: 04-23-19

REFERRED TO: TX0570000 DALLAS SO DALLAS CO

\*TRS: A002 LEVEL: MSDMNR B

CHARGE:

DRIVING WHILE INTOXICATED

49.04 PC

DESCRIPTOR:

DISPOSITION: BAIL/ROR

DISPOSITION DATE: 04-23-19

REFERRED TO: TX0570000 DALLAS SO DALLAS CO

THIS IS A SINGLE-STATE RECORD. NO ADDITIONAL CRIMINAL HISTORY  
INFORMATION IS INDEXED AT NCIC FOR OTHER STATE OR FEDERAL OFFENSES.

UNAUTHORIZED USE OR DISCLOSURE OF THE INFORMATION CONTAINED IN THIS RECORD  
MAY RESULT IN SEVERE CRIMINAL PENALTIES.  
SEE SECTION 411.085, TEXAS GOVERNMENT CODE.  
END OF PART 1

CRIME RECORDS SERVICE DPS AUSTIN TX 11/14/2000

END OF RECORD

OUTPUT MSG 674, FROM CCH# FOR MCSC 11/14/00 13:58

COPY

1L01DTJ 00000.  
REGION, DATE=111400, TIME=133202  
INQUIRY ON NAM/CANTU, IVAN ABNER  
RAC/W SEX/M DOB/061473 - NO REGIONAL PERSONS INFO

OUTPUT MSG 663, FROM DTJ FOR MCSC 11/14/00 13:32

1L01MCSC .NO RECORD TCIC

NAM/CANTU, I

OUTPUT MSG 664, FROM TIC# FOR MCSC 11/14/00 13:33

DISSEMINATED ON TLETS FOR CRIMINAL JUSTICE PURPOSES ONLY

1L01MCSC

TX04300C0

NO NCIC WANT NAM/CANTU, IVAN ABNER DOB/19730614 RAC/W SEX/M

OUTPUT MSG 665, FROM NIC# FOR MCSC 11/14/00 13:33

DISSEMINATED ON TLETS FOR CRIMINAL JUSTICE PURPOSES ONLY

COPY

LIDRCMCSC .

SEARCH ON CANTU, IVAN ABNER, 061473

CANTU, IVAN ABNER

WHITE M 061473 5-07 170 BROWN BROWN

18790 LLOYD DR 6311 DALLAS 75252

DL 01891126 REST J ENDR CLASS CM EXP DATE 061404

CURRENT STATUS

042397 ALR NOTICE SRVD-REFUSA

042397 DWI 081597 CNTY 0 0 MB9716741K CMV UNK HAZ UNK DALLAS CO

052097 ALR HEARING SCHEDULED

061497 ALR SUSPENSION-REFUSAL ADMINISTRATIEXP 091197

061497 ALR REINSTATE FEE REQ ADMINISTRATIEXP 000000

051099 ALR REINSTATE FEE PAID

070997 SR CASE BUILT

081597 MAND SUSP-DWI DALLAS CO EXP 081498

081597 SR SUSP-MANDATORY CONV 0001891126

030600 SUSP LIFT-COMPLIED SR 0001891126

090398 SR CASE MICROFILMED



120498 NO LIABILITY IN 080299 MUN 0 0 CMV NO HAZ TO SEAGOVILLE

COPY

120498 FAIL TO STOP-DF--GNATED POINT-STOP SIGN CM\* UNK HAZ UNK DALLAS CO  
032300 SR-22 MICROFILMED  
050100 DENY RENEWAL LTR#2-FTA  
062800 DENY RENEWAL-FTA  
071800 SR-26 MICROFILMED  
\*\*\* NO WARRANT RECORD \*\*\*  
\*\*\*\*\* START OUT OF STATE HISTORY \*\*\*\*\*  
NO OUT OF STATE HISTORY  
\*\*\*\*\* END OUT OF STATE HISTORY \*\*\*\*\*  
END OF MSG  
OUTPUT MSG 666, FROM TIC# FOR MCSC 11/14/00 13:33

DISSEMINATED ON TLETS FOR CRIMINAL JUSTICE PURPOSES ONLY

Classification Copy

COMPLAINT REPLY FORM

To: Cantu, Ivan POD: 1A CELL: GG

From: Lt. Barr Date: July 24, 2001

A copy of your complaint as stated is attached.

Time and date alleged complaint occurred:

\_\_\_\_\_

The following person(s) have been interviewed:

\_\_\_\_\_

In answer to your complaint:

According to Jail Standards, each inmate is required to change out one time within a 7-day  
period. A blanket and matt cover is one time in a 3-month period. Collin County exceeds this  
minimum.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GK  
7-25-01

Revised 01/19/01



INMATE'S NAME: IVAN A. CANTU DATE: 7-22-01  
POD: 1-A CELL: 66 DATE OF BIRTH: 6-14-73

COLLIN COUNTY JAIL GRIEVANCE/COMPLAINT FORM

Any inmate desiring to file a grievance/complaint must fill out the following.

1. State what right or privilege you feel has been violated.

In the summer I feel that it is necessary to  
receive 3 jumpers and 2 towels. The inmate  
handbook states that we must shower daily. Here in  
PC or the SHU were only allowed 1 hour each day  
for recreation. Each day when I return from recreation  
my jumper is soaked with sweat. After 2 days our  
towel starts to smell like mildew, and is still wet  
until the 4<sup>th</sup> day waiting for laundry exchange.  
This small request will help with several inmates.

2. State the name(s) of the person(s) involved.

Collin County Detention Facility

3. State the name(s) of any witness(es).

All inmates that attend recreation each day.

4. The date and time that this occurred.

Each day this summer

5. Any other pertinent details.

Even on the day we receive our clean jumpers  
and towel we immediately use them and there dirty



LE 118631

7/24/01

Mr. Antie 1-A 66

~~On shift date 7/24 I received a~~  
~~complaint concerning linen change-out.~~  
According to Jail Standards each inmate  
is required to change-out 1 time  
with in a 7-Day Period.

Blanket - Matt cover 1 time - 3 month  
period.  
Collin County exceeds this minimum.

Laundry Office  
L. Gammale

COPY

COMPLAINT REPLY FORM

To: Cantu, Ivan POD: 1A CELL: GG

From: Lt. Barr. Date: May 31, 2001

A copy of your complaint as stated is attached.

Time and date alleged complaint occurred:

The following person(s) have been interviewed:

In answer to your complaint:

The letter from your attorney was opened in the mailroom by mistake. We apologize for any inconvenience that you may have incurred.

GK  
6-2-01

Revised 01/19/01



INMATE'S NAME: L. N. H. LANTU

DATE: 5/26/01

POD: 1-A

CELL: 66

DATE OF BIRTH: 6-14-73

**COLLIN COUNTY JAIL GRIEVANCE/COMPLAINT FORM**

Any inmate desiring to file a grievance/complaint must fill out the following.

1. State what right or privilege you feel has been violated.

*Today I received a letter from my attorney. The letter was not opened in front of me. The morning mail officer did acknowledge that the letter was opened prior to coming to my cell. My attorney letters are suppose to be completely confidential. This is clearly a violation of my rights.*

2. State the name(s) of the person(s) involved.

*A. Shift mail*

3. State the name(s) of any witness(es).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The date and time that this occurred.

*5/26/01*

5. Any other pertinent details.

*The officer did state that he was sorry.*

Revised 4/01/96



~~THE~~  
~~THE~~ LETTER FROM YOUR ATTORNEY WAS  
OPENED IN THE MAILROOM BY MISTAKE.  
WE APOLOGIZE FOR ANY INCONVENIENCE THAT  
YOU MAY HAVE INCURRED

COPY



COMPLAINT REPLY FORM

To: Cantu, Ivan POD: 1A CELL: GG

From: Royce Evans Date: July 10, 2001

A copy of your complaint as stated is attached.

Time and date alleged complaint occurred:

The following person(s) have been interviewed:

In answer to your complaint:

I have answered all of your requests and grievances. Your reasons for wanting a vegetarian meal were not valid. Your first request was because you thought the meat was diseased.

You are only one of six hundred inmates in this facility. We cannot provide special diets to each inmate just because that's what they want. You came to this facility with no special dietary needs, and I see no reason to change that.

GK  
7-11-01

COPY

INMATE'S NAME: I N H. CANTO

DATE: 7-4-01

POD: 1-11

CELL: 6-6

DATE OF BIRTH: 6-14-73

**COLLIN COUNTY JAIL GRIEVANCE/COMPLAINT FORM**

Any inmate desiring to file a grievance/complaint must fill out the following.

1. State what right or privilege you feel has been violated.

*I have filled out many grievances and did not notice that you only respond to some of them. Why is it that you only respond to the ones that bear towards your favor. For many weeks now I've been waiting for a response to my real situation. Seeing that you probably don't remember, I've requested to have my meals changed to vegetarian. The first request was on 5/31/01 and still no response. This is clearly a violation of my rights.*

2. State the name(s) of the person(s) involved.

*Whoever receives this request and the previous ones filed with the county since 5/31/01.*

3. State the name(s) of any witness(es).

*Officer Johnson has witnessed me many times refusing my real trays due to beef being included. Vegetarian trays are already coming this way why don't you add one more to the list.*

4. The date and time that this occurred.

*Prior to 5/31/01*

5. Any other pertinent details.

*In the future if I continue to receive beef meals, I will give them away to the other inmates so that food is not being wasted any longer.*

Revised 4/01/96

JULY 9, 2001  
INMATE CANTU  
POD 1-A

I HAVE ANSWERED ALL OF YOUR REQUEST AND GRIEVANCES.  
YOUR REASONS FOR WANTING A VEGETERIAN MEAL WERE NOT  
VALID. YOUR FIRST REQUEST WAS BECAUSE YOU THOUGHT THE  
MEAT WAS DISEASED. YOU ARE ONLY ONE OF SIX HUNDRED INMATES  
IN THIS FACILITY. WE CANNOT PROVIDE SPECIAL DIETS TO EACH INMATE  
JUST BECAUSE THAT'S WHAT THEY WANT. YOU CAME TO THIS FACILITY  
WITH NO SPECIAL DIETARY NEEDS, AND I SEE NO REASON TO CHANGE  
THAT.

ROYCE EVANS  
FOOD SERVICE SUPERVISOR

COPY



INMATE'S NAME: Z-NAN H. CHINTU

DATE 7-20-01

POD: 1-A

CELL: 2B

DATE OF BIRTH: 6/14/73

COLLIN COUNTY JAIL GRIEVANCE/COMPLAINT FORM

OCT 01 2001

Any inmate desiring to file a grievance/complaint must fill out the following.

1. State what right or privilege you feel has been violated.

On the evening of 9-25-01 I did not receive my medication. I did arrive to this jail at 8:40 pm. The guards that were working here in the pod stated that they had already made the call to the nurses station. The guards stated that once the nurses are notified they have done their job. As the evening rolled into C-shift the ball was dropped somewhere and overnight after court started I just go to the nurses station because it pass it on the way in from the court house.

2. State the name(s) of the person(s) involved.

B-Shift Nurses

3. State the name(s) of any witness(es).

B-Shift guards and please remember that they did call the nurses station 2 or 3 times. I feel in this situation the guards did their job.

4. The date and time that this occurred.

9-25-01 evening

5. Any other pertinent details.

On the day of 9-25-01 I was in court and I will be in court from now on.

Revised 4/01/96

COPY

COMPLAINT REPLY FORM

To: Canty, Dawn      POD: 1A      CELL: GG

From: Nurse Aisa      Date: 10-2-01

A copy of your complaint as stated is attached.

Time and date alleged complaint occurred:

9/25/01 evening

The following person(s) have been interview:

Chart, med nurses

In answer to your complaint:

I have spoke with the nurses  
to make sure you get your medication.  
This appears to be a one time incident  
but should you have continued problems  
please let me know.



INMATE'S NAME: VAN A. CANTU

DA1 6/27/01

Sioux

POD: 1-A

CELL: 60

DATE OF BIRTH: 6/14/73

# COLLIN COUNTY JAIL GRIEVANCE COMPLAINT FORM

Any inmate desiring to file a grievance/complaint must fill out the following.

JUL 05 2001

1. State what right or privilege you feel has been violated.

I visited with a nurse on 6/22/01 around 10:11 AM. At this time the nurse told me that I would be on the dental list to have a tooth pulled. With Monday coming by and still no sign of dentist. On my way to a visitation visit I did visit with Tray by coincident here in the pod at 2:05 PM. Tray stated that he knew nothing about the appt, but to fill out another medical form. I visited with a nurse today at 10:22 AM and she stated that the 6/22/01 visit confirms everything but for some reason I was not added to the 6/25/01 dental list. Your protocol is still not standardized.

2. State the name(s) of the person(s) involved.

Ain really not sure of the names because they don't wear name badges

3. State the name(s) of any witness(es).

On 6/22/01 - Officer [unclear]  
On 6/27/01 - Officer [unclear]

4. The date and time that this occurred.

6/22/01 - 10:11 AM  
6/27/01 - 10:22 AM

5. Any other pertinent details.

The nurse was at the pod, I didn't see any sign of dentist. The nurse staff didn't have a call on the list any longer. This will hold people accountable for the actions of failed protocol on the chain of command.



COMPLAINT REPLY FORM

To: Cantu, Dawn    POD: 1A    CELL: GG

From: Nurse Aisa    Date: 7-10-01

A copy of your complaint as stated is attached.

Time and date alleged complaint occurred:

6/22/01 & 6/27/01

The following person(s) have been interview:

Reviewed: Chart & dental log

In answer to your complaint:

I have read your complaint & reviewed your chart & dental log. you are on the dental log to be seen upon the dentist's next visit.

COPY

COMPLAINT REPLY FORM

Classification Copy

To: Cantu, Ivan POD: 1A CELL: GG

From: Nurse Alisa Date: July 11, 2001

A copy of your complaint as stated is attached.

Time and date alleged complaint occurred:

The following person(s) have been interviewed:

In answer to your complaint:

I have read your complaint. Our records show that you are on the dental list to be seen at his next available appointment. There are others on the list before you. You have been seen by dental 11/17/00, 12/1/00, 12/3/00, 1/22/01, and 5/7/01 (dentist/dental assistant). I know it is hard to wait, but I assure you that you are on the list. Regarding badges, all the nurses wear the badges that are provided by detention.

GK  
7-11-01

Revised 01/19/01

COPY

INMATE'S NAME: FRANK A. CANTU

DATE: 7/4/01

POD: 1A

CELL: 66

DATE OF BIRTH: 6/14/73

**COLLIN COUNTY JAIL GRIEVANCE/COMPLAINT FORM**

Any inmate desiring to file a grievance/complaint must fill out the following.

1. State what right or privilege you feel has been violated.

JUL 10 2001

*For the last three weeks the medical staff has been telling me one more week, it still need to have a tooth pulled and if it takes any longer it will be in pain. Please help me resolve this mis-communication problem. I would give you their names, but the nurses dont wear name badges. I did fill out a previous grievance in reference to the matter of the name badges. Please improve your line of communication so that future inmates are not lost in the cracks.*

2. State the name(s) of the person(s) involved.

*Collin County medical staff*

3. State the name(s) of any witness(es).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The date and time that this occurred.

*Many times since 11/14/00*

5. Any other pertinent details.

*Did it ever occur to your staff to use a 2 pt. carbon form so that the staff and inmate have a copy. The county uses this kind of form to withdraw money from an inmates account. Am curious to know if its more important to deduct money or properly document an inmates health records. This will probably work better than your "Opps, am not sure what happened" system. This is why people fall through the cracks.*

Revised 4/01/96



COMPLAINT REPLY FORM

To: Cantu, Don      POD: 1A      CELL: GG

From: Nurse Alist      Date: 7-10-01

A copy of your complaint as stated is attached.

Time and date alleged complaint occurred:

many times since 11-14-00

The following person(s) have been interview:

Chart -

In answer to your complaint:

I have read your complaint. Our records show that you are on the dental list to be seen at his next available appointment, there are others on the list before you. You have been seen by ~~the dentist~~ <sup>dental</sup> 11/17/00, 12/1/00, 12/3/00, 1/22/01 & 5/7/01 (dentist / dental assistant). I know it is hard to wait but I assure you that you are on the list. Regarding badges, all the nurses wear the badges that are provided by detention.

COPY



INMATE'S NAME: W. A. CANTU

DATE: 6/28/01

POD: 1-A

CELL: 66

DATE OF BIRTH: 6/14/73

### COLLIN COUNTY JAIL GRIEVANCE/COMPLAINT FORM

Any inmate desiring to file a grievance/complaint must fill out the following.

1. State what right or privilege you feel has been violated.

*The dinner meal that was delivered at 5:12 PM was ruined. A very hot meal was served in styrofoam and it melted all together. Since I'm a vegetarian now I want to know about the beef-n-cheese hot pocket and french fries. The apples and apples did have melted styrofoam mixed together. The only edible portions for me were apples and vegetables. Again, can you please charge my meals to vegetarian so future meat things are not wasted.*

2. State the name(s) of the person(s) involved.

*Kitchen inmate workers*

3. State the name(s) of any witness(es).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The date and time that this occurred.

6/28/01 5:12 PM

5. Any other pertinent details.

*I don't believe that styrofoam is healthy to eat.*



JULY 2, 2001  
INMATE CANTU  
1-A

STYRO FOAM TRAYS ARE DESIGNED FOR HOT FOODS. ~~I DOUBT THAT THE  
STYRO FOAM MELTED WITH THE HOT FOOD.~~

*There were no other complaints concerning  
R. EVANS this meal.  
FSS*

COPY





MAY 23, 2001  
INMATE IVAN CANTU  
1-A

YOU HAVE BEEN EATING A REGULAR TRAY SINCE NOV. 2000.

INMATES DO NOT HAVE THE OPTION OF SELECTING THE DIET THEY  
DESIRE. SPECIAL DIETS ARE RESERVED FOR MEDICAL AND RELIGIOUS  
REASONS.

R. EVANS  
FSS

COPY



INMATE'S NAME: I. A. CANTU

DATE 11/8/01

POD: 1-A

CELL: 66

DATE OF BIRTH: 6-14-73

**COLLIN COUNTY JAIL GRIEVANCE/COMPLAINT FORM**

Any inmate desiring to file a grievance/complaint must fill out the following.

1. State what right or privilege you feel has been violated.

*The orange that was presented to me had a pen size hole with black ink covering the outside and inside. The orange looked as if the damage was done intentionally.*

2. State the name(s) of the person(s) involved.

*Morning meal inmate workers or kitchen workers.*

3. State the name(s) of any witness(es).

*I showed the orange to Officer Moore. He did replace it with an orange that was not damaged.*

4. The date and time that this occurred. 4/7/01 Breakfast Meal

5. Any other pertinent details.

*Officer Moore was very helpful once the matter was brought to his attention.*



INMATE CANTU:  
POD 1-A

~~THE POD OFFICER HANDLED THE SITUATION PRE RLY~~

The pod officer took care of the situation  
once it was brought to his attention.

R. EVANS  
FSS

COPY

JAIL INCIDENT REPORT

TO: H Adams / J Weight  
FROM: T Douglas  
DATE: 4-28-01 TIME: 0908

IF INMATE  
Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Pod: \_\_\_\_\_

IF DISCIPLINARY:

Category: I Rule#: 8 Type of Infraction: Failure  
medical pass procedures.

Notification of inmate by: \_\_\_\_\_ Date: \_\_\_\_\_

Officer(s) involved: \_\_\_\_\_

Other Inmate(s) involved: \_\_\_\_\_

Narrative: On shift date 4-28-01 approximately 0830  
med pass were removed twice. I / J  
Coak failed to make it up the ramp  
for the medics I / J Coak will receive  
a 4 hr T/W on 4-28-01 starting  
0900 - 1300

Attach appropriate reports to this form, i.e., medical treatment, offense report, affidavits, etc.

Supervisor's comments and/or recommendations: Feed to Capt. Francis 4-28-01  
CG

CAPTAIN APPROVAL: N

FORWARD TO CLASSIFICATION

REV. 04/94

**COPY**

INMATE'S NAME: J. V. A. LANTU DATE

POD: 1A CELL: 66 DAT

**COLLIN COUNTY JAIL GRIEVANCE**

Any inmate desiring to file a grievance/complaint

1. State what right or privilege you feel has been violated.

Earlier this month I filled out  
grievance in reference to receiving a  
vegetarian meal tray. My request was  
denied and I would like a written  
response as to why it was declined.

Yours Christian Love  
Love Party

2. State the name(s) of the person(s) involved.

Collin County Jail

3. State the name(s) of any witness(es).

Officer Jackson has witnessed me eating  
everything on my meal tray except for  
beef items. Food is now being wasted because  
you won't change my meals.

4. The date and time that this occurred.

5/18/01 - 5/20/01

5. Any other pertinent details.

Officer Jackson was very professional and  
he asked me if everything was OK. I  
mentioned to him that my request  
was denied.

Revised 4/01/96





00000 Class MXX Housed in JLLBK01 Not Screened

516575AB9 SID/005498825 LE#/118631

ALLCD COLLIN COUNTY SHERIFF'S DEPARTMENT 11/14/2000 14 28 29

BOOKIN NAME RAC SEX DOB AGE ARREST AGY DATE TIME LE#

CANTU IVAN ABNER W M 6/14/1973 27 A Collin Cou 11/14/2000 11:00 118631

HAI EYE HGT WGT SOC ST DL# ARRESTING OFFICER(S) \*\*\*\*\*

ADDRESS BLK BRO 5'07" 140 461-77-6986 A7000 SO COLLIN WARRANTS

4753 OLD BENT TREE #1004 TX 01891126 UPD BY

DALLAS TX 972/380-1361 SMT/\*NONE 403

MARITAL STATUS: SINGLE

IN CASE OF EMERGENCY:

SPOUSE NONE

WIFE

SYLVIA CANTU

5292 BRYCE CANYON

DALLAS TX

214/467-5065

FATHER ABNER CANTU

MOTHER SYLVIA CANTU

UNKNOWN

5292 BRYCE CANYON

DALLAS TX

PLANO TX

BROTHER ERIC CANTU

SISTER NONE

UNKNOWN

PLANO TX

EXPECTED RELEASE DATE 99/99/1999

COLLIN COUNTY CHARGES

CHARGE	DATE	AMOUNT	TYPE	JUDGE
1 11/14/2000 Capital Murder			FELONY	
F00 863688		1,000,000.00	Pre-Indictment	
11/11/2000 900		1,000,000.00	Arraignment	Out-of-County Texas Judge
2 11/14/2000 Capital Murder			FELONY	
F00 864325		1,000,000.00	Pre-Indictment	
11/11/2000 900		1,000,000.00	Arraignment	Out-of-County Texas Judge

IN CUSTODY





**Collin County  
Mental Disability/Suicide Intake Screening**

Name: Cante Ivan Aber Date of Birth: 6/4/23  
Last First Middle

L.E. #: 118631 Date: 11/14/00 Completed by: [Signature]

Was inmate a medical, mental health, or suicide risk during any prior contact or confinement with department? Yes \_\_\_ No  If Yes, when? \_\_\_\_\_

Does arresting or transporting officer believe that the inmate is a medical, mental health, or suicide risk? Yes \_\_\_ No \_\_\_

A. Questions For Detainee		B. Observation Questions	
1. Have you ever received MHMR Services or other medical health services?	Yes No <input checked="" type="checkbox"/>	6. Does the individual act or talk in a strange manner?	Yes No
2. Do you know where you are?	Correct Incorrect <input checked="" type="checkbox"/>	7. Does the individual seem unusually confused or Preoccupied?	Yes No
3. What season is this?	Correct Incorrect <input checked="" type="checkbox"/>	8. Does the individual talk very rapidly or seem to be in a unusually good mood?	Yes No
4. How many months are there in a year?	Correct Incorrect <input checked="" type="checkbox"/>	9. Does the individual claim to be someone else like a famous person or fictional figure?	Yes No
5. (a) Sometimes people tell me they hear noises or voices that other people don't seem to hear. What about you?  (b) If yes, ask for an explanation: "What do you hear?" _____	Yes No <input checked="" type="checkbox"/>	10. (a) Does the individual's vocabulary (in his/her Native tongue) seem limited?  (b) Does the individual have difficulty coming up with words to express him/herself?	Yes No Yes No

C. Suicide Related Questions / Observations	
11. Have you ever attempted suicide or had thoughts about killing yourself? If yes, when? _____ Why? _____ How? _____	Yes No <input checked="" type="checkbox"/>
12. Are you thinking about killing yourself today?	Yes No <input checked="" type="checkbox"/>
13. (a) Have you ever been so down that you couldn't do anything for more than a week? (If no, go to 14.)  (b) Do you feel this way now?	Yes No <input checked="" type="checkbox"/> Yes No
14. When not on drugs or drinking, have you ever gone for days without sleep or had a long period in your life when you felt very energetic or excited?	Yes No <input checked="" type="checkbox"/>
15. Have you experienced a recent loss of a family member or friend or are you worried about major problems other than your legal situation?	Yes No <input checked="" type="checkbox"/>
16. Does the individual seem extremely sad, apathetic, Helpless, or hopeless?	Yes No <input checked="" type="checkbox"/>

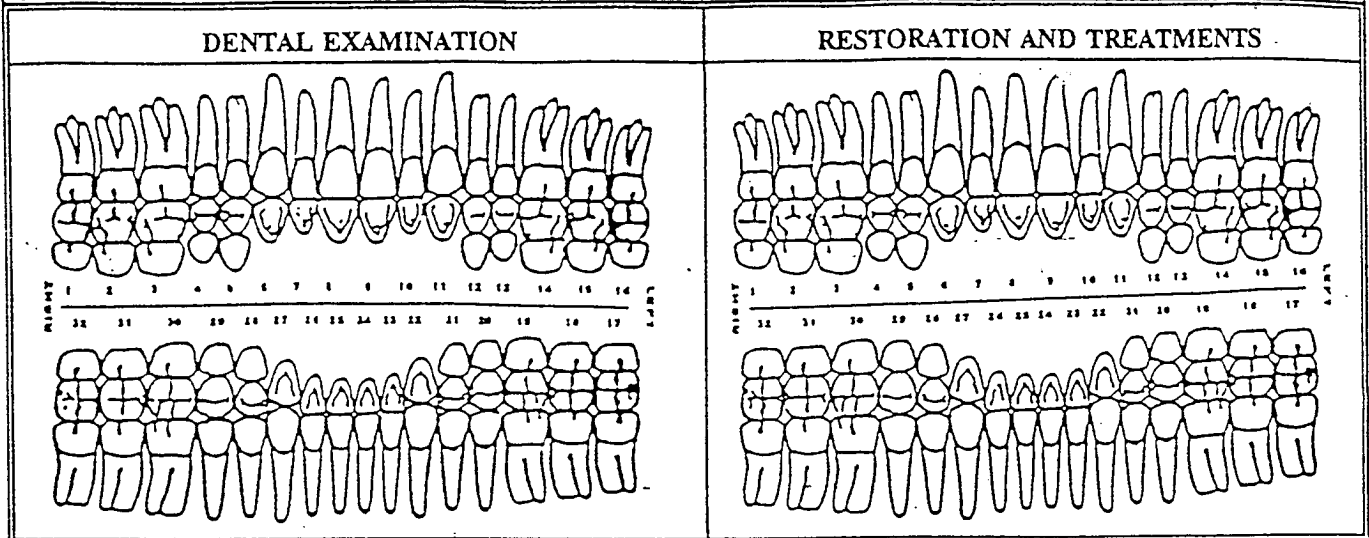
Comments: \_\_\_\_\_

**\*\*Note: A single inappropriate response, except as appropriate in A.3., indicates additional evaluation recommended.**



## CORRECTIONAL MEDICAL SERVICES DENTAL TREATMENT RECORD

NAME: <i>Contu IVAN</i>	ID#: <i>118631</i>	RACE: <i>W</i>	DOB: <i>6/14/73</i>
-------------------------	--------------------	----------------	---------------------



Date of Initial Examination: <i>11/17/00</i>
Initial Classification:
Oral Pathology:
Gingivitis <i>mild</i>
Vincent's Infection
Stomatitis
Other Findings
Occlusion <i>I</i>
Roentgenograms:
Periapical
Bitewing
Panorex

TOOTH	PRIORITY LIST
<i>3</i>	<i>open pulp fistula on facial has RCT started</i>
<i>14</i>	<i>sed.</i>
<i>18</i>	<i>0 7-pitt</i>
<i>30</i>	<i>7-pitt</i>
<i>31</i>	<i>0</i>

HEALTH QUESTIONNAIRE	YES	NO		YES	NO
Are you in good health?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acquired Immune Deficiency (AIDS/HIV)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gastrointestinal disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma or other respiratory problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart disease or murmur	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blood pressure conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reactions to anesthetics or medications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Excessive bleeding after surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Taking any medication <i>Elavil</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnant?	<input type="checkbox"/>	<i>NA</i>	Thyroid conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CORRECTIONAL MEDICAL SERVICES

TUBERCULIN PPD FOR INMATES

INITIAL SKIN TEST	
DATE GIVEN: 11-14-00	DATE READ: 11-16-00
SITE GIVEN: PFA	SIZE: 0 mm
LOT#: C0151AA	
NURSE: [Signature]	NURSE: [Signature]

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

[Signature] INMATE SIGNATURE:	DATE: 11-14-00
[Signature] WITNESS SIGNATURE:	DATE: 11-14-00

Cantu, Ivan	118631	6-14-73	W	371A01
INMATE NAME:	LE#:	DOB:	RACE:	LOCATION:

CORRECTIONAL MEDICAL SERVICES

Shw

DOCTOR'S ORDER SHEET

Inmate Name: Canta Ivan

LE#: 118631

DATE	TIME	NOTES	SIGNATURE
11/17/00	09:30	<p><del>Rx</del> - PCW VK 1000mg (Start) <del>09:30 AM</del></p> <p>&amp; 500mg TID x 10d =</p> <p>- <del>Tyl #3</del> IBU 600mg</p> <p><del>08:00</del> (Start) &amp; 600mg TID x 3d V. Kadash</p>	<i>[Signature]</i>
11/28/00	1400	<p>Notes from 11/17/00</p> <p>TO Kadash / Doolittle</p> <p>IBU 600mg po Bid x 4 days</p> <p><del>MTH</del></p>	<i>[Signature]</i>
5/2/01	1900	<p>ofloxacin 400 mg po bid x 10 days</p> <p>TO Kadash / S. Seans R.N. / Custody</p>	<i>[Signature]</i>
5/7/01	08:00	<p>Rx. Tyl #4 x 2 tabs</p> <p>- IBU 800mg Milk x 7d</p> <p>- soft diet x 14 days</p>	<i>[Signature]</i>
7/16/01	09:15	<p>Notes from 5/7/01</p> <p>Rx. - Tyl #4 x 2 tabs</p> <p>(Start) 1000mg</p> <p>- IBU 800mg TID</p> <p>x 5d</p>	<i>[Signature]</i>

RX: PERIDEX  
DISPENSE 1 OZ  
SIG. RINSE W/ 1/2 OZ ON  
EACH SIDE OF THE MOUTH  
FOR 30 SEC. BID X 14 DAYS

CORRECTIONAL MEDICAL SYSTEMS  
INFORMED CONSENT

Carth Ivan  
Name of Inmate

5/7/01  
Date

118631 6/14/73  
Inmate ID Number / Date of Birth

I hereby authorize Dr(s) Kadish and Correctional Medical Systems' employees and agents to perform the following procedure(s):  
CV # 3

I understand the above procedure(s) is/are necessary to treat my condition and has/have been fully explained. I also understand the nature of the risks to include associated with this procedure(s).

I am aware the practice of medicine is not an exact science, and I acknowledge no guarantees have been made as to the result of this procedure(s).

I sign this willingly and voluntarily in full understanding of the above, and I release Correctional Medical Systems, its employees and agents from any and all liability which may arise from this action.

Ivan Carth  
Inmate Signature

5/7/01  
Date / Time

[Signature]  
Witness

\_\_\_\_\_  
Witness









CORRECTIONAL MEDICAL SERVICES

DOCTOR'S ORDER SHEET

ALLERGIES: None

Inmate Name: Cantu

LE#: 118631

DATE	TIME	NOTES	SIGNATURE
2/21/01		Pt requests to D/c meds ↓ elavil to 100mg po qd x 7wk then 50mg po qd x 7wk then 25mg po qd x 7wk M D/C	
2/28/01		Pt now requests restart meds. = elavil 25mg po qam & 50mg po qd x 7wk then 25mg po qam & 100mg po qd x 7wk then 50mg po qam & 100mg po qd x 10wks = RTC 12 wks	
5/4/01		Pt c/o "jittery" feeling in AM from medication - thinks maybe too low in morning vs side effect. Sleeps well if stays up 1k hrs. Appetite, energy, concentration all normal. Denies any SI or psychotic Sxs. ↑ elavil 100mg BID x 10wks RTC next week	

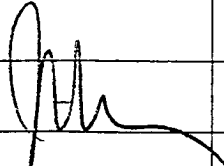
*[Signature]* 04-01-98

CORRECTIONAL MEDICAL SERVICES

DOCTOR'S ORDER SHEET

Inmate Name: Cantu

LE#: 118631

DATE	TIME	NOTES	SIGNATURE
1/10/01		<p>27 y/o w/m, denies any past or current or past treatment of any source. Di past episodes, currently ↓ sleep, ↓ concentration, irritability x 6 wks. Sleep = lay there 5 sleeping, middle awaking. ↓ h/o ↓ sleep or ↓ energy. Energy = down, concentration = not low mood "down". Suicide = ↓ past attempts, ↓ current thoughts, ↓ future hope. Med = denied, NKDA. ETOH = occ, not really, ↓ blacks. Other = when you're</p>	
		<p>clearly oriented to P/PT. Speech goal denied, @ times evasive. ↓ hygiene, ↓ represent, ↓ AVH. affect constricted, vol ↓ motor.</p>	
	<p>Noted 1/10/01 13/15 5/20</p>	<p>I = h/o depression P = elavil 50mg po QHS x 7 wks Then 100mg po QHS x 7 wks Then 150mg po QHS x 10 wks = BTC 12 wks</p>	

**CORRECTIONAL MEDICAL SYSTEMS  
MEDICATION CONSENT FORM**

I, Carver, ID # \_\_\_\_\_, agree to treatment with the following medications in the dosage recommended to me by the psychiatrist:

1. anti depressants
2. \_\_\_\_\_
3. \_\_\_\_\_

I have been made aware that the following are benefits which may occur through taking these medications:

better sleep  
less anxiety  
better energy

I have been made aware that possible side-effects of taking these medications may be:

sedation  
dizziness  
urinary retention

I voluntarily agree to take the medication(s) listed above as prescribed by the psychiatrist. I understand that this permission may be revoked at my discretion. I have had an opportunity to ask questions I wished to ask.

[Signature]  
Physician's signature  
Date 1/10/01

[Signature]  
Inmate's signature  
Witness \_\_\_\_\_

I have been advised to take the medication(s) listed above, but I am unwilling to take the medication as recommended. The possible consequences of not taking the medication have been explained to me. Specifically:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Physician's signature  
Inmate's signature



CORRECTIONAL MEDICAL SERVICES  
PROGRESS NOTES

## MENTAL HEALTH

Inmate Name: CANTU, IVANLE#: 118631 DOB: 6-14-73

DATE	TIME	NOTES	SIGNATURE
12-20-00	1124	Assessment & CMS-MHE - Inmate was seen by the counselor in the SHU (1A). Inmate requested to see the counselor due to depression and insomnia. Inmate has been in the SHU since being arrested for 2 counts of Capital murder. Inmate denies the charges. Inmate is having difficulty sleeping and currently stays awake for 2 days and then is able to sleep a day. Inmate does have visits from his mother and other relatives. Inmate is placed on Dr. Suge's list for evaluation. <i>Jonathan Lip'CP</i>	
2-28-01	1107 1126	Med. Evaluation - Inmate's mother contacted Candy about her son and his mental health status. The counselor talked with the ip and learned that he was pleased with the 100 mg of elavil he is taking each <del>day</del> <sup>to</sup> evening but it wears off during the night and he would like to be less depressed during the day. Inmate wants to get the elavil 2x a day rather than just in the evening. Counselor will discuss this with Dr. Suge during his next visit. <i>Jonathan Lip'CP</i>	

CMS MENTAL HEALTH EVALUATION

Inmate CANTY, IVAN DOB 6-14-73 Race H LE# 118631

Psychiatric History: Denied.

Substance Abuse/Treatment History: Refused to answer.

Family Situation: 27 yrs old - Dallas - divorced - no children.

Employment Situation: loan officer - Countywide Home Loan.

Education Background: 12<sup>th</sup> grade.

Current Psychotropic Medications: None.

Current Mental Status: Oriented 3x, denies wanting to harm self or others, denied of hallucinations.

Level of Cognitive Functioning: High  Average  Borderline  Limited  Refer for Evaluation: Y  N

History of Sex offenses: Y  N  History of victimization due to criminal violence: Y  N

History of expressively violent behavior: Y  N  History of cerebral trauma or seizures: Y  N

History of suicidal ideation or behavior: Y  N

Comments: Only violent behavior of if in his current charges which he denies.

Clinical Impression: Depressed, insomnia, racing thoughts - up 2 days and sleeps a day - bad dreams sometimes.

TREATMENT PLAN: Housing Recommendation:  General Population  or Other

Psychiatric Referral: Y  N  Mental Health Referral: Y  N  Treatment Recommendations: He is being placed on Dr. Shep's list for evaluation.

Evaluated By: [Signature] Date 12-20-10 Time 1124-1221

**CORRECTIONAL MEDICAL SERVICES  
INTAKE MENTAL HEALTH SCREENING AND ASSESSMENT**

Facility:

INMATE NAME: <u>Cantu, Ivan</u>	ID#: <u>118631</u>	RACE: <u>W</u>	DOB: <u>6-14-73</u>
---------------------------------	--------------------	----------------	---------------------

SUICIDE POTENTIAL SCREENING	(CIRCLE)	PSYCHIATRIC SCREENING (circle)
1. Arresting or transporting officer believes subject may be suicide risk.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	1. History of psychotropic Meds? List: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Lacks close family/friends in community.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2. History of psychiatric hospitalization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> When: _____ Where: _____
3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member).	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
4. Worried about major problems other than legal situation (terminal illness).	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. History of outpatient mental health treatment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> When: _____ Where: _____
5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, and lover).	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
6. Has psychiatric history (psychotropic medication or treatment).	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4. History of Substance Abuse/Treatment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
8. Expresses thoughts about killing self.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	5. History of sex offenses? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9. Has a suicide plan and/or suicide instrument in possession.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	6. History of victimization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10. Has previous suicide attempt. (Check writs & note method).	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7. History of violent behavior? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Stated Not Guilty</u>
11. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness).	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	8. History of cerebral trauma or seizure Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
12. Shows signs of depression (crying, emotional flatness).	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	9. Family Situation: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
13. Appears overly anxious, afraid or angry.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Family/Significant Other Supportive <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Appears to feel unusually embarrassed or ashamed.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	10. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Is acting and/or talking in a strange manner. (Cannot focus attention; hearing or seeing things not there).	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	11. Education: (highest grade completed) <u>HS</u>
16. Is apparently under the influence of alcohol or drugs.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	12. Level of Cognitive Functioning: <input type="checkbox"/> High <input checked="" type="checkbox"/> Average <input type="checkbox"/> Limited
17. If YES to #16, is individual incoherent or showing signs of withdrawal or mental illness.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

TOTAL YES's = 2  
If there are any circles in shaded areas, or total of Yes's is 3 or more, alert Shift Commander and refer for Mental Health Evaluation.

**CURRENT MENTAL STATUS**  
(All that apply)

SUMMARY	DISPOSITION	Alert, Oriented x	Appearance
<input checked="" type="checkbox"/> No mental health problems	<input checked="" type="checkbox"/> Approved for General Population: No Mental Health Referral	<u>3</u> <input type="checkbox"/> Disoriented	<input checked="" type="checkbox"/> Neat & Clean
<input type="checkbox"/> Mental health problems requiring routine follow-up	<input type="checkbox"/> Approved for General Population: Routine Mental Health Referral	Affect: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Flat <input type="checkbox"/> Inappropriate	<input type="checkbox"/> Dirty <input type="checkbox"/> Disheveled
<input type="checkbox"/> Chronic mental health problem: <input type="checkbox"/> Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Other _____	<input type="checkbox"/> Special Housing: Mental Health Referral ASAP	Mood: <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Depressed <input type="checkbox"/> Elated <input type="checkbox"/> Terrified/crying	Hallucinations <input type="checkbox"/> Visual <input type="checkbox"/> Audio <input type="checkbox"/> Tactile <input type="checkbox"/> Olfactory
<input type="checkbox"/> Acute mental health problem <input type="checkbox"/> Psychosis <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____	<input type="checkbox"/> Suicide Precaution Procedures: Mental Health Referral ASAP	Speech <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Slurred <input type="checkbox"/> Pressured	Activity <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Unable to Sit still <input type="checkbox"/> Slow <input type="checkbox"/> No Eye Contact
<input type="checkbox"/> Potential withdrawal from substance abuse	<input type="checkbox"/> Psychiatric Referral		Delusions <input type="checkbox"/> Paranoia <input type="checkbox"/> Grandeur
	<input type="checkbox"/> Cognitive Functioning Evaluation		
	<input type="checkbox"/> Medical Monitoring for Potential Withdrawal		

COMMENTS: (Comment on all "YES" responses)

SCREENED BY: <u>Ali S. Cleveland, RN</u>	DATE: <u>11-14-00</u>	TIME: <u>1816</u>
REVIEWED BY: <u>Jonathan Kane</u>	DATE: <u>11-15-00</u>	TIME: <u>0813</u>



(There will be a charge for each separate medical/dental problem treated)

Print Name: IUAN A CANTU Date of Request: 10-8-01

LE#: 118631 DOB: 6-14-73 Housing Location: 1-A GG

Nature of problem or request (Subjective): I have a very sore throat and

a very bad sinus infection with terrible pressure.

Am in court all day so I will need to visit

with a B-shift or C-shift. please Thank You.

I consent to be treated by health staff for the condition(s) described.

Iuan Cantu

Inmate Signature

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

Inmate Name: Cantu Ivan LE#: 118631 DOB: 6.14.73 ALLERGIES: NKDA

Number of sick calls in last 60 days for this PROBLEM: 0 Date of last sick call for this PROBLEM: 0

PROBLEM: COMMON COLD

OBJECTIVE:

- 1. Erythematous, edematous, nasal mucous with clear nasal discharge initially, serous to purulent in later stages
- 2. Mild conjunctivitis
- 3. No fever or less than 101 degrees F
- 4. No lymphadenopathy
- 5. Normal exam of ear
- 6. Vital signs, including temperature and weight. V/S: T: 96.5 P 70 R: 18 B/P: 118/86 WT: \_\_\_\_\_
- 7. Other: In states he feels pressure in his ears

ASSESSMENT: Alteration in health maintenance

PLAN OF CARE:

Refer to physician:

- \_\_\_\_\_ 1. Temperature above 102 degrees F
- \_\_\_\_\_ 2. Lymphadenopathy present
- \_\_\_\_\_ 3. Returned with complications
- \_\_\_\_\_ 4. Symptoms of secondary bacterial infection

Nursing Intervention:

- 1. Acetaminophen 325mg tabs two bid x 5 days at pill line. Use for fever, aches, and/or headache.
- 2. Inmate Education Sheet given and reviewed with inmate.
- 3. Verbal understanding

Follow up:

- 1. Instruct inmate to follow up with sick call if fever; green or yellow purulent sputum or drainage from nose; ear pain, dyspnea; persistent sore throat.

*Noted 10-9-01  
KAC*

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTAL: \_\_\_\_\_

SIGNATURE: K. Duran TITLE: LVN DATE: 10-9-01 TIME: 0745

HEALTH SERVICES REQUEST FORM

(There will be a charge for each separate medical/dental problem treated)

Print Name: IVAN A. CANTU Date of Request: 9-28-01

LE#: 118631 DOB: 6-14-73 Housing Location: 1-A GG

Nature of problem or request (Subjective): I am a inmate on elixir, and don not  
over know if this is the correct spelling, could you please get me  
a fact sheet on this medication. As a patient I have the right to  
request this pros and cons form that also covers side-effects.

I consent to be treated by health staff for the condition(s) described.

Ivan Cantu  
Inmate Signature

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

Inmate Name: Antee Swan LE#: 18631 DOB: 6/14/73 ALLERGIES: ☺

Number of sick calls in last 60 days for this PROBLEM: ☺ Date of last sick call for this PROBLEM: \_\_\_\_\_

PROBLEM: OTHER

*Elavil - wants to know the effects of elavil.*

OBJECTIVE:

- \_\_\_\_\_ 1.
- \_\_\_\_\_ 2.
- \_\_\_\_\_ 3.
- \_\_\_\_\_ 4.
- \_\_\_\_\_ 5.
- \_\_\_\_\_ 6.

ASSESSMENT:

*At in mental health case*

PLAN OF CARE:

- \_\_\_\_\_ 1.

*Make a copy of med eval.*

Follow up:

- \_\_\_\_\_ 1.

*as needed.*

*Handwritten signature and date 10/1/01*

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTAL: \_\_\_\_\_

SIGNATURE: *Antee* TITLE: *☺* DATE: 10/1/01 TIME: \_\_\_\_\_

HEALTH SERVICES REQUEST FORM

(There will be a charge for each separate medical/dental problem treated)

Print Name: IVAN R. CANTO Date of Request: 9-14-01

LE#: 118631 DOB: 6.14.73 Housing Location: 1-A 66

Nature of problem or request (Subjective): I have a terrible left ear  
infection and I need a antibiotic prescribed  
Thank You,

I consent to be treated by health staff for the condition(s) described.

Ivan Canto  
Inmate Signature

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

Inmate Name: Cantu, Ivan LE#: 118631 DOB: 6-14-73 ALLERGIES: NKDA

Number of sick calls in last 60 days for this PROBLEM: 0 Date of last sick call for this PROBLEM: 0

PROBLEM: **EARACHE**

OBJECTIVE: Examination of ear canal:

- 1. Swelling/bulging/red eardrum - otitis media
- 2. Pain/swelling ear canal - otitis externa
- 3. Drainage/purulent fluid - perforated drum
- 4. Wax, unable to visualize drum - excess wax

   5. Vital signs: elevated fever - otitis media: V/S: T: 98.4 P 68 R: 14 B/P: 128/78

   6. Other: ears clear bilaterally & no swelling or drainage

ASSESSMENT: **Alteration in comfort**

PLAN OF CARE:

Refer to physician:

- 1. Evaluation and treatment of elevated temp and intractable pain
- 2. Stiff neck (meningitis) or
- 3. Pain, swelling behind ear (mastoiditis)
- 4. Otitis media
- 5. Otitis externa

*TX needed*

EMERGENCY: Abrupt hearing loss accompanied by pain, drainage, dizziness, or bloody discharge

Nursing Intervention:

- 1. See protocol for excess ear wax. For pain administer Acetaminophen 325 mg tabs two po bid x 3 days pain in pill lines.
- 2. Inmate Education Sheet given and reviewed with inmate.
- 3. Verbal understanding.

Follow Up:

- 1. Severity of discomfort increases and symptoms become more severe.
- 2. There is increase in pain/pressure.
- 3. ~~There is popping sensation followed by sudden release in pressure and drainage from ear canal.~~
- 4. Inmate has sensation of lethargy.

*noted  
absent  
9/15/01*

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTAL: \_\_\_\_\_

SIGNATURE: Aufst TITLE: JW DATE: 9/15/01 TIME: 1130

HEALTH SERVICES REQUEST FORM

(There will be a charge for each separate medical/dental problem treated)

Print Name: IVANKA JANUV Date of Request: 3-2-81

LE#: 118631 DOB: 6/14/73 Housing Location: 1-A 06

Nature of problem or request (Subjective): The lower left part of my back  
puls like a nail is driving through it. No time goes  
on it gets worst. Thank you,

In Christ Mine,

I consent to be treated by health staff for the condition(s) described.

Sharon Carter  
Inmate Signature

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

Inmate Name: Conte, Ivan LE#: 118631 DOB: 6/4/73 ALLERGIES: NKDA

Number of sick calls in last 60 days for this PROBLEM: 0 Date of last sick call for this PROBLEM: \_\_\_\_\_

PROBLEM: BACK PAIN (RELATED TO INJURY OR CHRONIC)

OBJECTIVE:

*I have this pain in the mid section of my left leg area.*

- 1. Presence of spasms
- 2. Asymmetry
- 3. Poor coordination and range of motion,
- 4. Discoloration
- 5. Abnormal gait pattern
- 6. Radiation of pain down leg/below knee
- 7. Peripheral numbness
- 8. Other: \_\_\_\_\_

*99 124/86*

*Back legs clear*

ASSESSMENT: Impaired Physical Mobility

PLAN OF CARE:

*Bilaterally - Hx of smoking.*

Refer to physician:

- 1. If pain is recurrent or if seen by nurse for same complaint more than twice.
- 2. Severe pain and/or peripheral numbness.

Nursing Intervention:

- 1. Acetaminophen 325mg tabs two bid x 3 days
- 2. Ibuprofen 200mg bid x 3 days at pill line.
- 3. Sports & weight lifting restriction x 5 days. Medical Instruction Sheet done.
- 4. Check on compliance for activity restrictions with security staff.
- 5. Inmate Education Sheet given and reviewed with inmate.
- 6. Verbal understanding.

NOTE: If asthmatic administer acetaminophen only; not IBU or ASA products.

*9/3/01*  
*[Signature]*

Follow Up:

- 1. Inmate instructed to follow up with sick call if discomfort prevents carrying out normal activities, or increased symptoms.

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTAL: \_\_\_\_\_

SIGNATURE: [Signature] TITLE: [Signature] DATE: 8/3/01 TIME: \_\_\_\_\_



HEALTH SERVICES REQUEST FORM

(There will be a charge for each separate medical/dental problem treated)

Print Name: IVAN A. CANTU Date of Request: 7-29-01

LE#: 118631 DOB: 6-14-73 Housing Location: 1-A Cell 6E

Nature of problem or request (Subjective): I need to meet with Dr. Slaughter  
in reference to my medication. If I have to meet with  
John first lets go ahead and get it scheduled. Thank you,  
In Christ Name

I consent to be treated by health staff for the condition(s) described.

Ivan Cantu  
Inmate Signature

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

patient Name: Antu Ivan LE#: 118631 DOB: 6/4/73 ALLERGIES: N/A

Number of sick calls in last 60 days for this PROBLEM: \_\_\_\_\_ Date of last sick call for this PROBLEM: \_\_\_\_\_

PROBLEM: OTHER

OBJECTIVE:

- 1. Psych
- 2. I don't have anything major or drastic.
- 3. I just want to ask her some questions
- 4. About my meds
- 5. Off in mental health care of Compit.
- 6.

PLAN OF CARE:

1. Refer to John.

REMARKS:

As needed

*[Signature]* 7/30/01

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTAL: \_\_\_\_\_

DATE: 7/30/01 TIME: \_\_\_\_\_

HEALTH SERVICES REQUEST FORM

(There will be a charge for each separate medical/dental problem treated)

Print Name: IVAN A. CANTU Date of Request: 7-29-01

LE#: 118631 DOB: 6-14-73 Housing Location: 1-A Cell 6B

Nature of problem or request (Subjective): I need to meet with Dr. Mungster  
in reference to my prosthodontics. If I have to meet with  
John first lets go ahead and get it scheduled. Thank you,  
In Christ Peace

I consent to be treated by health staff for the condition(s) described.  
Ivan Cantu  
Inmate Signature

HEALTH SERVICES REQUEST FORM

(There will be a charge for each separate medical/dental problem treated)

Print Name: IVAN A. CANTU Date of Request: 6-26-01

LE#: 118631 DOB: 6/14/73 Housing Location: 1-A 6B

Nature of problem or request (Subjective): Today, I spoke to your mother  
today, and this is another notice to inform you that  
she needs to pull the other teeth. This is now the 2<sup>ND</sup>  
notice. The 1<sup>ST</sup> notice was on 6/22/01, I spoke to the nurse about 10:11 AM

I consent to be treated by health staff for the condition(s) described.  
Ivan Cantu  
Inmate Signature

(Refer to Dental)

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

Inmate Name: Cantu, IVAN LE#: 118631 DOB: 6/14/73 ALLERGIES: 0

Number of sick calls in last 60 days for this PROBLEM: 0 Date of last sick call for this PROBLEM: 0

PROBLEM: TOOTHACHE DENTAL CARE

OBJECTIVE:

- 1. Vital Signs (if fever is present, refer to off-site dentist ASAP). V/S: T: 98.6 P: 80 R: 15 B/P: 128/72
- 2. Other: states ready for flw on tooth being pulled.
- 3. Document appearance of gums and jaw near toothache, appearance of tooth (or teeth). Document presence of swelling, redness, bleeding, deformity, tooth decay, fillings, movement of teeth.
- 4. Check condition of previous dental work. Is the work intact? WNL
- 5. If swelling is present, is it localized or generalized? Check for swelling in astoid areas. edema
- 6. Check ability to move mouth and jaw. WNL

ASSESSMENT: Pain related to dental carie

PLAN OF CARE:

Refer to Physician or Dentist:

- 1. Signs of infection (swollen gums and jaws, severe redness isolated with pain)
- 2. Post extraction site pain or severe tooth pain that is not relieved by Ibuprofen or Actaminophen.
- 3. Tooth pain following accidents or accompanying fractured teeth.
- 4. If pain and swelling affect patient's ability to move mouth or jaw.

*NOTE: tooth pulled 6/27/01*

Nursing Intervention:

- 1. Ibuprofen 400mg one tab-bid x 5 days.
- 2. Acetaminophen 325 mg two tabs po bid x 5 days at pill line.
- 3. NOTE: If asthmatic - no IBU or ASA products.
- 4. Referral dentist.
- 5. Inmate Education Sheet given and reviewed with inmate.
- 6. Verbal understanding

Follow Up:

- 1. Follow up arranged with dentist.

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTAL: 0

IGNATURE: L. B. Bauh TITLE: LV DATE: 6/27/01 TIME: 1240

HEALTH SERVICES REQUEST FORM

(There will be a charge for each separate medical/dental problem treated)

Print Name: IVANA. CANTU Date of Request: 6/21/01

LE#: 118631 DOB: 6/14/73 Housing Location: 1-A GG

Nature of problem or request (Subjective): I need to have 6 wisdom  
teeth pulled. If this procedure can be done on  
monday 6/25/01 I would greatly appreciate it.  
Thank You.

I consent to be treated by health staff for the condition(s) described. Ivana Cantu  
Inmate Signature

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

Inmate Name: Anten Ivan ID#: 118631 DOB: 6/4/73 ALLERGIES: NKA  
Number of sick calls in last 90 days for this problem: 2 Date of last sick call for this problem: \_\_\_\_\_

PROBLEM: TOOTHACHE DENTAL CARE

OBJECTIVE:

- 1. Vital Signs: if fever present, refer to off-site dentist ASAP. VS: T: 98° P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_
- 2. Other: WJ wisdom
- 3. Document appearance of gums and jaw near toothache, appearance of tooth (or teeth). Document presence of swelling, redness, bleeding, deformity, tooth decay, fillings, movement of teeth.
- 4. Check condition of previous dental work. Is the work intact?
- 5. If swelling is present, is it localized or generalized? Check for swelling in astoid areas.
- 6. Check ability to move mouth and jaw.

ASSESSMENT: Pain related to dental carie

*Wisdom just starting to come through. Redness some swelling*

PLAN OF CARE:

Refer to Physician or Dentist:

- 1. Signs of infection (swollen gums and jaw, severe redness, isolated with pain)
- 2. Post extraction site pain or severe tooth pain that is not relieved by Ibuprofen or Acetaminophen.
- 3. Tooth pain following accidents or accompanying fractured teeth.
- 4. If pain and swelling affect patient's ability to move mouth or jaw.

Nursing Interventions:

- 1. Ibuprofen 400mg oad tab-bid x 3 days.
- 2. Acetaminophen 325 mg two tabs po bid x 3 days as pill line.
- NOTE: If asthmatic - no IBU or ASA products.
- 3. Referral dentist.
- 4. Inmate Education Sheet given and reviewed with inmate.
- 5. Verbal understanding

*Refused pain med.*

*[Signature]* 6/23/01  
*[Signature]*  
*[Signature]*

Follow Up:

- 1. Follow up arranged with dentist.

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTIST: \_\_\_\_\_  
SIGNATURE: [Signature] TITLE: [Signature] DATE: 6/27/01 TIME: \_\_\_\_\_

HEALTH SERVICES REQUEST FORM

(There will be a charge for each separate medical/dental problem treated)

Print Name: IVAN A. CANTU Date of Request: 6-3-01

LE#: 118631 DOB: 6/14/73 Housing Location: 1-A GG

Nature of problem or request (Subjective): Early this morning when I received my morning medication, the nurse asked me if I was gaining weight due to my medication. My answer was (No) because I was already gaining weight prior to the medication.

I consent to be treated by health staff for the condition(s) described.

Thank You

Ivan Cantu Inmate Signature

(Weight gain was due to eating beef and greasy foods.)

\* Please help me with this issue and allow me to eat Vegitarian \*

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

Inmate Name: Cantu, Ivan LE#: 118631 DOB: 6/14/73 ALLERGIES: NKDA

Number of sick calls in last 60 days for this PROBLEM: \_\_\_\_\_ Date of last sick call for this PROBLEM: \_\_\_\_\_

PROBLEM: OTHER

OBJECTIVE:

- \_\_\_\_ 1.
- \_\_\_\_ 2.
- \_\_\_\_ 3.
- \_\_\_\_ 4.
- \_\_\_\_ 5.
- \_\_\_\_ 6.

*Request for vegetarian diet*

ASSESSMENT:

*Knowledge Deficit*

*Noted  
6/04/01  
1030  
LL*

PLAN OF CARE:

- \_\_\_\_ 1.

*Vegetarian diet denied  
I M ed,  
RTC PRN*

Follow up:

- \_\_\_\_ 1.

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTAL: \_\_\_\_\_

SIGNATURE: *[Signature]* TITLE: LVW DATE: 6/04/01 TIME: \_\_\_\_\_



(There will be a charge for each separate medical/dental problem treated)

Print Name: IVAN A. CANTO Date of Request: 5/2/01

LE#: 118631 DOB: 6/14/73 Housing Location: 1-A-00

Nature of problem or request (Subjective): I have a constant

throbbing pain of the front part teeth  
pulled last morning I need real pain  
medication 3 times a day

I consent to be treated by health staff for the condition(s) described.

You have been aware  
of this tooth problem  
for 2 weeks.

Inmate Signature

ATTACH SICK CALL REQUEST HERE

HEALTH CARE DOCUMENTATION

Inmate Name: Cantu IVAN ID#: 118631 DOB: 6-14-73 ALLERGIES: NKDA

Number of sick calls in last 90 days for this problem: \_\_\_\_\_ Date of last sick call for this problem: \_\_\_\_\_

PROBLEM: TOOTHACHE DENTAL CARE

OBJECTIVE:

- 1. Vital Signs (if fever is present, refer to off-site dentist ASAP). VS: T: 97.7 P: 88 R: 16 BP: 128/80
- 2. Other: <10 partial filling falling out - pain
- 3. Document appearance of gums and jaw near toothache, appearance of tooth (or teeth). Document presence of swelling, redness, bleeding, deformity, tooth decay, fillings, movement of teeth. Redness or swelling noted, part of the partial filling appears intact covering opening
- 4. Check condition of previous dental work. Is the work intact? filling appears intact covering opening
- 5. If swelling is present, is it localized or generalized? Check for swelling in axillary areas.
- 5. Check ability to move mouth and jaw. no problems

ASSESSMENT: Pain related to dental caries I/m states he has pain 6-7 on a "1-10"

PLAN OF CARE: throbbing, cold air and cold liquids "hurt on tooth"

Refer to Physician or Dentist:

- 1. Signs of infection (swollen gums and jaws, severe redness isolated with pain)
- 2. Post extraction site pain or severe tooth pain that is not relieved by Ibuprofen or Acetaminophen.
- 3. Tooth pain following accidents or accompanying fractured teeth.
- 4. If pain and swelling affect patient's ability to move mouth or jaw.

I/m states he is "eating ok"

Nursing Interventions:

- 1. Ibuprofen 400mg one tab-bid x 5 days.
- 2. Acetaminophen 325 mg two tabs po bid x 5 days at pill line. NOTE: If asthmatic - no IBU or ASA products.
- 3. Referral dentist.
- 4. Inmate Education Sheet given and reviewed with inmate.
- 5. Verbal understanding

Notified Dr Kadosh  
Continue pain meds as ordered. Ofloxacin 400 mg po bid x 10 days  
NOTE: Sean 5-2-01

Follow Up: Follow up arranged with dentist.

REFERRAL: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_ MENTAL HEALTH: \_\_\_\_\_ DENTAL: \_\_\_\_\_

SIGNATURE: Shari Sean TITLE: RN DATE: 5/2/01 TIME: 1420



**CORRECTIONAL  
MEDICAL SERVICES**

**CHART AUDIT**

**TO: Captain Klahr**

**From: Candy Blair**

**Date: May 3 2001**

**RE: Inmate Ivan Cantu**

---

**Inmate Ivan Cantu**

**LE#: 118631**

**DOB: 6-14-73**

**BI: 11-14-00**

**When booked in Inmate Cantu stated he was in the process of receiving dental care – Inmate was seen by Dr. Kadosh on 11-17-00. During Mental Health Screening inmate denied any mental problems or meds.**

**11-17-0            Inmate seen by Dr. Kadosh at this time and drained infected area, placed on antibiotic for 10 days to clear up infection so root canal can be started.**

**11-18-0            Inmate stated had spider bite.**

- 11-18-0** Inmate seen by medical staff . Protocol Initiated.
- 11-27-0** Routine Physical Examination completed
- 11-27-0** Sick Call request stating he had completed his antibiotic & pain med.
- 11-28-0** Inmate seen by nurse and instructed inmate is on dental list and Dr. Kadosh notified regarding new orders. New order received for pain medication and Scheduled for root canal tx. On 12-1-00
- 12-1-0** Antibiotic completed and inmate back to dental office. Dr. Kadosh informed inmate that root canal could be started in jail but would have to be completed outside. Inmate stated he was getting out of jail because his family was bonding him out in a couple of weeks. Dr. Kadosh informed inmate that if tooth became symptomatic after root canal started the tooth would have to be extracted, yet inmate was very adamant about leaving at this time. Root canal treatment completed.

- 12-03-00** Was brought back to dental office for followup with Dr. Kadosh. Filling placed upper left molar.
- 12-14-0** Sick call request stating anxiety/depression – request to see counselor.
- 12-15-0** Seen by nurse & instructed inmate on counselor's list and will be seen as soon as possible, but if problems notify medical immediately.
- 12-15-0** Sick call request complaining of migraine headache, anxiety/depression and SOB.
- 12-16-0** Seen by nurse and found in no acute distress for SOB & was given medication for c/o migraine headache- was again told is on the list to see the counselor.
- 12-20-0** Seen by counselor for assessment & mental health evaluation & placed on Dr. Shupe's list.
- 01-04-01** Sick call request complaining of tooth pain.
- 01-05-01** Seen by nurse referred to dental and given pain medication.

- 01-10-01**      **Seen by Dr. Shupe for c/o anxiety/depression was placed on Psyche medication at this time and was to return to clinic in 12 wks. – Inmate refused his medication on 2-15-01 and again on 2 – 16-01**
- 01-15-01**      **Sick call request stating he wants to have his evening psyche medication stopped and he doesn't want to take them any longer.**
- 1-16-01**        **Seen by nurse and instructed he would be referred to Dr. Shupe for discontinuation of meds.**
- 01-22-01**      **To dental office and tooth desensitized.**
- 02-21-01**      **Seen by Dr. Shupe to discontinue psyche . Medications decreased and continued.**
- 02-27-01**      **Sick call request to see Dr. Shupe for re-evaluation of medication.**
- 02-28-01**      **Seen by Dr. Shupe requesting to re-start meds back again – Psyche meds restarted.**

- 04-13-01** Sick call request for morning medication dosage to be increased.
- 04-14-01** Seen by nurse and referred to Dr. Slaughter for again to have medication re-evaluated.
- 04-18-01** Sick call request to have two teeth extracted. (wisdom teeth)
- 04-20-01** Seen by nurse and referred to dental and started protocol for pain medication.
- 04-27-01** Sick call request for more pain medication while waiting to see dentist.
- 04-28-01** Seen by nurse and given medication for discomfort.
- 05-01-01** sick call requesting when he will be seeing dentist & psyche doctor.
- 05-02-01** Seen by nurse and instructed inmate he will be seeing the counselor and he is currently on the dental list.
- 05-02-01** Inmate requested to be seen because states his partial filling had fallen out with c/o pain.



- 05-02-01**      **Seen by nurse and after assessment Dr. Kadosh notified with assessment and new orders received for antibiotic and continue pain medication.**
- 05-02-01**      **Sick call request with complaint that filling had fallen out of tooth and tooth pain.**
- 05-03-01**      **Seen by nurse and instructed inmate on antibiotic and pain medication ordered on 5-2-01 when Dr. Kadosh notified by evening charge nurse. Inmate stated he had already put sick call in before seeing evening nurse.**

**At no time was medical or mental health treatment denied to Mr. Cantu. All treatment was given in a timely manner with strict adherence to nursing protocol and physician orders. The dentist, and mental health in more than a reasonable amount of time saw him.**

**Medical was unaware inmate had further needs until mother call detention with complaint on 5-2-01. Inmate Cantu has not submitted any request for other problems regarding medical care.**

**In the future I will address with medical staff to forward all phone calls from family requesting information concerning inmate medical care to the administrator.**

**Candy Blair R.N. / mt**

## QUALIFICATIONS FOR ALL PRE-TRIAL RELEASE BONDS

1. Inmates must be arraigned and have a bond set on all charges.
2. Current offenses must not be assaultive or a bond forfeiture.
3. Non- Assaultive criminal history.
4. Cannot be on parole.
5. No recent TDC convictions in the past 3 years.
6. Must be employed, attending high school, college, or have some type of monetary support.
7. Should have two different valid contacts with telephone numbers not at the same resident, only one contact needed if all other criteria are acceptable with staff's recommendation.
8. Immediate family not to be living out of the state, family should live within 100 miles of McKinney.
9. If under 18 or still in school must live with a parent or legal guardian.
10. Must have a cooperative attitude.
11. Must be willing to contact PTR Office once a week, until case is disposed.
12. Must agree with any other stipulation given by the Pre-Trial Release Officer.
13. Depending on the charge and the amount of bond, subject must be willing to submit to Electronic Monitoring at the PTR Officer's discretion, at a cost of \$4.00 per day.
14. PTR Bond fee is \$20.00 or 3% of the bond, whichever is the highest. Candidate must be able to post this amount prior to release.
15. Bond Forfeitures in criminal history are to be reviewed on a case by case basis. If all other criteria are acceptable, then review with your supervisor who will then refer to the Captain or the Major.

**PTR Office has final approval of eligibility unless otherwise ordered by Chain of Command or a Judge.**

11/14

CORRECTIONAL MEDICAL SERVICES  
SPECIAL MEDICAL RECOMMENDATION

INMATE NAME: Cantu Ivan LE: 118631 DOB: 6-14-73 LOCATION: 1AGG

DATE: 5-7-01

MEDICAL DIET	SPECIAL SUPPLIES
Instructions: <u>soft diet x 24<sup>o</sup></u>	Item:
Date Authorized: <u>5/7/01</u>	Purpose:
Authorized By: <u>Kadoch / Scarb</u>	Date Authorized:
Expiration Date: <u>5/8/01</u>	Authorized By:
Kitchen Signature: <u>R Cook</u>	Expiration Date:
<u>5-7-01</u>	Approval Received By:

HOUSING RECOMMENDATION	NURSING RECREATIONAL LIMITS
Lower Bunk: DATE:	No Working: Date:
Lower Level: DATE:	No Basketball: Date:
Single Cell: DATE:	No Lifting Over Pounds Date:
SNH: DATE:	No Walking: Date:
Reason:	Walking/Sitting Only: Date:
Authorized By:	Date Authorized:
Expiration Date:	Expiration Date:
	Authorized By:

DOCTOR ILLNESS/INJURY RECOMMENDATION

Circle			
Back Injury/Shoulder Injury	Date:	Regular Activity:	Date:
Eye Injury	Date:	No Activity:	Date:
Leg Injury	Date:	Work Release X:	Date:
Upper Extremity Injury	Date:	No Lifting Over:	Date:
Illness	Date:	No Squatting:	Date:
Date Authorized:		No Bending Over:	Date:
Expiration Date:		Must Wear Sling/Brace:	Date:
Authorized By:		No Reaching Above Shoulders:	Date:
Approval Received By:		No Pulling/Pushing	Date:
		Crutch Use:	Date:
		No Climbing:	Date:
		Keep Wound Clean/Dry:	Date:



Terry G. Box  
Office of the Sheriff

### Medical Statement

Date of Report: 11-18-00

Inmate: Comtu, Ivan

LE#: 118631      DOB: 6-14-73

Above individual was involved in an accident / altercation.

Location: IA 1      Date of accident: 11-18-00      Time: 1155

Type of injury: CO spider bite @ hand

Physical Findings:

States spider bit him @ hand  
numb & swollen. Hand has small  
red dot possibly a bite, no swelling  
or redness. Spider remains impaled  
& do not appear to be brown necked.

Recommendations: Ice applied, will assess  
again during PM treatments. Follow up  
with staff as needed.

1934 - Rechecked bite area, no obvious  
problem or symptoms noted. I/M to notify staff

Nurse Signature

if problems arise Alper

CORRECTIONAL MEDICAL SERVICES  
RELEASE OF RESPONSIBILITY

Cantu Ivan  
Name of Inmate

2/16/01 2002  
Date/Time

118631 6/14/73  
Inmate ID Number/Date of Birth

I hereby refuse M.D. visit for: \_\_\_\_\_

I hereby refuse blood draw for: \_\_\_\_\_

I hereby refuse treatment for: \_\_\_\_\_

I hereby refuse medications listed Elavil 150mg

Other: \_\_\_\_\_

I acknowledge I have been fully informed & educated on the above M.D. visit, blood draw, treatment, medication or other recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect which may result from this action.

Ivan Cantu  
Inmate Signature

[Signature] 2/16/01  
Date/Time

[Signature]  
Witness

The aforementioned inmate has refused the above listed attention and has refused to sign this form.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time

CORRECTIONAL MEDICAL SERVICES  
RELEASE OF RESPONSIBILITY

Canter, Ivan  
Name of Inmate

2-15-01 1815  
Date/Time

118631 6-14-73  
Inmate ID Number/Date of Birth

I hereby refuse M.D. visit for: \_\_\_\_\_

I hereby refuse blood draw for: \_\_\_\_\_

I hereby refuse treatment for: \_\_\_\_\_

I hereby refuse medications listed elavil 150 mg

Other: \_\_\_\_\_

I acknowledge I have been fully informed & educated on the above M.D. visit, blood draw, treatment, medication or other recommendations and the risk(s) involved in refusing. I hereby release and agree to hold harmless Correctional Medical Services, its employees and agents from all responsibility and ill effect which may result from this action.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date/Time

[Signature]  
Witness

The aforementioned inmate has refused the above listed attention and has refused to sign this form.

[Signature]  
Witness  
2-15-01 1815  
Date/Time

**CORRECTIONAL MEDICAL SERVICES  
CONSENT TO TREATMENT FORM**

Camtu, Ivan  
Name of Inmate

11-14-00  
Date

118631 6-14-73  
Inmate ID Number/Date of Birth

461-77-6986  
Social Security #

I hereby give my consent to Correctional Medical Services, its employees and agents to perform and diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Correctional Medical Services.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand that the Medical Personnel will make any arrangements necessary for Physicians appointments, transfer to the physician office, or transfer to the local hospital Emergency room, and I also authorize the staff to make such arrangements on my behalf.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I understand that, upon my release from the Collin County Detention Facility, it will be up to me to seek my own private physician to provide any necessary subsequent care. I also understand that any physician/patient relationship established during my stay at the Collin County Detention Facility will terminate immediately upon my release, and that there will be no follow-up care provided by the jail physicians or off-site providers.

I sign this willingly in full understanding of the above and release Correctional Medical Services, its employees and agents from any all liability which may arise from this action.

Ivan Camtu  
Inmate Signature

11-14-00  
Date

Miss A.C. Cleveland, PO  
Witness

\_\_\_\_\_  
Witness

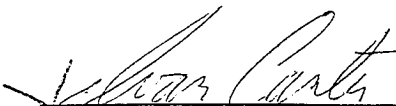
CORRECTIONAL MEDICAL SERVICES  
COLLIN COUNTY DETENTION FACILITY

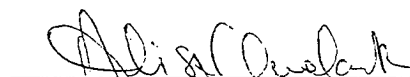
ORIENTATION TO HEALTH SERVICES

Medical services provided to you while at the Collin County Detention Center are as follows:

1. You will get a physical exam and vision test after admission. Every year thereafter you will receive a health screening.
2. Sick call is conducted daily. You may sign up on individual medical requests which you may obtain from your POD Officer. These forms are picked up on a daily basis by a nurse. Examples of sick call requests are: sore throat, earache, recent minor injuries, rash, etc. Sick call will not be addressed at medication pass or routine physicals.
3. You need to report any sudden, severe illnesses or injuries to your POD Officer. These will be reported to a nurse who will take care of you.
4. Psychiatric services are provided on an individual basis.
5. Personal items for hygiene are to be addressed with Detention.
6. You may experience back pain and sore muscles while at the facility due to a change in your daily activities; however, this is common. Should it continue for more than ten (10) days follow the sick call procedure.
7. Rules that apply in the PODs also apply in the Infirmary and during medication pass. There will be no talking, touching, or leaning over the counter. You must have permission to speak. Violation of this will result in consequences.
8. Any saving, cheeking, or sharing of medications is considered a major rule violation and will be consequence as such.
9. Inmates will be charged a set fee for receiving medical, dental, and other services as stated on the posted medical fee schedule. The fees will be deducted from your Commissary account.
10. Inmates that are indigent or have no money in their Commissary account will be seen and treated. The account will be placed in a negative balance which means that any money deposited into the account will be used to pay your outstanding medical fees first before money can be spent from your Commissary account.
11. **NO ONE WILL BE REFUSED MEDICAL CARE BECAUSE OF THEIR INABILITY TO PAY FOR THE SERVICE.**

It is your responsibility to participate and to take an active part in your health care. If you do not understand the care given to you or have any questions, ask a nurse.

  
\_\_\_\_\_  
Inmate Signature                      Date      11-14-00

  
\_\_\_\_\_  
Nurse Signature                      Date      11-14-00



**CORRECTIONAL MEDICAL SERVICES  
SPECIAL MEDICAL RECOMMENDATION**

INMATE NAME Cantu Juan LE 118631 DOB: 6/4/73 LOCATION: 1ACB  
DATE: 7/16/01

MEDICAL DIET		SPECIAL SUPPLIES	
Instructions:		Item:	<u>Saline gargles Bid x 50</u>
Date Authorized:		Purpose:	<u>Sore Throat</u>
Authorized By:		Date Authorized:	<u>7/16/01</u>
Expiration Date:		Authorized By:	<u>[Signature]</u>
Kitchen Signature:		Expiration Date:	<u>7/21/01</u>
		Approval Received By:	
HOUSING RECOMMENDATION		NURSING RECREATIONAL LIMITS	
Lower Bunk:	DATE:	No Working:	Date:
Lower Level:	DATE:	No Basketball:	Date:
Single Cell:	DATE:	No Lifting Over Pounds:	Date:
SNH:	DATE:	No Walking:	Date:
Reason:		Walking/Sitting Only:	Date:
Authorized By:		Date Authorized:	
Expiration Date:		Expiration Date:	
		Authorized By:	
DOCTOR ILLNESS/INJURY RECOMMENDATION			
Circle			
Back Injury/Shoulder Injury	Date:	Regular Activity:	Date:
Eye Injury	Date:	No Activity:	Date:
Leg Injury	Date:	Work Release X:	Date:
Upper Extremity Injury	Date:	No Lifting Over:	Date:
Illness	Date:	No Squatting:	Date:
Date Authorized:		No Bending Over:	Date:
Expiration Date:		Must Wear Sling/Brace:	Date:
Authorized By:		No Reaching Above Shoulders:	Date:
Approval Received By:		No Pulling/Pushing:	Date:
		Crutch Use:	Date:
		No Climbing: -	Date:
		Keep Wound Clean/Dry:	Date:

CORRECTIONAL MEDICAL SYSTEMS  
INFORMED CONSENT

Curtis Evans  
Name of Inmate

7/16/01  
Date

118631  
Inmate ID Number / Date of Birth

I hereby authorize Dr(s). Kadosh and Correctional Medical Systems' employees and agents to perform the following procedure(s):  
ENT #16

I understand the above procedure(s) is/are necessary to treat my condition and has/have been fully explained. I also understand the nature of the risks to include associated with this procedure(s).

I am aware the practice of medicine is not an exact science, and I acknowledge no guarantees have been made as to the result of this procedure(s).

I sign this willingly and voluntarily in full understanding of the above, and I release Correctional Medical Systems, its employees and agents from any and all liability which may arise from this action.

[Signature]  
Inmate Signature

[Signature]  
Witness

\_\_\_\_\_  
Date / Time

\_\_\_\_\_  
Witness



1019

MEDICATION ADMINISTRATION RECORD

Facility: CCDF

CC#: 0520 MONTH August 20 01

START DATE	STOP DATE	INT	DRUG - DOSE MODE - INTERVAL	MONTH August 20 01																														
				HR 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8/7/01	11/15/01	SS AV VE	Elavil 100 mg po q Am X 20 wks	DB	KD	KD	KD	R	R	KAN	KD	KD	KD	KD	N	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	KD	
8/10/01	11/15/01	SS AV VE	Elavil 150 mg po qhs X 20 wks	ac	PS	PS	AM	AM	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR	
8/31/01	9/1/01	OR	ZB 500mg po. Bid X 3 days	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	

ALLERGIES: KRDA

DOB/INMATE #: 6-14-73 11865

LOCATION: 1A

NAME: Cantu, Ivan







MEDICATION ADMINISTRATION RECORD

Facility: CCDF

CC#: 0530

MONTH March 20 01

START DATE	STOP DATE	INT	DRUG - DOSE MODE - INTERVAL	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
3/1/01	3/7/01	SS	Elavil 50mg PO q HS X 1wk	08																																
3/6/01	3/14/01	SS	Elavil 25mg PO q HS P.O. q HS X 1wk then	08																																
3/01/01	3/14/01	SS	Elavil 25mg PO q AM x 2wks	08																																
3/15/01	3/29/01	SS	Elavil 50mg PO q AM x 10wks	08																																
3/01/01	3/07/01	SS	Elavil 50mg PO q HS x 1wk	20																																
3/08/01	3/29/01	SS	Elavil 100mg PO q HS x 11wks	20																																

ALLERGIES: 1 JKA

DOB/MATE #: 6-14-73 18631

LOCATION: 1A

NAME: Cantu Ivan













MEDICATION ADMINISTRATION RECORD

Facility: CCDC

CC#: 0520

MONTH May 2001

START DATE	STOP DATE	INT	DRUG - DOSE MODE - INTERVAL	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
3/15/01	5/14/01	SS	Elavil 50mg po Am D/C X 10 weeks	8	A	M	M	M	D	C																									
3/8/01	5/10/01	SS	Elavil 100mg po HS D/C X 10 weeks	20																															
4/28/01	5/03/01	L	IBU 400mg po BID x 5 days	08																															
5/10/01	5/12/01	RA	Difloxacin 400mg po bid x 10 days	08																															
5/3/01	5/20/01	RA	IBU 400mg po bid x 5 days	08																															
5/4/01	5/12/01	SS	Elavil 100mg po Bid x 10 wks	20																															
5/7/01	5/14/01	R	IBU 800mg po bid x 7 days	20																															
5/10/01	5/23/01	SS	Elavil 125mg po q HS x 2 wks	20																															
5/24/01	6/02/01	SS	Elavil 150mg po q HS x 2 wks	20																															

ALLERGIES: NKDA DOB/INMATE #: 6-14-73 LOCATION: 1A NAME: Cantu, Iqbal



CORRECTIONAL MEDICAL SERVICES

SEGREGATION LOG

Name: Costa, Ivan I.D.# 118631 D.O.B. 6-14-73 Unit 1A Year 2000

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
JANUARY																																
FEBRUARY																																
MARCH																																
APRIL																																
MAY																																
JUNE																																
JULY																																
AUGUST																																
SEPTEMBER																																
OCTOBER																																
NOVEMBER																																
DECEMBER																																

KEY: M-MEDICAL N/C-NO COMPLAINTS  
 D-DENTAL  
 P-PSYCHIATRIC

NURSES PLEASE SIGN AND INITIAL: Yveska Luv ye

August 2000

KT

KT

AP





**AFFIDAVIT OF: Bettie LeCrone**

STATE OF TEXAS           §  
  §  
COUNTY OF COLLIN       §

BEFORE ME, the undersigned authority, on this day personally appeared Bettie LeCrone, who after being duly sworn, stated the following:

"My name is Bettie LeCrone. I am over the age of eighteen years and I am of sound mind. I am fully competent to make this affidavit. I have personal knowledge of the facts stated herein, and they are true and correct.

I am the Records Management Officer at Plano Independent School District.

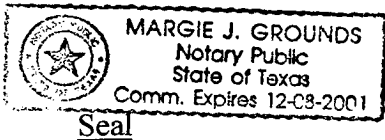
In my capacity, I am the custodian of records of the Plano Independent School District, located at Plano, Texas. Attached hereto are 16 pages of records from the Plano ISD. These said pages of records are kept by the Records Management and Student Records Offices for Plano ISD in the regular course of business, and it was the regular course of business of the Plano ISD for an employee or representative of the Plano ISD, with knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

I, Bettie LeCrone, have read the above and foregoing Affidavit, and affirm that the factual assertions contained therein are true and correct."

Bettie LeCrone  
(Printed Name)

Bettie LeCrone  
Signature

SUBSCRIBED AND SWORN to before me, on this the 18<sup>th</sup> day of October, 2001.



Seal

Margie J. Grounds  
NOTARY PUBLIC in and for  
THE STATE OF TEXAS  
My Commission expires: 12/08/01



THE STATE OF TEXAS  
CRIMINAL SUBPOENA Duces Tecum

Cause 380-80047-01

E STATE OF TEXAS

v. CANTU, IVAN ABNER

TO ANY SHERIFF OR CONSTABLE OF THE STATE OF TEXAS GREETINGS:

YOU ARE COMMANDED TO SUMMON CUSTODIAN OF THE RECORDS  
PLANO INDEPENDENT SCHOOL  
DISTRICT  
2700 W. 15TH  
PLANO TX

*Instanter*

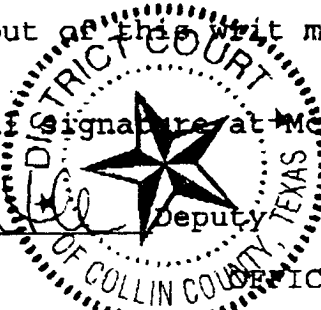
to be and appear before the Honorable 380TH DISTRICT COURT of Collin County to be held at the Court House thereof, in McKinney, in said County, on the 18th day of OCTOBER A.D. 2001, at 9:00 o'clock A.M., when and there to testify in behalf of the Defendant in the above styled and numbered cause, now pending in said Court and there remain from day to day and from term to term until discharged by due course of law. Said above named witness is further commanded to produce at said time and place above set forth the following books, papers, documents or other tangible things, to wit:

SEE ATTACHED

returnable the 18th day of OCTOBER A.D. 2001 at 9:00 o'clock A.M.

Herein fail not, but of this writ make due return, showing how you have executed the same.

I, Hannah Kunkle, my official signature at McKinney, Texas this 18 day of October, 2001, Deputy District Clerk, Collin County, Texas



OFFICER'S RETURN

Came to hand \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M,  
and executed the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M,  
by delivering to the within named \_\_\_\_\_ at \_\_\_\_\_  
in \_\_\_\_\_ County, Texas, in person, a true copy of this Subpoena.

FEES: \$ \_\_\_\_\_  
by: \_\_\_\_\_ County, Texas

SEND TO: ATTY FOR SERVICE

COURT PROCEEDINGS ARE SERIOUS MATTERS DESERVING OF THE HIGHEST STANDARDS OF DIGNITY AND DECORUM. PLEASE DRESS APPROPRIATELY.

ATTACHMENT A

Custodian of the Records  
Plano Independent School District  
2700 W. 15<sup>th</sup>  
Plano, Texas

Said witness to diligently search and provide certified copies of any and all educational records, including, but not limited to, matriculation reports, grade transcripts, correspondence, disciplinary reports, disciplinary referrals, tests, test results, counseling reports, psychological evaluations and/or tests, withdrawal forms, enrollment forms, attendance reports, awards, shot records, nursing reports, teachers' hand-written notations, for the following student:

- 1) Ivan Abner Cantu; SSN 461-77-6986; DOB: 6-14-73

Said student attended Hughston Elementary, and Plano High School.

FILED

01 OCT 18 AM 8:29

BARBARA KURKLE  
DISTRICT CLERK  
COLLIN COUNTY, TEXAS  
BY *[Signature]*  
Clerk