

PARDON DOCKET NO. \_\_\_\_\_

BEFORE THE ILLINOIS PRISONER REVIEW BOARD

APRIL, 1995

SUBMITTED TO THE HONORABLE JIM EDGAR, GOVERNOR

IN THE MATTER OF GIRVIES DAVIS

---

PETITION FOR EXECUTIVE CLEMENCY

Volume of Exhibits

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Russell J. Hoover  
Barry Levenstam  
Janice A. Hornaday  
Norbert B. Knapke II  
David A. Schwartz

JENNER & BLOCK  
One IBM Plaza  
Chicago, Illinois 60611  
(312) 222-9350

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Exhibit  
1

Illinois Department of Law Enforcement  
 Division of Support Services  
 Bureau of Identification

515 East Woodruff Road,  
 Joliet, Illinois 60432

ILL. BUREAU NO. IL17470400  
 FBI NUMBER 652595P5  
 CHICAGO IR NO.  
 AGENCY CONTROL NO. 12789

AGENCY REQUESTING TRANSCRIPT  
 WARDEN  
 MENARD CORR CENTER  
 BOX 711  
 MENARD  
 IL 62259

RFQ/  
 NUMBER OF BONDS 00  
 BEW ISSUED 00  
 BEW QUASHED 00

NAME DAVIS, GIRKIVIES LAMAR  
 BIRTHDATE 012058  
 ALIAS DOB  
 MISC. NO.  
 HAIR BLK  
 HGT. FT. 5 IN. 07  
 HENRY FP CLASS  
 EYES BRO  
 WEIGHT 149  
 NCIC FP CLASS

09 PU 27 W PIPU LO POPIPIPOC009POPOPI17  
 US 32 W PUPUPI

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW  
 TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.

CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S	DATE OF TRANS.	A C H	STATUTE CITATION	ACTION	NAME USED
ARREST MADISON S O 001165591 12789	A	01/18/80	01	38-9-1	DATE OF TRANSCRIPT  ATTEMPT TO COMMIT MURDER	DAVIS, GIRKIVIES LAMAR
S. A. DISPOSITION ST CLAIR CN S A 001165591	S	01/18/80	01	38-9-1	FILED ATTEMPT TO COMMIT MURDER	
COURT DISPOSITION ST CLAIR CIR CRT 001165591	J	01/18/80	01	38-9-1	CONVICTED OF ATTEMPT TO COMMIT MURDER SENTENCED TO IMPRISONMENT FOR 30 YEARS	

DLE 6 65 778

AGENCY REQUESTING TRANSCRIPT

Illinois  
 Department of Law Enforcement  
 Division of Support Services  
 Bureau of Identification

515 East Woodruff Road,  
 Joliet, Illinois 60432

ILL. BUREAU NO. 1117470400  
 FBI NUMBER 652595P5  
 CHICAGO IR NO.  
 AGENCY CONTROL NO. 12789

NAME DAVIS, GIRVIES LAMAR  
 BIRTHDATE 012058  
 ALIAS DOB  
 MISC. NO.

HAIR HLK  
 HGT. FT. 5 IN. 07  
 HENRY FP CLASS

EYES BKO  
 WEIGHT 149  
 NCIC FP CLASS

NUMBER OF BONDS 00  
 BFW ISSUED  
 BFW QUASHED 00

09 PD 27 W PIPIPO CO POPIPIPOCOU9POPOPI17  
 ILS 32 W POPIPI

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CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S A C H	DATE OF TRANS.	STATUTE CITATION	ACTION	NAME USED
CUSTODIAL INFORMATION		10/01/80		DATE OF TRANSCRIPT	
MENARD CORR CENTER C.00168161 N-06107	C	05/09/80		RECEIVED	
ARREST					
ST CLAIR S O D00946156 10548	A	11/14/79 01	38-9-1-A	MURDER	DAVIS, GIRVIES LAMAR
S. L. DISPOSITION					
ST CLAIR CO S A D00946156	S	11/14/79 01 11/14/79 02	38-9-1-A 38-9-1	FILED MURDER FILED MURDER	



DL 6 65 4 728

**Illinois**  
**Department of Law Enforcement**  
**Division of Support Services**  
**Bureau of Identification**  
 515 East Woodruff Road,  
 Joliet, Illinois 60432

**AGENCY REQUESTING TRANSCRIPT**  
 WARDEN  
 MENARD CORR CENTER  
 BOX 711  
 MENARD  
 IL 62259

NAME: DAVIS, GIRVIES LAMAR  
 SEX: M RACE: N  
 BIRTHDATE: 017058  
 ALIAS DOB: [blank]  
 MISC. NO.: [blank]

HAIR: BLK EYES: BRO  
 HGT. FT. 5 IN. 07 WEIGHT: 149  
 HENRY FP CLASS: [blank] NCIC FP CLASS: [blank]

ILL. BUREAU NO. 1117470400  
 FBI NUMBER 652595P5  
 CHICAGO IR NO. [blank]  
 AGENCY CONTROL NO. 12789

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW

CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S C R I P T C O D E	DATE OF TRANS.	A C H	STATUTE CITATION	ACTION	NAME USED
COURT DISPOSITION ST CLAIR CIR CRT 000946156	J	10/01/80			DATE OF TRANSCRIPT	
		11/14/79	01	38-9-1	CONVICTED OF MURDER SENTENCED TO IMPRISONMENT FOR 40 YEARS	
		11/14/79	02	38-9-1	CONVICTED OF MURDER SENTENCED TO IMPRISONMENT FOR 40 YEARS	
ARREST ST CLAIR S O 000990971 10548	A	06/12/79	01 02	95-5-6-303 38-31-b-c	DRIV REVOKED LICENSE ESCAPE	DAVIS, GIRVIES LAMAR

AGENCY REQUESTING TRANSCRIPT

Illinois  
 Department of Law Enforcement  
 Division of Support Services  
 Bureau of Identification  
 515 East Woodruff Road,  
 Joliet, Illinois 60432

WARDEN  
 MENARD CORR CENTER  
 BUX 711  
 MENARD  
 IL 62259  
 RFO/

NAME DAVIS, GIRVIES LAMAR  
 BIRTHDATE 012058  
 ALIAS DOB  
 MISC. NO.  
 HAIR  
 HGT. FT. 5 IN. 07  
 HENRY FP CLASS  
 EYES BND  
 WEIGHT 149  
 NCIC FP CLASS

ILL. BUREAU NO. 1117470400  
 FBI NUMBER 652595P5  
 CHICAGO IR NO.  
 AGENCY CONTROL NO. 12789

NUMBER OF BONDS 00  
 BFW ISSUED  
 BFW QUASHED 00

09 PD 27 W PIIPO CO POPIPIPOCO09POPOPII7  
 JLS 32 W POPOPI

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 TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.

CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S A C H	DATE OF TRANS.	STATUTE CITATION	ACTION	NAME USED
ARREST		10/01/80		DATE OF TRANSCRIPT	
ST CLAIR S O 000990967 791598	A 01	05/20/79	95-5-6-303 95-5-11-502	DRIV REVOKED LICENSE ILLEG TRANSPORT LIU	DAVIS, GIRVIES LAMAR
ARREST				BURGLARY	DAVIS, GIRVIES LAMAR
ST CLAIR S O 000990938	A 01	03/05/79	38-19-1-A		
ARREST				ND DRIVERS LICENSE	DAVIS, GIRVIES LAMAR
EAST ST LOUIS 001000088 14292	A 01	12/09/78	95-5-6-101		
ARREST				RESIST PEACE OFFICER UNLAWFUL USE OF WEAPON FOID I O CARDS	DAVIS, GIRVIES LAMAR
EAST ST LOUIS 001006053 14292	A 01 02 03	07/17/78	38-31-1 38-24-1-A-10 38-83-2		

DLF 6 652478

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**Illinois**  
**Department of Law Enforcement**  
**Division of Support Services**  
**Bureau of Identification**  
 515 East Woodruff Road,  
 Joliet, Illinois 60432

**WARDEN**  
**MENARD CORR CENTER**  
**BUX 711**  
**MENARD**  
**IL 62259**

ILL. BUREAU NO. **1117470400**  
 FBI NUMBER **652595P5**  
 CHICAGO IR NO.

NAME **DAVIS, GIRVIES LAMAR**  
 BIRTHDATE **012058**  
 ALIAS DOB  
 MISC. NO.  
 HAIR **BLK** EYES **BKO**  
 HGT. FT. **5** IN. **07** WEIGHT **149**  
 HENRY FP CLASS **NCIC FP CLASS**

NUMBER OF BONDS **00**  
 BFW ISSUED  
 BFW QUASHED **00**  
**09 P1 27 W P1P1P0 C0**  
**115 32 M P1P1P1**  
**POPIPIPOCC009POPOPI17**

AGENCY CONTROL NO. **12789**  
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**TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.**

CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S A C H	DATE OF TRANS.	A C H	STATUTE CITATION	ACTION	NAME USED
ARREST FAST ST LOUIS D00508R66 14292	A	10/01/80	01	38-83-2	DATE OF TRANSCRIPT  FOID I D CARDS	
ARREST FAST ST LOUIS D00526027 14292	A	08/10/77	01	38-12-3	BATTERY	
S. DISPOSITION ST CLAIR CO S A D00526027 770003162M	S	08/12/77	01	38-12-3	FILED BATTERY	

AGENCY REQUESTING TRANSCRIPT

Illinois  
 Department of Law Enforcement  
 Division of Support Services  
 Bureau of Identification  
 515 East Woodruff Road,  
 Joliet, Illinois 60432

WARDEN  
 MENARD CORR CENTER  
 BOX 711  
 MENARD  
 IL 62259

NAME: DAVIS, GIRVIES LAMAR  
 BIRTHDATE: U12058  
 ALIAS DOB: U12058  
 MISC. NO.:  
 SEX: M RACE: N

ILL. BUREAU NO. 1117470400  
 FBI NUMBER 652595P5  
 CHICAGO IR NO.  
 NUMBER OF BONDS 00  
 BEW ISSUED 00  
 BEW QUASHED 00

HAIR: BLK  
 HGT. FT. 5 IN. 07  
 HENRY FP CLASS  
 EYES: BRN  
 WEIGHT: 149  
 NCIC FP CLASS

AGENCY CONTROL NO. 12789  
 09 PU 27 W PIPIPU CO POPIPIPOC009POP0P117  
 ILS 32 W POPUPL

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CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T A C H	DATE OF TRANS.	A C H	STATUTE CITATION	ACTION	NAME USED
COURT DISPOSITION ST CLAIR CIR CRT 000526027 770003162M	J	10/01/80		38-12-3	DATE OF TRANSCRIPT  CONVICTED OF BATTERY SENTENCED TO FINE AND/OR COST AMOUNT \$60	
ARREST WASHINGTON PARK 000282983	A	03/22/77	01	38-19-1	BURGLARY	
PRE-TRIAL STATUS ST CLAIR CIR CRT 000282983	B				REMANDED TO JAIL	
S. A. DISPOSITION ST CLAIR CN S A 000282983 4532	S	03/23/77	01	38-19-1-A	FILED BURGLARY	

Illinois  
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AGENCY REQUESTING TRANSCRIPT

WARDEN  
 MENARD CORR CENTER  
 BUX 711  
 MENARD  
 IL 62259

REU/  
 NUMBER OF BONDS 00  
 BFW ISSUED 00  
 BFW QUASHED 00

NAME DAVIS, GIRVIES LAMAR  
 BIRTHDATE 012058  
 ALIAS DOB  
 MISC. NO.  
 HAIR BLK  
 HGT. FT. 5 IN. 07  
 HENRY FP CLASS  
 EYES BKO  
 WEIGHT 149  
 NCIC FP CLASS

09 PD 27 W PIIPO CO POPIPIPOC009POPOPI17  
 ILS 32 M PIIPOPI

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 TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.

CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S A C H	DATE OF TRANS.	A C H	STATUTE CITATION	ACTION	NAME USED
COURT DISPOSITION ST CLAIR CIR CRT 000282983 77CF194	J	10/01/80			DATE OF TRANSCRIPT	
ARREST EAST ST LOUIS 000085825 14292	A	05/26/77	01	38-19-1-A	DISMISSED BURGLARY	
ARREST EAST ST LOUIS 000085612 14292	A	01/15/77	01	38-12-2-A	AGGRAVATED ASSAULT	
S. A. DISPOSITION ST CLAIR CO S A 000085612	S	A 11/26/74	01 02 03	38-24-1 38-83-2 56-5-704-B	UNLAWFUL USE OF WEAPON FOID I D CARDS POSS CANN 2.5-10 GM	

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AGENCY REQUESTING TRANSCRIPT

Illinois  
 Department of Law Enforcement  
 Division of Support Services  
 Bureau of Identification  
 515 East Woodruff Road,  
 Joliet, Illinois 60432

WARDEN  
 MENARD CORR CENTER  
 BOX 711  
 MENARD  
 IL 62259

NAME  
 DAVIS, GIRVIES LAMAR  
 BIRTHDATE  
 012058  
 ALIAS DOB  
 MISC. NO.  
 HAIR  
 BLK  
 HGT. FT. 5  
 IN. 07  
 HENRY FP CLASS  
 EYES  
 BRO  
 WEIGHT  
 149  
 NCIC FP CLASS

ILL. BUREAU NO. 1L17470400  
 FBI NUMBER 652595P5  
 CHICAGO IR NO.  
 AGENCY CONTROL NO. 12789

SEX M RACE N  
 09 PU 27 W PIPU CO POPIPOCCOU9POPOP 117  
 U.S. 32 W PIPU

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CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S	C O D E	DATE OF TRANS.	A C H	STATUTE CITATION	ACTION	NAME USED
760003724M			10/01/80			DATE OF TRANSCRIPT	
760003723M			17/09/76 01		38-24-1	FILED UNLAWFUL USE OF WEAPON	
760003720M			17/09/76 02		38-83-2	FILED FOID I D CARDS	
			17/09/76 03		56-5-704-B	FILED POSS CANN 2.5-10 GM	
COURT DISPOSITION							
ST CLAIR CIR CRT 000085612	J		07/18/77 01		38-24-1	DISMISSED UNLAWFUL USE OF WEAPON	
760003724M			07/18/77 02		38-83-2	DISMISSED FOID I D CARDS	
760003723M			07/18/77 03		56-5-704-B	DISMISSED POSS CANN 2.5-10 GM	
760003720M							
ARREST							
EAST ST LOUIS 000106619 14292	A		10/22/76 01		95-5-3-413-A	PLATE/PERM DISP VIUL	
			02		95-5-3-703	IMPROPER USE REG/TITLE	

AGENCY REQUESTING TRANSCRIPT

Illinois  
 Department of Law Enforcement  
 Division of Support Services  
 Bureau of Identification  
 515 East Woodruff Road,  
 Joliet, Illinois 60432

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 MISC. NO.  
 HAIR BLK  
 HGT. FT. 5 IN. 07  
 HENRY FP CLASS  
 EYES BRK  
 WEIGHT 149  
 NCIC FP CLASS  
 SEX M RACE N

U9 PO 27 W PIPID CO POPIPIPOCCO09POPOPI17  
 US 32 W PIPID  
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 TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.

CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S	DATE OF TRANS.	A C H	STATUTE CITATION	ACTION	NAME USED
ARREST FAST ST LOUIS D00106311 14292	A	10/01/80			FOID I D CARDS	
S. A. DISPOSITION ST CLAIR CO S A D00106311 760033123M	S	09/02/76	01	38-83-2	FILED FOID I D CARDS	
COURT DISPOSITION ST CLAIR CIR CRT D00106311 760033123M	J	09/02/76	01	38-83-2	CONVICTED UF FOID I D CARDS SENTENCED TO FINE AND/OR CUST AMOUNT \$20	

DEC 6 1984 7/8

**AGENCY REQUESTING TRANSCRIPT**

Illinois  
 Department of Law Enforcement  
 Division of Support Services  
 Bureau of Identification

515 East Woodruff Road,  
 Joliet, Illinois 60432

ILL. BUREAU NO. 1117470400  
 FBI NUMBER 652595P5  
 CHICAGO IR NO.  
 AGENCY CONTROL NO. 12789

WARDEN  
 MENARD CORR CENTER  
 BOX 711  
 MENARD  
 IL 62259

RF0/  
 NUMBER OF BONDS 00  
 BFW ISSUED 00  
 BFW QUASHED 00

NAME DAVIS, GIRVIES LAMAR  
 BIRTHDATE 012058  
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 HENRY FP CLASS  
 EYES BRO  
 WEIGHT 149  
 NCIC FP CLASS

09 PD 27 W PIIPO CO  
 US 12 W POUPI  
 POPIPIPOC009POPOPI17

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CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	T R A N S	A C H	DATE OF TRANS.	STATUTE CITATION	ACTION	NAME USED
ARREST EAST ST IDUIS F00047374 14292 S. A. DISPOSITION ST CLAIR CO S A F00047374	A		10/01/80	38-19-1	DATE OF TRANSCRIPT BURGLARY	
COURT DISPOSITION ST CLAIR CIR CRT F00047374	J		02/23/76	38-19-1	FILED BURGLARY CONVICTED OF BURGLARY SENTENCED TO PROBATION FOR 1 YEARS	





Exhibit  
2

VOLUNTARY STATEMENT  
(Under Arrest)

DATE 9-10-79 TIME 0407 AM, PLACE ST. CLAIR Co. Jail  
I, GIRVIES L. DAVIS, am 21 years of age  
and my address is 718 N. 71 E. ST. LOUIS, ILL.

I have been advised and duly warned by JAMES LAY  
who has identified himself as Deputy Sheriff  
of my right to the advice of counsel before making any statement, and that I do not have to make any statement at all, nor  
incriminate myself in any manner.

I hereby expressly waive my right to the advice of counsel, and voluntarily make the following statement to the aforesaid  
person, knowing that any statement I make may be used against me on the trial or trials for the offense or offenses concern-  
ing which the following statement is herein made.

I declare that the following statement is made of my own free will without promise of hope or reward, without fear or  
threat of physical harm, without coercion, favor or offer of favor, without leniency or offer of leniency, by any person  
or persons whomsoever.

SOME TIME IN 1978, I DON'T REMEMBER EXACTLY, ME +  
RICHARD HOLMAN DROVE UP TO A mobile home by  
A CHURCH. I WAS DRIVING MY BLUE BUICK, 1970 model.  
WE STOPPED IN THE DRIVEWAY OF THE TRAILER. WE GOT  
OUT OF MY CAR AND WALKED TO THE TRAILER. THE FRONT  
DOOR WAS (OPEN) SO WE WALKED IN. THERE WAS AN OLD  
MAN SITTING IN A WHEEL CHAIR FACING THE FRONT DOOR.  
I ASKED HIM WHERE THE MONEY WAS. HE SAID HE  
DIDN'T HAVE ANY. WE TOOK A DOUBLE-BARRELLED  
SHOTGUN AND A TV SET. I WAS IN THE BED-  
ROOM + THE FRONT ROOM. THE INSIDE OF THE TRAILER  
HAS THE KITCHEN ON THE RIGHT OF THE FRONT DOOR,  
THEN THE LIVING ROOM, THEN A BED ROOM DOWN THE  
HALL TO THE LEFT. THE T-V WAS IN THE FRONT ROOM.  
AND THE SHOTGUN WAS IN THE (BEDROOM). I CARRIED  
THE T-V AND GUN OUT TO THE CAR. THEN I HEARD A  
SHOT AND RICKY CAME OUT AND SAID HE SHOT THE  
OLD MAN. WE SOLD THE T-V & GUN SOMEWHERE BUT  
I CAN'T REMEMBER WHERE.

I have read this statement consisting of 1 page(s), and I affirm to the truth and accuracy of the facts contained  
therein.

This statement was completed at 0430 AM, on the 10 day of September 1979

17

Exhibit  
3

Rep. Ex. No. 1  
4/24/80

1. Old man in a trailer killed with a 22 revolver.
2. Old lady killed in Midtown shot in the back with a 22 rifle.
3. Circle Donut where man got shot in the arm with a 22 rifle.
4. Shell station where he was washing his car when they came in. They got the money & just started shooting. Shot him about 4 or 8 times with a 22 pump rifle.
5. Mexico Cafe. Shot five people with 22 pump rifle while robbing, just started shooting. Shot 5 people.

6. Madison County Furniture store. Robbed & shot 2 people one killed with 20 pistol 600 dollars taken.

7. Busser - Old stick up. Man got killed with 20 pistol.

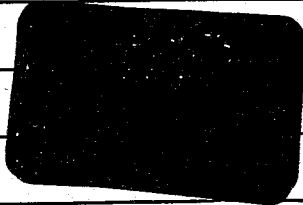
8. Old man got shot 70th St Main Holman told me about that etc.

9. Auto-parts on State Street.

10. Old man got stabbed several times and killed on 89th St. aged 157.

11. Old white lady was shot in the head killed on St. Patrick

ITEM  
# 31  
JE ✓  
79-01-005-  
09-09-79



A true copy of the original on file in my office  
Attested to this 7 day of March 1995  
MATT MELUCCI  
Clerk of the Circuit Court, 3rd Judicial Circuit  
Madison County, Illinois  
By Paula Hardee  
Deputy Clerk

Exhibit  
4



Illinois Department of Corrections  
COMMITTED PERSON'S GRIEVANCE REPORT

CU-NI-05

Date: October 7, 1993 Committed Person: Glenn L. Davis ID #: 114107  
 Present Facility: Menard Correctional Center Facility where grievance issue occurred: Menard Corr Center

NATURE OF GRIEVANCE:  
 Personal Property       Mail Handling      Transfer Denial:  
 Staff Conduct           Dietary                 By Transfer Coordinator  
 Restoration of Good Time       Medical Treatment       By Institution  
 Disciplinary Report - Date: 9-23-93      Where issued: Just Funds by someone or mistake been made..

PAGE 1 - Committed person completes and sends to counselor, who completes counselor response and returns to committed person. Committed person then decides whether or not to forward to Grievance Officer. Grievances on discipline go directly to Grievance Officer.  
 PAGE 2 - Grievance Officer completes, forwards to CAO; CAO responds and returns to committed person. Committed person then decides whether or not to forward to ARB.

THIS FORM IS NOT USED FOR PROTECTIVE CUSTODY DENIALS.

Brief Summary of Grievance: Glenn L. Davis, received a ticket  
Sept. 23, 93 and the ticket was not heard until  
around Sept. 28 or so, of 93. The ticket shouldn't  
have had nothing to do with my Sept 93 "State  
Pay".  
I was about to shop Oct 6, 93, whereas I'd  
discovered that my "State Pay" for the month of  
Sept 93, was taken off my account or was never  
add to my account, for some unknown reason to  
me, because I'd have been in "A" grade for awhile.  
This information if in stating can be (proving) by  
my "Just Fund - Inmate Transaction Statement,"  
that will be attached for (whoever) research.  
The last time I'd received "State Pay" was 9-8-  
93, for the month of August - NOT SEPT!  
I'd also received my "State Pay" for the month  
of Sept. Whereas according to EVERYBODY else  
remuneration slip - date Oct 6, 93, for the regular  
month commission shop day - THEY have received  
the "State Pay" allow them for SEPT! I'd have not  
received "State Pay"; why, I'd don't know..  
 Relief Requested: I'm asking that my "State-Pay" be sent back  
on my account or add into my account; For the  
month of SEPT.

(Attach additional pages, if necessary.)

COUNSELOR'S RESPONSE

Date Received: 10-12-93  
 Response: According to the Just Fund Office, Inmate Davis  
was received \$7<sup>00</sup> State Pay on 10-8-93. Inmate Davis  
was not paid the full State Pay of \$10<sup>00</sup> due to his  
segregation placement of 9-24-93.  
 Counselor: Ladona Wilkerson Signature      LA DAWA WILKERSON Print Name      10-13-93 Date of Response

Outside jurisdiction of this facility: grievances which arose from a facility other than the committed person's present location and denials of transfers from the Transfer Coordinator's Office forward directly to the Administrative Review Board, 1301 Concordia Court, P.O. Box 19277, Springfield, IL 62794-9277.

Illinois Department of Corrections  
COMMITTED PERSON'S GRIEVANCE REPORT

CU-NI-05

Date: October 7, 1993 Committed Person: GIOVINE L. DAVIS ID # 1086107  
 Present Facility: Menard Correctional Center Facility where grievance issue occurred: Menard Corr Center

NATURE OF GRIEVANCE:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Personal Property                                     | <input type="checkbox"/> Mail Handling     | <input type="checkbox"/> Transfer Denial:        | <input type="checkbox"/> Disability                              |
| <input type="checkbox"/> Staff Contact   | <input type="checkbox"/> Dietary           | <input type="checkbox"/> By Transfer Coordinator | <input checked="" type="checkbox"/> Other <u>Abuse of State:</u> |
| <input type="checkbox"/> Restoration of Good Time                              | <input type="checkbox"/> Medical Treatment | <input type="checkbox"/> By Institution          | <u>Just funds by someone or</u>                                  |
| <input checked="" type="checkbox"/> Disciplinary Report - Date: <u>9-23-93</u> |  | Where issued:                                    | <u>mistake been made.</u>  |

PAGE 1 - Committed person completes and sends to counselor, who completes counselor response and returns to committed person. Committed person then decides whether or not to forward to Grievance Officer. Grievances on discipline go directly to Grievance Officer.  
 PAGE 2 - Grievance Officer completes, forwards to CAO; CAO responds and returns to committed person. Committed person then decides whether or not to forward to ARB.

THIS FORM IS NOT USED FOR PROTECTIVE CUSTODY DENIALS.

Brief Summary of Grievance:

1. I, Giovine L. Davis, received a ticket  
around Sept. 28 or so, of 93. The ticket shouldnt  
have had nothing to do with my Sept 93 "State  
Pay".  
2. I was about to ship Oct 5, 93, whenas I'd  
discovered that my "State Pay" for the month of  
Sept 93, was taken off my account or was never  
add to my account, for some unknown reason to  
me, because I'd have been in "A" grade for awhile.  
3. This information, if in stating can be (proving) by  
my "Trust Fund - Inmate Transaction Statement,"  
that will be attacked for (unknown) reason.  
4. The last time I'd received "State Pay" was 9-8-  
93, for the month of August - NOT SEPT!  
5. I'd first received my "State Pay" for the month  
of Sept. Whenas according to EVERYBODY else  
regularly ship - date Oct 6, 93, for the regular  
month combination ship day - THEY have received  
the "State Pay" allow them for SEPT! I'd have not  
received "State Pay"; why, I'd don't know..  
 Refel Requested: I'm asking that my "State Pay" be put back  
on my account or add into my account; For the  
month of SEPT.

(Attach additional pages if necessary.)

**COUNSELOR'S RESPONSE**

Date Received: 10-12-93  
 Response: According to the Trust Fund Office, Inmate Slaves  
has received \$7<sup>00</sup> State Pay on 10-8-93. Inmate Slaves  
was not paid the full State Pay of \$10<sup>00</sup> due to his  
segregation placement of 9-24-93.  
 Counselor: LADAWA WILKINSON LA DAWA WILKINSON 10-13-93  
 Signature Print Name Date of Response

Outside jurisdiction of this facility; grievances which arose from a facility other than the committed person's present location and denials of transfers from the Transfer Coordinator's Office forward directly to the Administrative Review Board, 1301 Concordia Court, P.O. Box 19277, Springfield, IL 62794-9277.

Illinois Department of Corrections  
COMMITTED PERSON'S GRIEVANCE REPORT

CU-NI-05

Date: October 7, 1993 Committed Person: Glorias L. Davis ID #: N-66107  
 Present Facility: Menard Correctional Center Facility where grievance issue occurred: Menard Corr Center

NATURE OF GRIEVANCE:

- Personal Property
- Staff Conduct
- Restoration of Good Time
- Disciplinary Repor. - Date: 9-23-93
- Mail Handling
- Dietary
- Medical Treatment
- Transfer Denial:
  - By Transfer Coordinator
  - By Institution
- Disability
- Other Abuse of State's Trust Funds for someone or mistake been made...

PAGE 1 - Committed person completes and sends to counselor who completes counselor response and returns to committed person. Committed person then decides whether or not to forward to Grievance Officer. Grievances on discipline go directly to Grievance Officer.  
 PAGE 2 - Grievance Officer completes, forwards to CAO; CAO responds and returns to committed person. Committed person then decides whether or not to forward to ARB.

THIS FORM IS NOT USED FOR PROTECTIVE CUSTODY DENIALS.

Brief Summary of Grievance: I'd Gloria L. Davis, received a ticket

Sept. 23, 93, and the ticket was not heard until  
around Sept. 28 or so, of 93. The ticket shouldn't  
have had nothing to do with my Sept 93 "State  
Pay".  
I'd was about to ship, Oct 6, 93, whereas I'd  
discovered that my "State Pay" for the month of  
Sept 93, was taken off my account or was never  
add to my account for some unknown reason to  
me, because I'd have been in "A" grade for awhile.  
This information, if in stating can be (proving) by  
my "Trust Fund - Inmate Transaction Statement,"  
that will be attacked for (unknown) reason.  
The last time I'd received "State Pay" was 9-8-  
93, for the month of August - NOT SEPT!  
I'd aint received any "State Pay" for the month  
of Sept. Whereas according to EVERYBODY else  
2 compulsory ship - date Oct 6, 93, for the regular  
month commissaries ship day - THEY have received  
the "State Pay" allow them for SEPT! I'd have not  
received "State Pay"; why, I'd don't know..  
 Relief Requested:  
I'm asking that my "State Pay" be put back  
on my account or add onto my account; For the  
month of SEPT.

(Attach additional pages, if necessary.)

**COUNSELOR'S RESPONSE**

Date Received: 10-12-93  
 Response: According to the Trust Fund Office, Inmate Davis  
has received \$ 7<sup>00</sup> State Pay on 10-8-93. Inmate Davis  
was not paid the full State Pay of \$ 10<sup>00</sup> due to his  
segregation placement of 9-24-93.  
 Counselor: LADAWA WILKINSON Signature: LADAWA WILKINSON Print Name: 10-13-93 Date of Response

Outside jurisdiction of this facility: grievances which arose from a facility other than the committed person's present location and denials of transfers from the Transfer Coordinator's Office forward directly to the Administrative Review Board, 1301 Concordia Court, P.O. Box 19277, Springfield, IL 62794-9277.

Exhibit  
5

# Confessions discounted in 2 killings, other crimes

9/29-30/79

Officials are inclined to discount the involvement of two East St. Louis men in two murders and five other shootings despite their confessions. St. Clair County State's Attorney Clyde Kuehn said Friday.

But Kuehn still considers them suspects in as many as seven killings and two other shootings, which police said they also admitted in statements earlier this month.

**AFTER VICTIMS OF** two shootings and witnesses to two murders did not identify Richard Holman, 18, and Girvies Davis, 21, in lineups, Kuehn said he believes their confessions in those cases were false.

The cases in which confessions have been discounted are:

— The Dec. 4, 1978, shooting of Mark Resmann, a Caseyville service station attendant. Two other men have been convicted in connection with that shooting.

— The Dec. 21, 1978, slayings of Edward Campbell,

35, manager of the Mexico City Cafe in Fairmont City, and Mary Prestito, 39, a waitress, in a robbery there. Three other persons were wounded.

— The Aug. 7, 1979, wounding of Walter Golab, 62, of East St. Louis, who was shot and stabbed by intruders in his East St. Louis home.

**KUEHN SAID PERSONS** actually involved in the crimes may have persuaded the pair to confess, on the theory that Davis and Holman had little to lose.

Davis has been charged with murder in connection with the Aug. 30 slaying of Frank Cash, 21, of Belleville, a clerk in an East St. Louis auto parts store. Authorities said Holman, who has been held in jail on another matter, has admitted participating in the Cash killing.

"From the standpoint of this office, we feel good about seeking charges on the auto parts case," Kuehn said. "I'm not in the least discounting that they could be good for a number of the crimes they confessed to."

Exhibit  
6

# New trial denied in Shell Service Station shooting

By STEVE KUEHLER  
of the News-Democrat

Two East St. Louis men, convicted last year of shooting a service station attendant in Caseyville, have been denied a new trial.

Bryan Lawrence, 29, and Keith Harris, 19, had petitioned for a new trial because two other men confessed to the crime after Lawrence and Harris were convicted.

Thursday, however, St. Clair County Circuit Judge John Holman denied the defendants' request and ordered them returned to the Menard Correctional Center in Chester to continue serving their sentences. The judge did not elaborate on his ruling.

Lawrence and Harris were convicted last May for the December 1978 shooting of 21-year-old Mark Resmann at the Caseyville Shell Station. Lawrence was sentenced to 40 years in prison, Harris to 50 years.

Last September, Girvies Davis, 21, and Rocky Hulman, 19, told investigators they were responsible for shooting Resmann. They made the statements about the Resmann shooting while confessing to several murders

and other shootings they said they committed in the metropolitan area in 1978 and early 1979.

Thursday's hearing was held under tight security at the St. Clair County Jail after officials learned a death threat had been made against the judge and St. Clair County Assistant State's Attorney Rick Sturgeon. There were no incidents during the hearing.

During the hearing, Sturgeon used witnesses' testimony to attack the credibility of the confessions made by Davis and Holman.

# Service Station shooting

Special Agent Dennis Kuba of the Illinois Division of Criminal Investigation testified that neither Davis nor Holman could draw a sketch of the service station they said they robbed. Kuba said Davis told him he took money from the station's cash register.

But the shooting victim Thursday testified that there was no cash register in the station at the time of the robbery. He said he kept the money in his pocket and in an envelope hidden between two books.

Resmann also identified Lawrence

and Harris as the men who shot him. He said he had never seen Davis or Holman before and was sure they did not shoot him.

"Do you have any doubt about it?" Sturgeon asked the victim.

"None," he replied.

St. Clair County Sheriff's Detective Robert Miller testified that another prisoner at the County Jail, Freddie Tiller Jr., told him that he had been asked by Lawrence and Harris "to take the rap for the Caseyville Shell shooting."

"They told him he was already in on three other murders and they couldn't do anything more to him," Miller said. At the time Tiller talked to Miller, Tiller was charged with murdering three people in East St. Louis.

When Tiller was called to testify Thursday, however, he exercised his Fifth Amendment right preventing self-incrimination, and refused to testify.

At one time last year, Davis, Hulman, Tiller, Lawrence and Harris were all housed in the same cellblock at the county jail.

Exhibit  
7





DEPARTMENT OF LAW ENFORCEMENT  
DIVISION OF SUPPORT SERVICES

JOHN G. LANDERS - DEPUTY DIRECTOR

Bureau of Scientific Services  
Fairview Heights Laboratory  
10338 Lincoln Trail  
Fairview Heights, Illinois 62208  
(618) 397-6653

October 10, 1980

Mr. Clyde Kuehn  
State's Attorney  
St. Clair County  
#10 Public Square  
Belleville, Illinois 62220

CASES SUMMARY  
(Girvies Davis and Richard Holman)

The same weapon (.22 caliber Remington Model 12 pump-action rifle, Serial #790304) was identified as being used in the following cases:

- FH78-1798, Mark Resmann
- FH78-1799, Perfect Circle Donut
- FH78-2070, Mexico City Cafe

The projectile submitted in Case #FH78-1998 (Frieda Mueller) exhibited similar rifling characteristics as this rifle; however, no positive identification was made. No identification was made between the projectiles in FH78-1998 and FH79-2070.

The same weapon (.22 caliber Browning semiautomatic pistol, Serial #4145P2) was identified as being used in the following cases:

- FH79-88, Burger Chef (Marvin Fourt)
- FH79-7, Perdue Furniture

This pistol was allegedly taken in a burglary (Lloyd Pulcher) occurring on January 14, 1979, in Monroe County. A latent fingerprint developed in this burglary was identified as having been made by Richard Holman.


No similarities were found between the projectiles in FH78-2079 (Charles Biebel) and the following cases:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>FH79-7, Perdue Furniture</li> <li>FH79-88, Burger Chef</li> <li>FH79-1159, Esther Sepmeyer</li> </ul> | <ul style="list-style-type: none"> <li>FH78-1998, Frieda Mueller</li> <li>FH78-1798, Mark Resmann</li> <li>FH78-1799, Perfect Circle Donut</li> <li>FH78-2070, Mexico City Cafe</li> </ul> |
|--|--|

Mr. Clyde Kuehn  
Page 2  
October 10, 1980

The three weapons submitted (.22 Remington rifle; .22 Rohm revolver; and .22 Browning pistol) could not have fired the spent cartridge cases in Case #FH79-1159 (Esther Sepmeyer).

RESPECTFULLY SUBMITTED



Larry A. Lorschach  
Laboratory Supervisor

LAL:cb

Exhibit  
8

*Carla*  
*Donut*

S T A T E M E N T

START: 15:57 A.M. COMPLAINT NUMBER 105862  
P.M.  
FINISH: 4:55 A.M. DATE: 09/14/79  
P.M.

- Q) What is your full name?  
A) Rodney Allan ALBRECHT.
- Q) Your age and date of birth?  
A) Age twenty-four (24), date of birth, 06/19/55.
- Q) Your current address?  
A) No. 30 Agnes, Cahokia, Illinois.
- Q) Telephone number?  
A) 337-6555.
- Q) Were you working at the Delicious Circle Donut Shop on December 4, 1978 at approximately 4:09 A.M.?  
A) YES.
- Q) Can you tell me what happened then?  
A) I heard the door ring and I looked up and there was a guy. I saw him just for a second. I think he had a brown ski mask with gold trim. I looked up at her and she said something like "THIS IS IT". We both went to the mixing room. As I went through the door the subject shot and hit me in the hand.
- Q) Which hand were you shot in?  
A) Right hand.
- Q) What happened then?  
A) I was spun around from the shot. I made a complete turn and I saw the guy running around the cutting table.
- Q) Which side of the cutting table was he on?

S T A T E M E N T

Continued

Page TWO  
09/14/79

- A) He was at the corner of the table by the donut rack.
- Q) Is that the northwest corner? . . . . .
- A) YES.
- Q) What happened then?
- A) . We went back on the shelf in themixing room and we both went for the gun. I got the gun and she went back up against the wall. Winnie was pretty well in hysterics by then and was saying "JUST TAKE THE MONEY AND GO". I sat on my butt with my knees up to my shoulders and waite dor him. He came around and I aimed between his eyes and pulled the trigger but the gun didn't go off.
- Q) Do you know why the gun didn't go off?
- A) The first chamber was left empty.
- Q) Did you see what the subject was wearing?
- A) I think it was green trousers, green jacket. It could have been a green Levi jacket or a green army shirt. A ski mask on, I think it was green, too.
- Q) What happened after you tried to shoot the subject?
- A) The guy retreated and he said "THE CRAZY SON-OF-A-BITCH HAS GOT A GUN" or "THE WHITE BASTARDS GOT A GUN". I could hear a guy in the back-ground saying 'SHOOT EM, KILL EM'.
- Q) What did you do then?
- A) I got up and was squatted by the mixing room doorway and there was another shot. I came around the corner and shot at him. His second shot hit the front splash guard of the sink.

STATEMENT

Continued

Page THREE

09/14/79

- Q) Where did your shot go?  
A) Above the glazen table about in the middle.
- Q) Is that on the north wall?  
A) YES.
- Q) Where was he at when you shot the first time?  
A) At the corner of the cutting table.
- Q) The northwest corner?  
A) YES.
- Q) What happened then?  
A) He went between the wall and the display case and I tried to guess where he was at and shot through the wall, but I missed.
- Q) Did you see the second subject during this time?  
A) I think there was a subject at the register when I shot the first shot. I heard someone at the register but I don't remember when I heard it open.
- Q) What happened after you fired the second shot?  
A) I heard glass break and I heard the door again. I walked out to the cutting table and then looked down the hallway. I got my keys and locked the door. I checked all the rooms, and waited for the police.
- Q) Can you give a physical description of the subject that shot at you?  
A) 5'10", 160-170, medium build, light complexion. I could see under his eyes through the mask.
- Q) Can you describe the gun he had?

STATEMENT

Continued

Page FOUR  
09/14/79

A) All I can remember is that it was long, not new and mostly barrel  
not a lot of wood on it.

Q) What about the first subject that came in?

A) Tan vinyl jacket had stitching on it. The subject had his hands  
in his pockets. Ski mask, but I'm not sure of the color.

Q) Is this statement true to the best of your knowledge?

A) YES.

SIGNED:

WITNESS:

[Lined area for signature and witness text]

STATEMENT

START: 15:57 hrs. <sup>A.M.</sup>/<sub>P.M.</sub>

COMPLAINT NUMBER 105862

FINISH: 4:55 <sup>A.M.</sup>/<sub>P.M.</sub>

DATE: 9/14/79

Q. What is your full name?

A. Rodney Alton Albritton

Q. Your age & Date & Birth?

A. 24, 6-19-55

Q. Your current address?

A. 30 Agass

Q. Telephone number?

A. 337-6555

Q. Were you working at the Delicious  
Cocoa Donut shop on Dec. 4, 1978  
at approx. 4:09 am?

A. Yes

Q. Can you tell me what happened  
then?

A. I heard the door ring & I looked  
up & there was a guy. I saw him  
just for a second & think he  
had a brown skin mask with  
gold trim. I looked up at him &  
he said <sup>(B)</sup> something like "This  
is it". We both went to the wiping  
rooms. As I went through the door  
the subject shot & hit me in



STATEMENT

Continued

Page 2

The bank.

Q Which bank were you at in?

A Right Bank.

Q What happened then?

A I was going around from the bank.

I made a complete turn & I saw the

guy running around the cutting table.

Q Which side of the cutting table was  
he on?

A He was at the corner of the  
table by the donut table.

Q So that the southwest corner?

A Yes.

Q What happened then?

A We went back on the shelf in the

mixing room & we both went for

the gun. I got the gun & he went

back up against the wall. Winnie

was pretty well in hysterics by then

& was saying "just take the money

& go." I sat on my butt with

my knees up to my shoulders &

waited for him. He came around

STATEMENT

Continued

Page 3

and I aimed between his eyes & pulled the trigger but the gun didn't go off.

Q Do you know why the gun didn't go off?

A The first chamber was left empty.

Q Did you see what the subject was wearing?

A I think it was green trousers, green jacket. It could have been a green Levi jacket or a green army shirt.

Q Did you see, ~~and~~ I think it was green, too.

Q What happened after you tried to shoot the subject?

A The guy retreated & he said "the crazy son of a bitch he got a gun" <sup>Q</sup> on the white boots he got a gun. I could hear a guy in the background saying "shoot him, kill him."

Q What did you do then?

A I got up & was squatted by the mixing room doorway and there

STATEMENT

Continued

Page 4

was another shot. I came around  
the corner & shot at him. His  
second shot hit the front square  
quadrant of the scale.

Q Where did your shot go?

A Above the gageon <sup>table</sup> about in the  
middle.

Q Is that on the north wall?

A Yes.

Q Where was he at when your  
shot the first time?

A At the corner of the cutting table.

Q The Northwest corner?

A Yes.

Q What happened then?

A He went between the wall & the  
display case & I tried to guess where  
he was at & shot through the wall,  
but I missed.

Q Did you see the second subject  
during this time?

A I think there was a subject at the  
register when I shot the first shot.

STATEMENT

Continued

Page 5

I heard someone at the register  
but I can't remember when I heard  
it again.

Q What happened after you <sup>first</sup> heard the  
second shot.

A I heard glass break & I heard the  
door again. I walked out to the  
cubbing table & then looked down  
the hall way. I got my keys &  
locked the door. I checked all the  
rooms, & waited for the police.

Q Can you give a physical description  
of the subject that shot at you.

A 5'10, 160-170, medium build, lt.  
complexion, I could see under his  
eye through the mask.

Q Can you describe the gun he had?  
A All I can remember is that it was a  
not semi-automatic, barrel, not a  
lot of wood on it.

Q What about the first subject that came  
in.

A I saw enough of it to be satisfied.

STATEMENT

Continued

Page 6

... it. The subject had his hands  
in his pockets the most, but he  
not sure of the color.

Q Is this statement true to the best  
of your knowledge?

A Yes.

W. Robert W. ...

Witness: Charles ...

Exhibit  
9

# Some Of Confessions In 9 Killings Rejected

19-28-79  
Confessions by two St. Clair County men who have claimed responsibility for the killings and eight attempted slayings have been rejected in some of the cases after witnesses failed to pick a man out of a lineup, says the county prosecutor's Attorney Clyde L. Kuehn.  
Kuehn on Thursday used the word "guilt" to describe their confession to a crime for which two other men have been convicted. He said he was not surprised when the witnesses failed to identify the men in the lineup, held earlier Thursday.

But Kuehn said the lineup produced some evidence in the killing of Franklin Smith, 31, of Belleville, who was shot to death at the State Street Auto Parts store in East St. Louis during a robbery on Aug. 30.  
Kuehn would only say that the lineup had been viewed by James Ortman, owner of the store, who was wounded but who shot one of the fleeing robbers in the back.

The two suspects are being held in the county jail. They are Glories Davis, 21, of East St. Louis, and Richard Holman, 24, of Washington Park. Early this month, they made statements to police claiming involvement in the shootings and slayings during a series of armed robberies and burglaries in St. Clair and Madison counties.  
Davis, who suffered a bullet wound in the back, has been charged with murder in the Cash shooting. Holman has been charged only with violating parole.  
Kuehn said Thursday's lineup also was viewed by witnesses in the killings

Two East St. Louis men already have been convicted in the shooting of Mark A. Resmann, 31, the service station attendant. Bryan Lawrence, 20, and Keith Harris, 19, have been sentenced to prison terms of 40 and 50 years.

Kuehn said another inmate at the county jail in Belleville has said Lawrence and Harris offered to pay him to confess to shooting Resmann.

Kuehn said he believes Lawrence and Harris are guilty of wounding Resmann, who was shot seven times. He said he will fight the motion to release them. Resmann has said that Davis and Holman are not the ones who shot him.

Kuehn said investigation of the other cases mentioned by Davis and Holman is continuing, with some evidence that may link them to some of the cases.

Exhibit  
10



**Eric Zorn**



# Shadows of doubt cast executions in different light

**T**he comfort zone surrounding the death penalty in Illinois is about to get smaller.

In each of the three non-volunteer executions in the state since the resumption of capital punishment—John Gacy last year and James Free and Hernando Williams last week—there was no doubt among sane individuals that the condemned had committed vicious murders. Such certainty created an emotional buffer that insulated those with perhaps mixed feelings about capital punishment from the natural, moral aversion to strapping down a human being and killing him.

But not all executions will be as easy to shrug off. Sooner or later—sooner, as it turns out, in Illinois—one of those messy cases will come along. A case in which troubling questions hang over the prosecution and in which the condemned's protestations of innocence ring at least just plausibly enough to make us wonder whether an irrevocable execution is really the right and necessary step.

Such a case is the story of Girvies Davis, 37, the next in line to be executed in Illinois. You've seen and heard very little about him locally because the crime for

which he is scheduled to be killed May 17 occurred in Downstate Belleville, near St. Louis, in 1978.

**Confessions . . .  
comprise  
virtually the  
entire case  
against Girvies  
Davis.**

Is he an innocent man? No. He has long acknowledged—and acknowledged again in a phone interview from Death Row over the weekend—his participation in two armed robberies in which victims were

slain. He denies being the actual killer (a survivor in one of the robberies did not pick him out of a lineup as the shooter) but has accepted—and been sentenced to extended prison terms for—his accountability in those crimes.

Davis was a hard, bad man who led a hard, bad life. He was one of eight children who grew up in poverty in East St. Louis—"a poor pathetic boy who just sat there and said nothing," according to his 4th grade teacher, Annie Quinley Petchulat, the last teacher he had before he tumbled into the juvenile justice system.

He was a purse snatcher, he said, a petty thief, a burglar, an alcoholic and a re-seller of stolen goods. He was 21 when, in August 1979, he and one or more accomplices held up an East St. Louis auto parts store. In the resulting shootout with the owner, a clerk was killed and Davis was wounded. He was later arrested at a hospital.

Police said that 10 days later, Davis called investigators to his jail cell very late one night and gave them a handwritten list of crimes he said he had participated in. Police took him out of his cell, drove him around town looking for "evidence," and eventually came away with a series of written confessions that cleared the book on several murders. The confessions were written by police, and signed by Davis at around 4 a.m.

A problem with this account is that Davis was illiterate. He couldn't read and couldn't write anything other than his name, according to Richard Cosey, his longtime juvenile parole officer. Another problem is that some of the crimes on the list he allegedly wrote were later proven to have been committed by others. And still another is that the middle-of-the-night timing of the confessions tends to lend credence to Davis' claim that he was taken by surprise from his cell and coerced into confessing to, among other crimes, the then unsolved home invasion and slaying of 89-year-old Charles Biebel. It is for this crime alone that he is sentenced to die.

Davis said that police took him out of the squad car, removed his shackles and told him he could either sign the confessions or try to escape—implying, he said, that they would kill him as he ran. These confessions, which Davis says were false, comprise virtually the entire case against him in the Biebel murder and one other murder for which he remains unsentenced and also denies responsibility.

Desperate and phony excuses? Could well be. A jury (from which prosecutors excluded all blacks) found him guilty beyond a reasonable doubt, after all, and sentenced him to die (thought only after prosecutors told them their sentencing decision was advisory only).

But still, there isn't enough proof that Girvies Davis himself murdered anyone or intended that anyone be murdered to allow a fair and cautious person to push the plunger that will end his life.

At the very least, shouldn't we at least insist that tales of execution conclude with an exclamation point, not a question mark?

## Eric Zorn



Chicago Tribune, 4/16/95, Sec.2, p.1

# Con who has date on Death Row not man he used to be

One month from Monday, the State of Illinois would like to kill a certain illiterate, belligerent, drunken, lowlife 21-year-old crook named Girvies Davis—a man who admitted to involvement in two armed robberies Downstate in which victims were killed, and who was convicted of a role in two other fatal robberies.

But unfortunately for the State of Illinois, that Girvies Davis is, in a real sense, already dead. The Girvies Davis they plan to take from his cell May 17, strap to a gurney and inject with lethal chemicals is now a 37-year-old man with a high school equivalency diploma he earned in prison, whose attitude and behavior took a permanent and marked turn for the better after his religious conversion 11 years ago and who today, as an ordained minister from a correspondence Bible college, serves as a spiritual adviser to other inmates.

He is now a "gentle" person, according to Robert Caldwell, recent former Death Row superintendent at Menard Correctional Center who interacted with Davis almost daily. "The whole 30 months I was there, there were no problems," Caldwell said. "Maybe a few minor incidents. I knew him as a person who had matured."

Caldwell first encountered Davis when Davis was imprisoned in a juvenile facility in 1975. He said he considered Davis' 1984 religious conversion "very legitimate."



Davis

The Illinois Department of Corrections is not eager for you to see stories about Girvies Davis. Prison officials issued a memorandum recently blocking Davis from meeting with reporters, and they refused me permission to interview Rev. William Van Buren, a chaplain at Menard who has known and counseled Davis since 1984.

When I circumvented DOC bureaucrats and called Van Buren directly, he said he could not grant an interview because he'd been "muzzled" by his supervisors. He did, however, allow me to read his own words back to him from the notes of forensic psychologist David Randall, who interviewed Van Buren on behalf of Davis' attorneys. He confirmed the accuracy of this quote:

"[Davis] has done everything that he could to become a better person. He has God in his life [and] he has tried in every way to make amends. He's been a force of understanding between inmates and administration. He has tried to share with the men their responsibilities and how they can develop new outlooks and not be confrontational. I've found him to be a person who has genuinely changed."

"[Davis] is educated and remorseful," according to Randall's notes from his interview with Rev. Ira Banks, another chaplain at Menard.

A further troubling aspect to this scheduled execution is the substantial and growing doubt that Davis ever actually killed anyone or meant for anyone to be killed. He acknowledges participation in two armed robberies that ended in murder, but he insists—and evidence, including a signed affidavit secured from one of his former accomplices just this week, suggests—that he took no direct part in the murders.

The two other murder convictions, including the one for which Davis is scheduled to be executed, are based almost entirely on written confessions obtained during a middle-of-the-night interrogation and signed by Davis when he could not read or write. He denies any knowledge of those crimes, and indeed several of Davis' other alleged admissions that night were later proven to be bogus.

To keep Girvies Davis imprisoned under such circumstances is reasonable. He is at least an accessory to murder. Continued punishment is appropriate under the ideals of justice.

But to take his life under such circumstances is obscene. The same ideals of justice demand that the state be absolutely certain that a man is guilty of committing a horrible act and certain that he remains irredeemably evil before it takes the enormous and presumptuous step of killing him in our name.

In the coming weeks, the man Girvies Davis has come to be will be pleading with the Illinois Prisoner Review Board and with Gov. Jim Edgar to reduce his sentence to life in prison. Such a reduction would send the message that the resumption of executions here is, at the very least, not a blind rush for blood vengeance untempered by mercy and caution.

Eric Zorn



Chicago Tribune, 4/18/95, Sec 2, p1

## Man's not innocent, but he's not guilty enough to die

**T**he casual, senseless and depraved murder of Charles Biebel was just the sort of crime that inspires the majority of the public to support the death penalty.

Biebel was a disabled, 89-year-old retired farmer, a widower who lived alone in a mobile home in a rural area near Downstate Belleville. He was in his wheelchair on the afternoon of Friday, Dec. 22, 1978, when an unknown number of intruders came through his unlocked front door. They stole several items, including a TV set and a gun, and even though Biebel apparently put up no resistance, they shot him twice in the chest.

His daughter found him dead several hours later. The killers left no clues and the crime went unsolved for more than nine months.

The next autumn, authorities charged Girvies Davis with the slaying. He was tried, convicted and given the death penalty, a sentence that the state is scheduled to carry out May 17.

The charge was based largely on the strength of a written confession that

**If Davies is  
executed, it will  
mark the  
beginning of a  
new, sloppy era  
for the death  
penalty in Illinois.**

several of the confessions were to crimes committed by others.)

Police said Davis told them in the confession that he had left the mobile home and was loading the victim's property into his car when, from inside, he heard gunfire. Then "Ricky [Holman, his alleged accomplice] came out and said he shot the old man."

If this is true, as prosecutors contended and a jury believed, Davis is technically eligible for the death penalty as an accessory to a murder committed in the course of another felony. And although true pro-capital-punishment zealots are untroubled by such gray areas, to judge from my mail, Davis' supposed role in the murder lacks that heinous, sadistic quality that many fair-minded people believe calls for the maximum sanction.

Davis—who could not read or write—signed at 4:30 a.m. at the end of a middle-of-the-night interrogation during which investigators drove him around town and then, Davis claims, threatened to kill him if he didn't sign. (Indeed,

I've spent a lot of time discussing and corresponding on the issue of the death penalty in the past year or so, and I find that between the unwavering partisans on either side is a vast middle ground of people who are vaguely uncomfortable with the idea of an obviously imperfect and quirky justice system administering death, but who count themselves in favor of the executions because they believe that certain crimes so insult, degrade and terrorize human society that the ultimate punishment of the undoubtedly guilty is the only suitable, commensurate response.

Girvies Davis' role in the murder of Charles Biebel—the only crime for which he is condemned to die—does not come close to this threshold. Should the state Prisoner Review Board and Governor Jim Edgar deny Davis' upcoming plea for a reduction of his sentence to life in prison, it will mark the beginning of a new, sloppy, mistake-tolerant era for the death penalty in Illinois.

Killing Girvies Davis will lower the bar. The only other evidence against him in the Biebel case, aside from the tainted confession, was the testimony of Gregory Mitchell, another member of Davis' low-life milieu in East St. Louis. Mitchell, who, like Davis was a fence for stolen property, testified that Davis phoned him about a month after the Biebel murder and arranged for a meeting between Mitchell and Ricky Holman, the alleged shooter. At that meeting, Mitchell testified Holman sold him an antique, double-barreled shotgun. That gun belonged to Charles Biebel.

Holman, however, was never tried in the Biebel case, nor did he testify. Prosecutors instead focused on what they said was Davis' guilty knowledge of the gun Holman had for sale. Davis maintains that, as a fence, he routinely trafficked in such property and arranged such transactions while having no idea exactly where the goods came from.

Girvies Davis clearly is no "innocent man," the headline on the cover story in this week's Illinois Times notwithstanding. But the facts laid against him in the Biebel murder leave very murky the question of just how guilty he is. And the prospect of his execution based on those facts leaves very pointed the question of just how far our state's newfound enthusiasm for killing will extend.

**A**s streets across the country become increasingly violent and politicians adopt their "get tough on crime" laws, Illinois' haste to execute convicted murderers may result in the death of an innocent man.

For the past fifteen years, Girvies Davis has been on death row at the Menard Correctional Center. In January, the Illinois Supreme Court set a May 17 execution date. Davis's time has nearly run out, but there are many questions about his case, and circumstances pointing to his innocence.

In 1980, Davis, an African American from East St. Louis, was convicted for the December 22, 1978 murder of eighty-nine-year-old Charles Biebel, a white man who lived in a mobile home outside of Belleville, Illinois.

For eight months following the Biebel murder the case remained unsolved, as did eight other murders and several attempted murders and armed robberies which took place between December 4, 1978 and August 30, 1979.

On August 30, 1979, Davis, who was twenty-one-years old, and two other men robbed an auto-parts store in East St. Louis. When Davis's accomplice revealed a gun, the store owner reacted by pulling out a gun as well. As both men began firing, a store clerk, Frank Cash, was killed and Davis was shot in the arm. Davis was later arrested at Barnes Hospital in St. Louis, where he was seeking medical treatment for his wound.

"This is where police accounts and Davis's recollection begin to differ," said Davis's attorney David Schwartz.

Once Davis was in custody, Schwartz said, police attempted to solve a series of unsolved cases, including the Biebel murder and several other murders.

The police claim on September 9, 1979, while in custody at the St. Clair County jail, Davis wrote a note confessing to eleven crimes he supposedly committed and gave the note to a guard. From 10 p.m. to 3 a.m. Davis was taken out of jail to help police look for evidence. Afterwards, he was taken back to jail where police said Davis signed another statement that was handwritten by police. Schwartz told *Illinois Times*.

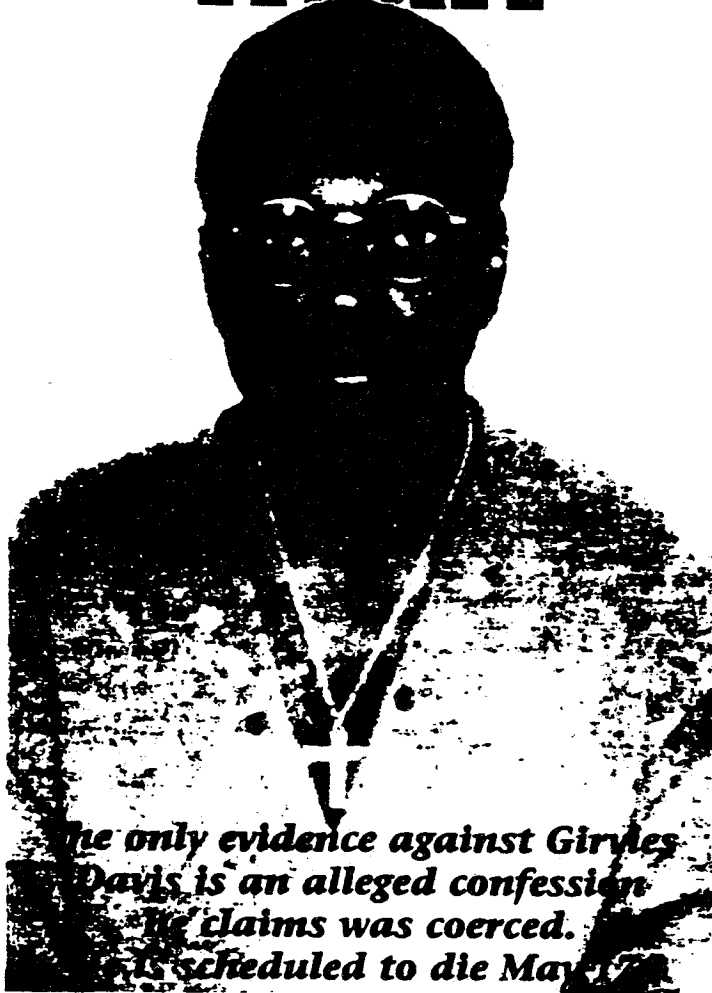
According to Davis, the police took him out of the jail at 10 p.m. and drove around the East St. Louis and Belleville area and tried to get him to confess to the unsolved crimes. "When I refused, they [police] pulled to the side of the road and took off the handcuffs and shackles. As they pulled out their guns, I was told to sign the statements or run." Davis told *Illinois Times* during a phone interview from the Menard Correctional Center. "That meant they were going to kill me," Davis added.

Fearing for his life, Davis said he signed confessions that implicated him in numerous murders, attempted murders, and robberies. Through the course of many phone conversations with *Illinois Times* over the past month, Davis admits he was involved in the robbery at the auto-parts store but categorically denied being involved in any of the other crimes he was ultimately accused of. "As scared as I was, I would have signed 100 confessions," Davis said.

As a result of the two-page note and the subsequent confession Davis said he was coerced into signing, Davis was tried and convicted of four separate murders.

In its coverage of one of Davis's four

# Illinois may execute an innocent man



**the only evidence against Girvies Davis is an alleged confession he claims was coerced. He is scheduled to die May 17.**

A recent photo of Girvies Davis, who has been in prison fifteen years.

murder trials, the *Belleville News-Democrat* reported on April 8, 1981 that defense attorney Tyler Bauman told jurors "any black in East St. Louis knows that when you are given a choice to sign or run, it means you can sign or be shot on the spot."

In four separate trials, Davis was convicted of killing twenty-one-year-old Cash, eighty-three-year-old Esther Sempeyer, eighty-four-year-old John Oertel, and Biebel. For two of the murders Davis received two forty-year sentences. He also

received a thirty-year sentence for attempted murder of the store owner during the armed robbery in which Cash was killed. Davis received death sentences for the murders of Biebel and Sempeyer. In 1983, however, the death sentence in the Sempeyer case was overturned by the Illinois Supreme Court due to an error by the prosecution. According to Schwartz, who has been working on the case for six months, during the sentencing hearing for the Sempeyer murder, the prosecutor told the jury Davis should be

sentenced to death because he is going to die anyway as a result of the Biebel murder.

In a June 17, 1983 opinion written by Illinois Supreme Court Justice Thomas J. Moran, the court ruled that a death sentence for a prior murder is not relevant to whether or not he should receive the death penalty in subsequent cases. Davis has yet to be resentenced for the Sempeyer murder conviction.

Given Davis's previous problems with the law, which included theft, burglary, and armed robbery, many people find it easy to believe police accounts of Davis's crimes. But to Schwartz the police story is unbelievable for several reasons.

"First of all, why take Davis out of jail in the middle of the night rather than during daylight hours to search for evidence?" asked Schwartz, who works for the Chicago law firm Jenner and Block. Davis's case has been handled by the firm since 1984 on a pro bono basis.

"Second, Davis was illiterate until many years after he was sentenced to death," said Schwartz. School records reveal Davis did not attend school past the fourth grade. Schwartz maintains that at the time the note was said to have been written, Davis could only write his name. "So he could not have written the note and given it to the guard. And he could not have possibly been able to read or understand the police statement that he was ultimately forced to sign," said Schwartz.

Davis said other inmates have taught him to read and write since he has been on death row. "Furthermore," said Schwartz, "copies of the so-called confession which Davis was said to have given to the guard do not match Davis's handwriting." On October 23, 1980, during closing statements at the Biebel trial, defense attorney Patrick Young told the jury the handwritten note was not analyzed because it was in two different handwritings and not signed by Davis.

"Aside from the alleged confession, there is absolutely no evidence linking Davis to any of the murders," said Schwartz. "I can't prove definitively that Davis is innocent because he has no alibi or witnesses, but based on the confession there is enough doubt to prevent the execution. No one knows 100 percent whether Davis did or did not kill Biebel. But if we are going to execute someone, we ought to be damned sure that person is guilty," Schwartz said during a phone interview.

Given the questions about the confession and lack of evidence, "guilt without a reasonable doubt" is what appears to be missing from Davis's case.

Davis also believes the evidence proves his innocence. "My case is totally different from other death-row cases. They [the state] have evidence to prove that I am innocent. During my trial, they [the state] used evidence they should not have used," Davis said, referring to two of the murder convictions that were brought out at the Biebel trial. On October 28, 1980, the *Belleville News-Democrat* reported that Young argued this point in the judge's chamber before the sentencing hearing. The prosecution introduced prior convictions without putting anyone on the stand. Young told Circuit Court Judge Stephan Kernan. Although errors by the prosecutor caused the Sempeyer death sentence to be overturned, the argument did not work in the Biebel case.

BY JOLONDA YOUNG

# innocent man

This point came up during one of Davis's many appeals to the Illinois Supreme Court. The court wrote that although testimony about unrelated crimes is improper, the defense counsel's objections kept the examination brief and limited the amount of information to which the jury was actually exposed.

At a suppression hearing during Davis's trial, lawyers also argued that the confession, given the nature of its existence, should not be introduced. "But the white judge believed the five white police officers rather than the black defendant who had had previous brushes with the law," Schwartz said. "The entire case sounds like Mississippi justice in the '50s rather than Illinois in the '80s and '90s."

David Protest, a full-time journalism professor at Northwestern University and an investigative journalist, has been working on the Davis case with six of his students for the past six months. Protest also believes Davis did not kill Biebel. "The entire confession is questionable at best," said Protest. "I am fully convinced that Davis is innocent of these crimes." Protest also said three of the eleven crimes Davis supposedly confessed to were committed by other men who at the time of Davis's trial had already been prosecuted and were serving time for the crimes.

Although the alleged handwritten note casts doubt as to whether or not Davis actually wrote the note or committed the crimes listed in the note, Schwartz said it is very difficult to get courts to grant an appeal or to reverse the decision. "Unlike at the initial trial phase where defendants are considered innocent until proven guilty, once you have been found guilty of a crime, you are basically considered guilty until proven innocent," Schwartz explained. "And unless you have new evidence, there are procedural rules that prevent lawyers from bringing up things now that should have been brought out at the trial." According to the law, when evidence is available but not introduced during the trial, the defendant in effect waives his right to use the evidence.

In 1982, the Fifth District Appellate Court rejected an appeal which contested the alleged confession Davis said he was forced to sign. The court ruled that since Davis had first moved to have the confession suppressed during his trial but changed his mind, he waived his right to a hearing based on the confession.

Because of the procedural rules, Davis's appeals focus on legal errors rather than on his innocence, Schwartz said.

When Davis first received the death sentences (October 29, 1980 for the Biebel murder and April 12, 1981 for the Sepmeyer murder), he decided not to appeal the decisions. During phone conversations with *Illinois Times*, Davis said he was not thinking clearly at the time. "I was depressed and fed up with the judicial system. You know how you sometimes get so fed up with a situation that you feel like you would be better off dead? That is how I was feeling," said Davis, who is now thirty-seven years old.

The Belleville paper reported in May 19, 1983 that because the Court had already affirmed his conviction and denied a rehearing in the 1982 Biebel slaying, Davis said he did not want to continue his appeals and did not need Charles Schiedel, his court-appointed attorney. "Davis said there was no need to delay his scheduled execution," the Belleville paper said.

According to the *Belleville News-Democrat*, in a videotaped interview recorded shortly after his arrest, Davis denied committing the crimes but said he was tired of life and did not want to spend his life in prison. The newspaper also reported Davis told then-State's Attorney Clyde Kuehn he would plead guilty to the crimes if he could be executed quickly.

Davis's request for immediate execution was denied by the Illinois Supreme Court, which ruled that he would have to go through routine appeals to the U.S. Supreme Court.

Since then, Davis has changed his mind and decided to fight his execution. Over the past ten years, numerous appeals have been filed with state and federal courts, as well as with the Illinois and U.S. Supreme courts.

Davis's latest appeal, a post-conviction petition, was filed by Schwartz with the St. Clair County Circuit Court late last month. Schwartz said the appeal states Davis was constitutionally ineligible to receive a death sentence. The petition argues factors necessary for death-penalty cases, such as multiple murders, premeditation, and knowledge that a murder would be committed, were not present in Davis's case. As of yet, there has been no ruling on the appeal.

A prior appeal focused on the selection of an all-white jury. Schwartz said prosecuting attorney Clyde Kuehn excluded all potential African-American jurors during the October 1980 Biebel trial. "In Davis's case, each potential African-American juror was excused without argument from Davis's trial attorney, Patrick Young," Schwartz said. However Young, who works for a private law firm in St. Clair County, told *Illinois Times* he challenged the prosecution's exclusion of black jurors, but given the law at that time there was very little he could do. In each of Davis's trials, there was an all-white jury.

Schwartz also said prosecutors unconstitutionally referred to murders at the Mexico City Cafe in Fairmont, Illinois. Although Davis was accused of committing the murders, he was never tried. "One of the jurors raised his hand and told the judge that a relative of a very close friend was killed

- 1. A man in a train killed with a 22 rifle
- 2. A man killed in a street shot in the back with a 22 rifle
- 3. Excise count shop-man got shot in the arm with a 22 rifle
- 4. Shell station robbery he was washing his car when they came in. They got the money + just started shooting. Shot him about 7 or 8 times with a 22 pump rifle
- 5. Mexico Cafe shot five people with 22 pump rifle while robbing, just started shooting. Shot 5 people
- 6. Madison County Furniture Store. Robbed + shot 2 people one killed with 22 pistol 600 dollars taken
- 7. Burger-Chef stick up. Man got killed with 22 pistol.
- 8. Old man got shot 79th St. Clair Holman told me about that one.
- 9. Auto-parts on State Street.
- 10. Old man got stabbed several times and killed on 59th St and 157.
- 11. Old white lady was shot in the head - killed in St. Joe

Junger had murder. Schwartz said. The judge asked if he could still render an unbiased decision. When he replied, "I think I can," he was allowed to continue to sit on the jury. One has to wonder if this decision was made because the first alternate was an African-American," said Schwartz.

At the time of Davis's trials, each side was allowed fourteen peremptory challenges—the right to excuse jurors without giving a reason. In each case, peremptory challenges were consistently used against African-American members of the jury pool. In an attempt to ask why African-Americans were excluded from sitting on Davis's jury, *Illinois Times* made several phone calls to Kuehn, but all were unanswered. Kuehn is now a judge in St. Clair County.

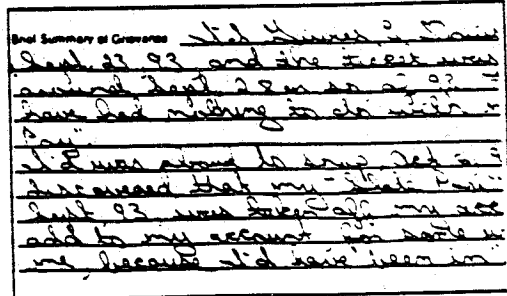
In 1986, the U.S. Supreme Court ruled jurors could not be excluded based on their race, but the new law could not be applied retroactively. This means that although exclusion of black jurors is unconstitutional and may have been a factor in Davis's case, an appeal could not be granted based on the new law.

In 1984, Davis filed an appeal to the Illinois Supreme Court which said the death penalty was both arbitrarily and discriminatorily applied based on the fact that the victim was white. Accompanying Davis's argument was a Stanford University study which stated that a suspect accused of killing a white is many times more likely to receive a death sentence in Illinois than if a black were killed.

"Of the larger states, Illinois has the highest number of African-Americans and Hispanics on death row," said Tim Gabreisen, an attorney for

ABOVE: At the time of his arrest, Givies Davis could not read and could barely sign his name, yet prosecutors said he wrote this "confession" and passed it to a jailer.

RIGHT: Other inmates taught Davis to read and write in prison. A recent sample of his handwriting bears little resemblance to his alleged confession from 1979.



the office of the State Appellate Defender's Supreme Court Unit. Both the race of the victim and the race of the defendant often determine whether a person is sentenced to death." In both the Brexel and Sepmeyer cases, Davis, who is African American, was convicted and received death sentences. Both of the victims were white.

"Instead of punishing a person for the crime that was committed, today we punish people based on race," said Gabrielsen. Prosecutors have sole discretion in deciding when to seek the death penalty. They could decide to seek the death penalty in every case that involves an African-American defendant and a white victim, Gabrielsen said. "It almost seems as if prosecutors do not value black life."

On Davis's behalf, Schwartz will continue to make last-minute appeals that could save Davis or prolong what may be inevitable. Schwartz said he will also file an appeal based on the fact that Davis, who was hit by a truck when he was ten and is said to have suffered brain damage, should have been given a psychiatric evaluation. Young said he wanted to tell the jury about neurological problems the accident caused but Davis refused. "He is a very proud person and did not want people to think he was crazy," Young told *Illinois Times*. When asked why he did not want the evidence introduced, Davis told *Illinois Times* it would be like admitting to the crimes. "I was not about to bow down to this all-white jury and say I killed people because I had this accident when I was little." But Schwartz said the judge should have ordered a hearing based on the issue despite Davis's objection.

As the clock continues to tick and May 17 approaches, many people involved in the case continue to ask how an illiterate person could write, in longhand, a two-page note. Davis's only chance of survival may be clemency from Governor Jim Edgar. But given the governor's "get tough on crime" stance and his support of the death penalty, Davis may not have a chance. Though he says he doesn't believe that the execution will take place, Davis has made preparations for his body to be transported to the Department of Anatomy and Neurobiology at St. Louis University. "The body is just a shell to hold our spirit. Donating my body will allow others to have a chance at life." In the event the execution is carried out, Davis, who is now an ordained minister, said he is not fearful. "Death can be just like life. It is a blessing for those that know God."

Now, nearly sixteen years after his arrest following the armed robbery at the auto-parts store, Davis has made remarkable changes. He is the first to admit that prior to his arrest he made some mistakes. "Before I came here [Menard] I would describe myself as a human being with limited intelligence and no ambition to learn. I was subject to faults just like anyone else. At that time, I considered myself a nobody who was just trying to survive," Davis told *Illinois Times* last week. "But since I have been on death row I have grown educationally and spiritually." The once rough and streetwise illiterate kid who bought and sold stolen goods is now pleasant, congenial, and concerned about others. "Girvies could be the poster boy for rehabilitation," said Schwartz. "Right now I just want to give back to society," Davis said. "I want to reach others and let them know there is a better way than a life of crime. I want to

teach young people that they don't have to end up incarcerated. If I can't save myself, maybe I can save others. I don't want anyone to go through what I have been through."

Despite all the changes Davis has made, there is one aspect that remains the same. And that is bitterness towards a system which he believes has used him as a scapegoat.

In January, Davis filed an appeal with the

Illinois Supreme Court asking the court to order all jury members and those who took part in his arrest, investigation, prosecution, and sentencing to attend his execution. "Anyone involved in my execution should assume the responsibility," Davis said. He also asked the courts to order prosecutors and former Attorney General Roland Burns to take an active role in the execution and that Governor Edgar and several others be

ordered to attend the execution. In addition, Davis asked that his execution be televised in its entirety. Davis's appeal states since prosecutors, politicians, and police believe executions serve a purpose, then not only should prosecuting attorneys and police be eager to actively execute a defendant, but they should also be willing to televise the event.

In February, the Illinois Supreme Court denied Davis's requests. ■

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Exhibit  
1 1

MC-921 (1/72)

STATE OF ILLINOIS

YOUTH COMMISSION

NO FORMS

CLINICAL EVALUATION

SCREENING PSYCHOLOGICAL ..... Report

Name	WTS. GIRVIES	Number	69-4634	Date	5-16-69
Reason for Report		Born	1-5-58	Age	11-4

REASON FOR REFERRAL:

"Kicked an old lady, took her purse. Mother paid it back but I went to Court. Lady wasn't there. So Judge sent me up here on his own." Givies also reported that he "Broke in a place," "Stole something out of a store" and that he "Stole a bike."

PSYCHOLOGICAL TECHNIQUES:

Revised Beta  
House-Tree-Person  
High School Questionnaire

Bender Gestalt  
New Stanford Achievement  
Interview

BEHAVIORAL OBSERVATIONS:

Girvies is an 11 year old dark complexioned Negro, round faced, chubby (mildly obese), with several large front teeth that distort his appearance somewhat.

He was quite hyperactive during the interview and expressed concern for the F's he saw on his report card.

PERSONALITY ASSESSMENT:

One could easily get the impression that Girvies is a very primitive youth who has found a delinquent way of life that is pleasurable to him. He mentioned that he was "sorry" that he kicked the lady but his comments appeared shallow and it is assumed that he would not hesitate to do it again if he thought that he could obtain some goods.

His human figure drawings have the coloring of those of a 5 or 6 year old child and the connotation of their being disjointed raised the question of organicity. Thus, he is being referred for a psychiatric evaluation. Interestingly, his productions on the Graham Kendall were flowery, suggesting that his behavior could have been a manic type of behavioral pattern. They have had rather gross distortions.

Girvies will present a challenge to all those who attempt to discipline him.

He is presently functioning at a high borderline intellectual level, 78, with his academics at a 1.6 grade level. There appears to have been some deterioration through the years for Girvia was once given A grades but now they are essentially F's.

*Robert H. Brown*  
ROBERT H. BROWN  
PSYCHOLOGIST

RRB:em  
5-16-69



Exhibit  
12

IC-721 (172 11-59)

STATE OF ILLINOIS

YOUTH COMMISSION

CLINICAL EVALUATION

100 to pay  
of the

.....PSYCHIATRIC..... Report

Name	DAVIS, GIRVIES	Number	69-463M	Date	5-21-69
Reason for Report	Referral-Mr. Brown	Born		Age	

5-21-69: Girvies was referred for evaluation of possible organicity because of certain psychological test results. We do not yet have any background information at all and nothing is known about possible injuries or illnesses. His Revised Beta IQ is 78.

Girvies is a stocky little boy who was in good contact and cooperated well. He denied any serious illness, accidents, headaches or fainting spells. I found nothing to suspect organicity but if the history gives material to suspect it I would like to review it.

*M. W. Cherniak*  
Marianne W. Cherniak, M. D.  
Consulting Psychiatrist

MWC:dp  
5-21-69

Exhibit  
13

IVC-741 8172

STATE OF ILLINOIS  
DEPARTMENT OF CORRECTIONS - JUVENILE DIVISION  
CLINICAL EVALUATION  
Report  
Not to be released to any other person without the approval of the Dept of Corrections - Juvenile Division

PSYCHOLOGICAL

Name DAVIS, GIRVIES	Number 69-4631	Date 12-22-71
Reason for Report	Born 1-5-58	Age (14-0)

PRESENTING COMPLAINT:

Girvies was returned to the Department of Corrections primarily for re-evaluation. He arrived here as an RP and his status was changed to an ID effective 10-8-71. There are numerous previous offenses and the youth has been in the Illinois State Training School for boys previously. Girvies was on parole prior to his present return. The Psychological report was requested by the Family and Youth Counselor in order to facilitate placement in the Warren C Murray Childrens Center.

PSYCHOLOGICAL TECHNIQUES:

Wechsler Intelligence Scale for children, verbal I.Q. 75, performance I.Q. 83, Full Scale I.Q. 77, House-Tree-Person, Bender Visual-Motor Gestalt, Wagner's Hand test, diagnostic interview.

BEHAVIORAL OBSERVATION:

Throughout the testing session as well as the diagnostic interview, Girvies displayed much hyper-activity and constantly searched for distractions. Girvies communicated with this examiner using full sentences and his thought process was appropriate. Quite frequently the youth would break down and cry especially when discussing the home situation. It should be pointed out that this examiner has seen Girvies at least once a day since his return to the Reception and Diagnostic Center. Each of these other visits to the counselor's office was primarily an attempt on his part to receive recognition and help meet dependency needs. During the course of the interviews, Girvies' affect would change rapidly. He would go from somewhat happy-go-lucky to depressed moods. Girvies would be in a somewhat happy mood until a response was given by the examiner that the youth did not really want. That is, when the youth received answers that were not in line with what he felt or wanted, his affect would change to one of sullenness and depression. In the group, his behavior was also observed. He frequently antagonizes others and has had numerous fights of a minor scale since he has been here. The youth supervisors here indicate that he is constantly searching for their attention. Girvies has had various jobs here at the Reception and Diagnostic Center but because of his hyper-activeness, etc, he was unable to keep them.

CLINICAL EVALUATION:

The current psychological tests indicate that Girvies' is functioning within the borderline to a dull normal range of intelligence. The Wechsler Intelligence Scale for children administered here at the Reception Center yielded I.Q. scores of: 75 verbal, 83 performance, and 77 full scale. The youth's weakest points were in areas of academically relating material. Somewhat higher scores were received on sub-tests measuring the youth's wrote memory as well as abstract thinking. Girvies did extremely well on sub-tests measuring visual alertness and ability to duplicate symbols. It appears that Girvies has a stronger potential for abstract concepts. Yet Girvies has difficulty converting these abstract concepts into common expression. Other psychological tests point up such personality characteristics as immatur-

STATE OF ILLINOIS  
DEPARTMENT OF CORRECTIONS - JUVENILE DIVISION

CLINICAL EVALUATION

PSYCHOLOGICAL ~~Report~~ ~~of the Dept.~~

Name	DAVIS, GIRVIES	Date	12-22-71
Reason for Report	of Corrections - Juvenile Division	Born	69-4634
		Age	

-2-

ity and a good deal of aversiveness. Girvies appeared to have difficulty establishing lasting interpersonal relations with others and when he attempts to form relationships, it is primarily for the purpose of satisfying unmet dependency needs. Once Girvies feels that the other person is not helping meet his needs, he will become somewhat ambivalent in his relationship. The psychological tests also indicated a possibility of an organic brain dysfunction; however the youth was seen previously by the staff psychiatrist who felt that organicity was not a factor. However it appears that the youth has not progressed from previous reports and as a result, this examiner will re-refer the youth for a psychiatric evaluation.

RECOMMENDATIONS:

In accordance with the requests made by the family and youth counselor, this examiner agrees that the youth would benefit from a sheltered setting such as the Warren G. Murray's Center in Centralis, Illinois. It is felt that Girvies will have much difficulty functioning in a regular class setting and some type of "special education" would be beneficial. It was difficult to do a complete battery on the youth as his hyper-activeness frequently became a factor. However previous reports indicate that his academic functioning is somewhere in the lower elementary grade level possibly grades 1 or 2. Also Girvies is a very dependent individual and techniques to help reduce his attention getting mechanisms should be considered. Such techniques might be ignoring his attention getting behavior and reinforcing him when he is positive behavior. This examiner had attempted such techniques and saw some progress. The examiner also indicated to the youth that a certain time of the day, initially for approximately 30 to 40 minutes, would be devoted primarily to him. This time was gradually reduced. In conclusion, this examiner is in agreement with the request made by the supervisor of district 7, Mr. Kenneth A. Wells for placement in the Warren G. Murray's Children Center. Mr. Wells will forward this report onto Mrs. Wilmanette McReynolds of the St. Clair - Monroe County's sub-zone office, East St. Louis, Illinois for staffing.

Kenneth C. Spajer  
Psychologist I

KCS:kg

12-23-71

Exhibit  
14

DEPARTMENT OF CORRECTIONS  
NEW YORK STATE  
JUVENILE DIVISION

CLINICAL EVALUATION

PSYCHIATRIC Report

Name	DAVIS, GIRVIES	Number	69-4631	Date	12-22-71
Reason for Report	Referral by Mr. K. Spajer	Born		Age	

12-22-71: I saw Girvies on 5-21-69 and asked that he be referred again if more suspicion of organicity would arise (which I did not find at that time.) This is being done now because of strong organic signs on psychological testing and hyperactivity. The history gave no indication of serious illness or head injuries; he is described as "retarded" and having a speech defect.

Girvies recognized me and was cooperative and oriented. Today he told me that he used to have headaches (occipital) which usually were relieved by Aspirin. He still has them occasionally but they are getting less frequent. He has never fainted and has never been knocked unconscious.

The EEG request which I have made out should in no way interfere with the further disposition of his case.

MARIANNE W. CHERMAK, M.D.  
CONSULTING PSYCHIATRIST

MWC:em  
12-22-71

Exhibit  
15



E E G REPORT

DEPARTMENT OF CORRECTIONS

Adult Reception & Diagnostic Services

NO.: 69-4692 NAME: DAVIS, Jerries REG NO.: 71-424 DEC. 27, 1971  
AGE: 15 SEX: Male RACE: Negro PERIPHERAL DOMINANCE: Right  
REFERRED BY: H.W. Chermak, M.D./Psychiatrist; Juvenile Division of the Illinois Department of Corrections.

**BRIEF HISTORY:** This student was referred because of headaches and a past history of head injury and psychological evidence of organicity. There is also hyperactivity. The patient describes his headaches as "not bad," diffuse and mild pounding. The head injury was at the age of 10 while he was hit by a truck while riding a bicycle. There was a short unconscious period and he was hospitalized for one day for a leg injury.

E E G REPORT:

**Frequency:** Quite dysrhythmic record, very little alpha during awake.

**Fast** : There is considerable fast activity in frequencies ranging from 18 to 22 per sec. to some scattered bursts of 30 per sec. activity predominantly in the anterior leads and more predominantly in the frontal leads.

**Slow** : There is scattered 6-8 per sec. slow activity throughout the record in all leads. There is considerable high voltage 4-6 per sec. slow waves shifting from right to left in the anterior leads (frontal & anterior temporal). Some of this slow activity is accompanied by a spike such that there is characteristic spike slow waves but of shifting nature rather than focal.

**Voltage** : Average.

**Spiking** : Moderate amount of spiking occurring generally with the slow waves but some spiking in the anterior leads appearing independently, but not consistently in any focal area.

**Focal** : No reliable focus.

**Other** : Spontaneous sleep obtained with accentuation of the above abnormalities except for the rare fast activity which drops out in deep sleep. There is no build-up with hyperventilation, photic or auditory stimulation.

**INTERPRETATION** Grossly abnormal EEG with shifting spike slow waves and spiking activity in the anterior leads, particularly frontal, temporal. There is also fast activity in varied frequencies. This record is not commonly seen associated with grand mal epilepsy but is a record that would correlate with behavioral disorders.

**RECOMMENDATION** Recently the undersigned has been having some unusual and seemingly successful results with the use of Valium in similar cases if the behavioral component is clinically present. However, I have also observed that these individuals are quite sensitive to Valium such that a 10mg. dosage t.i.d. or q.i.d. is too much and causes the individual to be quite atactic with slurred speech etc. However if the lesser dosage (5mg.) is given, it appears that these individuals benefit considerably. This has been the undersigned's experience. I would greatly appreciate a more objective approach by another clinician to this response to Valium. Otherwise I would recommend that the individual be repeated for EEG in about 6 mos. with further clinical information submitted concomitantly with the test.

Technician: Stombaugh  
12/28/71 ghh

Electroencephalographer: F.M. Lorimer, M.D.

Exhibit  
16

ITC 721 E172

STATE OF ILLINOIS

DEPARTMENT OF CORRECTIONS

CLINICAL EVALUATION

SUPPLEMENTAL PSYCHIATRIC

Report

Name DAVIS, CHARLES	Number 69-453X	Date 1-5-72
Reason for Report	Born	Age

The EEG shows gross abnormalities. Suggest starting with Valium 2 mg bid and 5 mg at bedtime.

C

MARIANNE J. GIBBONS, M.D.  
CONSULTING PSYCHIATRIST

MS-C125

1-5-72

Exhibit  
17

DECLARATION OF OZELLA SMITH

Pursuant to 28 U.S.C. § 1746, Ozella Smith submits the following declaration:

1. I am 57 years of age. Girvies Davis is my son.
2. Girvies has seven brothers and sisters. He is the oldest boy in the family.
3. Girvies was one of 4 of my children fathered by Girvies L. Davis, Sr., with whom I lived for a number of years but to whom I was never married.
4. During Girvies' youth, his home life was unsettled:
  - a) When Girvies was born he, I and my two oldest children were living in a condemned tenement in East St. Louis.
  - b) During the early years of Girvies' life, I moved my family every few months, often being required to keep them in very small apartments. Over the years, as the family continued to grow, we would continue to move every 2 to 3 years.
  - c) Our family was very poor and basically survived on Public Aid. Girvies' father was employed as a night watchman but really did not contribute to the support of the family.

d) Throughout the time that I was growing up, I and my 8 children lived together. I did not work and other than Public Aid had no income.

e) When Girvies was about 7 or 8 years old, I separated from his father and shortly after that married Dwight Smith.

f) Despite the fact that Girvies' father and I were "separated" and I had remarried, Girvies' father would continually come and sleep on the front porch of the house, eat meals with us and act as if nothing had changed.

g) Girvies loved and felt very close to his father. However, Girvies' father was an alcoholic who never really disciplined his children. Ordinarily, Girvies' father, who was a night watchman, would return home from work early in the morning, would immediately begin drinking and would then go to bed to "sleep it off" before he went back to work.

h) Girvies' father died when Girvies was 13 years old.

i) Girvies never accepted my relationship with my husband, Dwight Smith and Mr. Smith never attempted to discipline any of my children.

j) A number of my children, including Girvies, began drinking alcohol in their early

teenage years and I made no real effort to stop them. Some of them became alcoholics.

5. As a youth, Girvies had physical problems which caused him pain and embarrassment and which subjected him to ridicule by other children:

a) From the time he was very young, Girvies suffered from a severe rash. The rash has stayed with him virtually his whole life. The rash would frequently break into open sores. Often Girvies would start scratching his arms and legs uncontrollably using his fingernails, knives or other sharp instruments. The scratching in turn would cause his arms and legs to bleed.

b) As a child, Girvies was obese, with enlarged breasts for a male.

c) Girvies' obesity and his rash caused him to be ridiculed by children of his own age.

6. When Girvies was about ten years of age, he was hit by a truck while playing and suffered a severe head injury.

7. Girvies was a very troubled youth:

a) Girvies never really completed a grade school education. He was a discipline problem for his teachers, and he did not attend grade school classes regularly.

b) Girvies began getting in trouble with the police for theft, and the like, when he was 6 or 7 years old.

c) When Girvies was 11 years old, he was arrested for purse snatching and sent to the St. Charles Home for Boys. He was there on and off for the next 3 or 4 years. I have been told that Girvies was one of the youngest boys ever sent to St. Charles.

d) While he was growing up, Girvies spent a lot of time in youth detention homes and "halfway houses."

e) I believed that Girvies suffered from some kind of mental problem. From his youth, he experienced violent mood swings. From the time he was about 12 years old, I periodically took him to mental health treatment facilities in East St. Louis and St. Louis in an effort to get him help. I was once advised by the doctors that he should be institutionalized but I did not do that and instead took him home.

f) It seemed to me that as Girvies was growing up he tried to be the father figure, which the family really didn't have, but that he was too young and not mentally able to perform that role. His inability obviously frustrated him and caused



him to be in almost constant conflict with me and his brothers and sisters.

g) Girvies often expressed frustration to me over his inability to find work and to provide for the family.

h) Girvies was never a member of a street gang. However, because he was shunned by children his own age and because he was big for his age, while still just a young teenager, he began hanging around with and was influenced by unemployed adults who spent much of their time gambling.

8. I feel that in many ways I failed Girvies by not disciplining him as a child and by not making him complete his schooling. I also believe that he suffers from a mental disability which was never effectively dealt with by the various doctors who saw him.

9. I do not believe that Girvies is simply a bad person, who is beyond help or hope, for example:

a) While he was a youth, we lived for a time next door to an elderly white woman. I recall that Girvies protected that woman from racially motivated attacks by others in the neighborhood.

b) I know that Girvies tried to find regular work, including making an effort to join the army, but that his police record and his lack of education blocked those efforts. His inability

to find work and change his life often caused him to cry out of frustration.

10. Had I been called as a witness at the death penalty hearing, I would have asked that the jury take account of Girvies' mental condition, his lack of education, the absence of a good male role model and his lack of a stable upbringing and that they spare his life.

11. I declare under penalty of perjury that the foregoing is true and correct.

Executed on  
August 15, 1989


  
Ozella Smith

Exhibit  
18

HC-711 (11-72)

STATE OF ILLINOIS

~~DEPARTMENT OF CORRECTIONS~~  
DEPARTMENT OF CORRECTIONS - JUVENILE DIVISION

### CLINICAL EVALUATION

PSYCHIATRIC

Report

Name	DAVIS, GIRVIES	Number	69-463M	Date	8-21-72
Reason for Report	Referred by: Robert OTIS Schmidt	Born		Age	

8/21/72: I saw Girvies several times in the past. His Revised Beta I.Q. is 78 and his EKG of December 1971 was grossly abnormal. (It is of interest to note that the consultant described the changes to less in keeping with grand Mal epilepsy than with behavioral disorders.) Medication was prescribed. He is returned because of physical threats to mother with a brick and actually hitting his sister over the head with a broom handle. The parole agent, who has worked with this family for a long time, reports that he attempted to place the boy at the Warren G. Murray Children's Center, but apparently they did not feel this to be indicated.

Girvies recognized me and tried to be polite and acted like a "gentleman". Orientation and memory were unimpaired. He seemed much more hyperactive than previously and hardly could sit still. He said he took the medication regularly until he ran out of it. There are no headaches now. He claimed emphatically that he would never actually have struck his mother although he admitted threatening her; He said he was sorry afterwards when he learned that lack of money was the reason for not buying him the mini-bike. (This is, of course most unlikely since mother certainly told him the reason.) He gave the impression that he feels all is forgotten if he says he is sorry.

I suggest starting him (in addition to the Valium) on Dilantin grain 1 1/2 bid. (To be adjusted according to his response). While I certainly would not object to a transfer to the Children's Center I am not sure if he qualifies for that place in view of the organic component and intellectual retardation. If he does, attention should also be paid to his reported over-eating and increasing obesity.

C

MARIANNE W. CHERMAK, M.D.  
CONSULTING PSYCHIATRIST

MC:kg

Exhibit  
19

IVC 721 E172

STATE OF ILLINOIS  
DEPARTMENT OF CORRECTIONS

CLINICAL EVALUATION  
PSYCHIATRIC

Report

Name	Davis, Girvies	Number	69-463M	Date	10/29/72
Reason for Report	Psychiatric Examination	Born	1/5/58	Age	

This youngster displays all of the classical stigmata usually associated with organicity. He is emotionally volatile, displays markedly defective insight and judgement, and, indeed, shows some evidence of disorientation as to time, since he is uncertain as to the length of time he has been in the Department of Corrections, or, for that matter, such elementary things as his birthday, tend to elude him. Sensorium is defective, as demonstrated by poor ability to calculate and a markedly defective fund of knowledge. On memory tests, such as Number Sequence and Word Recall, he displays an almost complete ineptitude. The history on this youngster is that he has had frequent episodes of headache and received a severe injury to his head at the age of ten when he was hit by a truck. In December, 1971, he received an electro-encephalogram which revealed gross abnormality with shifting spike slow waves and spiking activity in the anterior leads. In addition, Girvies has been acting out to a great extent, including such things as threatening his mother and actually striking his sister over the head with a broom. He is quite hyperactive during the examination: finds it quite difficult to hold still long enough to go through the process. In addition, Girvies is intellectually limited, as indicated by his I.Q. which apparently runs under 80. The diagnosis is, "Non-psychotic organic brain syndrome, associated with cerebral trauma."

It is obvious to me that Girvies cannot function without anti-convulsant control and, accordingly, I'm prescribing dilantin for him, grns., 1 1/2, to be given at a T.I.D. level. I would suggest that we maintain the youngster on this medication for a two-month period of time, after which I want to re-evaluate him once more to see if stabilization has occurred.

*Marvin C. Ziporyn*  
Marvin C. Ziporyn, M.D.  
Psychiatrist

MCZ:rl

Exhibit  
20

DECLARATION OF MARVIN C. ZIPORYN, M.D.

Pursuant to 28 U.S.C. ¶ 1746, Marvin C. Ziporyn, M.D., submits the following declaration:

1. I am a practicing psychiatrist, licensed in the States of Illinois, California and Indiana. I am presently engaged in the private practice of psychiatry in Chicago, Illinois, and am also employed as the Chief Psychiatrist at the Riverside County Jail in Indio, California. Attached as Exhibit A to this Declaration is a copy of my curriculum vitae.

2. I have been practicing medicine since 1948, and have been practicing psychiatry since completing my residency at the Illinois State Psychiatric Institute in 1958. From 1965-1984, I was the Chief Psychiatrist at the Illinois State Training School for Boys, Illinois Department of Corrections, St. Charles, Illinois. In addition, I was employed as a consultant to the Illinois State Department of Corrections during the years 1965-1985.

3. During the period of my employment by the Illinois State Department of Corrections, I examined and evaluated many youths within the Department of Corrections system, including the petitioner, Girvies L. Davis. My first examination of Mr. Davis occurred on October 29, 1972, when he was 14 years of age. That examination disclosed that he displayed all of the classical stigmata usually associated with an organic brain disorder. An organic disorder refers to a situation where the brain has suffered actual physical



damage. I also observed that Mr. Davis displayed defective sensorium, emotional volatility, defective insight and judgment, and disorientation as to time. I also reviewed his prior medical records, which included the results of a previously administered EEG showing gross abnormality and showing that he had an I.Q. running under 80.

4. As a result of my initial examination of Mr. Davis, I diagnosed him as having non-psychotic organic brain syndrome associated with cerebral trauma, apparently as the result of his being hit by a truck when he was 10 years old. I concluded that Mr. Davis could not function without anti-convulsant control, and I prescribed the anti-convulsant medication dilantin. A true and correct copy of my report concerning my initial examination of Mr. Davis is attached to this Declaration as Exhibit B.

5. Subsequently, I examined Mr. Davis on January 8, 1973. At that time, I noted that Mr. Davis had made about as good a response as could be expected considering the severe nature of his disability. I again noted Mr. Davis' disorientation as to time, and recommended that he continue to receive out-patient treatment and medication for his condition. A true and correct copy of my report of January 8, 1973 is attached to this Declaration as Exhibit C.

6. In addition to the two reports that I prepared in connection with my psychiatric examinations and evaluations of Mr. Davis, I have reviewed various records

concerning the history of Mr. Davis' mental health condition and treatment. Specifically, I have reviewed records from the Illinois State Department of Corrections, the Christian Welfare Hospital, the Mental Health Center of St. Clair County, Barnes Hospital, Alton State Hospital, and St. Louis Children's Hospital. I have also reviewed a copy of Mr. Davis' habeas corpus petition.

7. Among the medical reports that I have reviewed is an EEG Report prepared by the Illinois State Department of Corrections on December 28, 1971. This report concludes that Mr. Davis had a grossly abnormal EEG that would correlate with behavioral disorders. The report also refers to Mr. Davis' psychological history of organicity. A copy of this report is attached to this Declaration as Exhibit D.

8. The records of the Department of Corrections also indicate that an EEG performed in 1975 by Dr. Lam, a neuro-psychologist, indicated some organicity. See Memorandum attached to this Declaration as Exhibit E.

9. I also reviewed the reports of Bonita Andrews, psychologist, Dr. V.J. Thomas, and Dr. Philip Dennis, medical director, of the Mental Health Center of St. Clair County. The report contains a diagnosis of Mr. Davis as borderline mentally retarded with episodic emotional dyscontrol syndrome, convulsive disorder, and depressive reaction. Copies of these reports are attached to this Declaration as Exhibit F.

10. Based on my prior examinations of Mr. Davis and my review of Mr. Davis' mental health records, it is my opinion that Mr. Davis suffers from an organic brain disorder, dating from his childhood. As a result of this disorder, Mr. Davis would suffer severe mood swings, disorientation, and emotional volatility. In addition, Mr. Davis has a very low I.Q., bordering on mental retardation.

11. Based on my examination of Mr. Davis and my review of his medical records, it is my professional opinion that Mr. Davis' judgment is impaired, that he was not capable of understanding and appreciating the nature of the sentencing proceedings by which he was sentenced to die, and was not capable of making an informed and rational decision about whether to allow his counsel to present evidence to the jury concerning Mr. Davis' history of mental health treatment or to otherwise assist in the defense at the sentencing stage.

12. In my opinion, the condition from which Mr. Davis suffers is such that he would have been under the influence of an extreme mental or emotional disturbance at the time of the Biebel killing and that the facts of his condition and mental health history constitute compelling evidence in mitigation that are relevant to a fair and individualized determination of the appropriate sentence that Mr. Davis should have received.

13. My professional opinion, based on my examinations of Mr. Davis and my review of Mr. Davis' mental health records, is that Mr. Davis suffers from an extreme mental and emotional disturbance and is borderline mentally retarded. Based on these factors, it is my professional judgment that Mr. Davis is not an appropriate candidate for the death penalty.

14. I was never interviewed by Mr. Davis' trial attorney concerning my examinations and findings and in fact was never even contacted by him. Had I been contacted and asked to do so, I would have testified at Mr. Davis' sentencing hearing concerning my psychiatric examination and evaluation of Mr. Davis and the mitigating effect his condition should have brought to bear in the sentencing determination.

15. I declare under penalty of perjury that the foregoing is true and correct.

Marvin C. Ziporyn M.D.  
Marvin C. Ziporyn, M.D.

Dated: May 25 1990

JDS00552.AFF

MARVIN C. ZIPORYN, M. D.

Vital Statistics

Born: 9/26/22, New York, N. Y.  
Residence: 8922 Ewing, Evanston, Illinois 60203, since 1967  
Marital Status: Married to Charlotte Ziporyn since 1956  
Children: Three, all adults.

Education

Northwestern University, B. S., 1942  
Chicago Medical School, B. M., 1946  
Chicago Medical School, M. D. 1948

Internship

Jamaica Hospital, Jamaica, L. I. N. Y., 1946

Residency

Illinois State Psychiatric Institute, 1955-58 (Primus Alumnus)

Licensure

Illinois (1948); California (1958); Indiana (1985)

Professional Experience

1. Senior Assistant Surgeon, USPHS, 1948-1951
2. Chief Medical Officer, U. S. Maritime Service, Alameda, Calif., 1948-50
3. Laboratory Director, U. S. Marine Hospital, Ft. Stanton, N. Mex, 1950-51
4. Ass't Medical Director, Armour Laboratories, 1951-53
5. Director, Clinical Research, J. B. Roerig Co., 1954-55
6. Staff Psychiatrist, Psychiatric Institute, Municipal Ct. of Chicago, 1958-59
7. Consultant, Department of Mental Health, State of Illinois, 1959-61
8. Staff Psychiatrist, Cook County Hospital, Chicago, 1961-65
9. Chief Psychiatrist, Cook County Jail, Chicago, 1965-67
10. Chief Psychiatrist, Illinois State Training School for Boys, Illinois Department of Corrections, St. Charles, Illinois, 1965-1984.
11. Consultant, Illinois State Department of Corrections, 1965-85
12. Private Practice of Psychiatry, Chicago, Illinois, 1958 to present
13. Administrator of Forensic Services, Southlake MHC, Merrillville, Indiana, 1985-1986
14. Examining Psychiatrist, Dept. of Rehabilitation Services (Social Security Eligibility.) 1986-1988
15. Chief Psychiatrist, Riverside County Jail, Indio, California

Teaching

1. Associate in Psychiatry, Chicago Medical School, 1958-62
2. Director, Residency Training Program, Chicago Medical School, 1960-61
3. Assistant Clinical Professor of Psychiatry, University of Illinois, 1962-64
4. Lecturer in Psychology, Northeastern Illinois State University, 1972
5. Adjunct Professor, Department of Criminal Justice, University of Illinois, Chicago Circle Campus, 1985-present

Honors, Appointments, Memberships, etc.

1. Board Eligible, American Board of Psychiatry, 1970
2. Illinois State Psychiatric Society
3. American Psychiatric Assn.
4. American Association of Medical Colleges
5. Psychiatric Consultant, British West Indies
6. Fellow, American College of Forensic Psychiatry

Publications

- A. Books:
1. "Born to Raise Hell", Grove Press, 1967, Republished, 1984, as "Speck", Hallberg Press.
- B. General Medicine
1. "Modern Management of the Common Cold", Medical Times, 5/50
  2. "Treatment of Peptic Ulcer", Annals of Western Medicine & Surgery, 8/50
- C. Psychiatry:
1. "Effective Management of Delirium Tremens", Applied Therapeutics, 2/63
  2. "The Use of Fluphenazine in Acute Functional Psychosis" Journal of Neuropsychiatry, 6/64
  3. "Punishment"—Journal of American College of Forensic Psychiatry, 1984

ITC 721 8172

STATE OF ILLINOIS  
DEPARTMENT OF CORRECTIONS

CLINICAL EVALUATION  
PSYCHIATRIC

Report

Name	Davis, Girvies	Number	69-463M	Date	10/29/72
Reason for Report	Psychiatric Examination	Born	1/5/58	Age	

This youngster displays all of the classical stigmata usually associated with organicity. He is emotionally volatile, displays markedly defective insight and judgement, and, indeed, shows some evidence of disorientation as to time, since he is uncertain as to the length of time he has been in the Department of Corrections, or, for that matter, such elementary things as his birthday, tend to elude him. Sensorium is defective, as demonstrated by poor ability to calculate and a markedly defective fund of knowledge. On memory tests, such as Number Sequence and Word Recall, he displays an almost complete ineptitude. The history on this youngster is that he has had frequent episodes of headache and received a severe injury to his head at the age of ten when he was hit by a truck. In December, 1971, he received an electro-encephalogram which revealed gross abnormality with shifting spike slow waves and spiking activity in the anterior leads. In addition, Girvies has been acting out to a great extent, including such things as threatening his mother and actually striking his sister over the head with a broom. He is quite hyperactive during the examination - finds it quite difficult to hold still long enough to go through the process. In addition, Girvies is intellectually limited, as indicated by his I.Q. which apparently runs under 80. The diagnosis is, "Non-psychotic organic brain syndrome, associated with cerebral trauma."

It is obvious to me that Girvies cannot function without anti-convulsant control and, accordingly, I'm prescribing dilantin for him, grns., 1 1/2, to be given at a T.I.D. level. I would suggest that we maintain the youngster on this medication for a two-month period of time, after which I want to re-evaluate him once more to see if stabilization has occurred.

*Marvin C. Ziporyn*  
Marvin C. Ziporyn, M.D.  
Psychiatrist

MCZ:rl

MC-721 (1-72)

STATE OF ILLINOIS  
YOUTH COMMISSION

*Stromstad  
Davis*

CLINICAL EVALUATION

Psychiatric

Report

Name	DAVIS, Gervies	Number	69-463M	Date	1/8/73
Reason for Report	Psychiatric Evaluation	Born	1/5/58	Age	

This boy has made about as good a response as could be expected considering the severe nature of his disability. It should be noted that today's examination takes place on the 8th of January. The 5th of January is the boy's birthday, when he turned fifteen years old and yet he was unable to tell me that he had passed his fifteenth birthday since a) he was unaware of what date it was, and b) he was not aware of the date and the month.

As I said in October this boy has an almost complete ineptitude and all we can accomplish is to give some kind of anti-convulsive medication for stabilization. Apparently we have done that with the Dilantin that I prescribed for him and there is nothing else that we can do for him in this institution. Further control should be done by an out-patient facility. I would, therefore, recommend that Gervies be allowed to return home with the mandatory provision that he be placed under the supervision of a local physician or mental health facility which will continue to see him on a regular monthly basis and regulate his medication as reported.

*Marvin C. Ziporyn*  
Marvin C. Ziporyn, M.D.  
Psychiatrist

MCZ:rr

MENTAL HEALTH CENTER OF ST. CLAIR COUNTY  
1-11-4011 State Street  
East St. Louis, Illinois 62205

NAME: [Redacted]

RESIDENTIAL COUNSELOR  
OFFICE OF VOCATIONAL REHABILITATION  
1000 W. LUTHER KING DR.  
SPRINGFIELD, ILLINOIS 62201

RE: Girvies Davis

REASON FOR ADMISSION: Stealing plus verbally and physically abusive to  
other family members.

DATE OF ADMISSION: 4-25-72; Readmission - 3-15-77

PRESENT SYMPTOMS: Client's affect is generally flat. He is emotionally  
flat and displays markedly defective insight and judgment. His  
intellectual knowledge is extremely limited and he sometimes shows dis-  
orientation as to time.

PREVIOUS DIAGNOSIS: Mental Retardation Border- DATE 3-17-77

ADDITIONAL DIAGNOSIS: Bipolar with Episodic Emotional Dyscontrol DATE

ADDITIONAL DIAGNOSIS: DATE

ADDITIONAL DIAGNOSIS: Depressive Disorder DATE 3-17-77

ADDITIONAL DIAGNOSIS: Depressive Reaction DATE 3-17-77

NOTE: Client has been seen in individual therapy three times since  
last readmitted to clinic. He has failed to keep several appointments.

During therapy sessions he is usually resistant to efforts by therapist  
(see reverse side)

DATE: 10-13-77

(SIGNED) [Signature]  
Bonita Andrews/ Psychologist  
MEDICAL DIRECTOR  
Philip H. Dennis, M.D.

*Handwritten initials*



E E G REPORT  
DEPARTMENT OF CORRECTIONS

Adult Reception & Diagnostic Services

NO.: 69-4002

NAME: DAVIS, Jerries

REC. NO.: 71-424 DEC. 27, 1971

AGE: 13

SEX: Male RACE: Negro

PREDOMINANT DOMINANCE: Right

REFERRED BY: H.W. Chermak, M.D./Psychiatrist; Juvenile Division of the Illinois Department of Corrections.

BRIEF HISTORY: This student was referred because of headaches and a past history of head injury and psychological evidence of organicity. There is also hyperactivity. The patient describes his headaches as "not bad," diffuse and mild pounding. The head injury was at the age of 10 while he was hit by a truck while riding a bicycle. There was a short unconscious period and he was hospitalized for one day for a leg injury.

E E G REPORT:

Frequency: Quite dysrhythmic record, very little alpha during awake.

Fast : There is considerable fast activity in frequencies ranging from 18 to 22 per sec. to some scattered bursts of 30 per sec. activity predominantly in the anterior leads and more predominantly in the frontal leads.

Slow : There is scattered 6-8 per sec. slow activity throughout the record in all leads. There is considerable high voltage 4-6 per sec. slow waves shifting from right to left in the anterior leads (frontal & anterior temporal). Some of this slow activity is accompanied by a spike such that there is characteristic spike slow waves but of shifting nature rather than focal.

Voltage : Average.

Spiking : Moderate amount of spiking occurring generally with the slow waves but some spiking in the anterior leads appearing independently, but not consistently in any focal area.

Focal : No reliable focus.

Other : Spontaneous sleep obtained with accentuation of the above abnormalities except for the rare fast activity which drops out in deep sleep. There is no build-up with hyperventilation, photic or auditory stimulation.

INTERPRETATION Grossly abnormal EEG with shifting spike slow waves and spiking activity in the anterior leads, particularly frontal, temporal. There is also fast activity in varied frequencies. This record is not commonly seen associated with grand mal epilepsy but is a record that would correlate with behavioral disorders.

RECOMMENDATION Recently the undersigned has been having some unusual and seemingly successful results with the use of Valium in similar cases if the behavioral component is clinically present. However, I have also observed that these individuals are quite sensitive to Valium such that a 10mg. dosage t.i.d. or q.i.d. is too much and causes the individual to be quite atactic with slurred speech etc. However if the lesser dosage (5mg.) is given, it appears that these individuals benefit considerably. This has been the undersigned's experience. I would greatly appreciate a more objective approach by another clinician to this response to Valium. Otherwise I would recommend that the individual be repeated for EEG in about 6 mos. with further clinical information submitted concomitantly with the test.

Technician: Stombaugh  
12/28/71 ghh

Electroencephalographer: F.P. Lorimer, P.D.

STATE OF ILLINOIS  
DEPARTMENT OF CORRECTIONS

JUVENILE DIVISION

# MEMORANDUM

Date: January 13, 1975

Distribution: Mr. Bach, Pere Marquette,  
Mr. Wells, Mr. Criswell, File

To: Parole and Pardon Board

From: Jacqueline Settles, Team Leader "B"  
East St. Louis

Subject: DAVIS, GIRVIES  
DCM: Y-69-0463

On November 21, 1974 Girvies Davis was given a thirty (30) day extension to his parole, per team request, via a telephone conversation between Bill L. Criswell and Mr. Walter Klumak. At the time of this request for an extension, it was deemed the most equitable and reasonable request based upon his time spent in the institution pending revocation and his adjustment. Upon completion of his programming at Illinois Youth Center - Pere Marquette, Girvies was scheduled to return to the community in an educational-work program. Given that the community is the place where his problem originated, it appears most feasible that this is the area where he must begin dealing with them.

The youth started his program on schedule but on December 13, 1974 he accidentally wounded a restaurant patron during an altercation with some other youths. Girvies gave the following account: On the aforementioned date he was verbally assaulted while in a local restaurant - at this time, recognizing his inability to handle the assaulters, he obtained a gun from a vehicle he had previously occupied, and he fired a shot, wounding a bystander. It is recognized that Girvies, having completed a minimum of thirty-five (35) days at Pere Marquette, was entitled to a furlough home. Since the shooting incident, Girvies has been detained at the Illinois Youth Center - Pere Marquette, and has adjusted very good.

On January 3, 1975 Girvies was seen by Dr. Lam, a neuro-psychiatrist, and at that time an E.E.G. was given, which indicated some organicity. Medication was prescribed as part of his treatment, and further reports from Dr. Lam will be forthcoming.

It is the recommendation of the team that this youth be permitted to remain at the Illinois Youth Center - Pere Marquette, under his present treatment program, and staffed toward community placement based upon his clinical evaluation from Dr. Lam and availability of out-patient programming in the community.

*Jacqueline Settles*  
Jacqueline Settles, Team Leader "B"  
Field and Advocacy Services Unit

*Bill L. Criswell*  
Bill L. Criswell, Assistant Coordinator  
Field and Advocacy Services Unit  
Southern Correctional Region

BLC:bla

DIAGNOSTIC REPORT

NAME: DAVIS, J. J.  
DATE OF BIRTH: 3-17-77  
DATE OF INTAKE: 3-17-77  
WARD: 111111

IDENTIFYING DATA

James Davis is a nineteen year old, male seen in psychiatric clinic on 3-17-77. The patient has been here for a period of one year. However, the old chart could not be located.

PRESENT PROBLEMS

The patient was brought here by the mother because that he is very nervous and that he is suffering from seizure disorder. He is in pre-trial for burglary. He said he had been in jail recently for violent behavior at home towards the mother and destroying property in the house. He said the last seizure was about three months ago. He admitted to being nervous but would not elicit more.

For details of history please refer to the old record when available and also to the intake summary.

MENTAL STATUS

The patient looks about the same as his stated age of nineteen. He is quite defensive and has difficulty in making eye contact. He is also very irritable and appears somewhat hostile. He does not talk spontaneously or answers questions adequately and has to be pushed to get answers. There is moderately high levels of anxiety both somatic and psychic. The impulse control is very poor. He has a tendency to become combative and violent and mild frustrations whenever his needs are not met. There are no psychotic symptoms at this time. He seems to be functioning at the borderline range of intelligence or probably the level of mild mental retardation. Because of his defensiveness and irritability, no attempt was made to assess his intellectual functions. Insight is poor.

DIAGNOSIS

1. Mental Retardation, Borderline Type with Episodic Emotional Dyscontrol Syndrome.
2. Convulsive Disorder, Etiopathic *Drugs*
3. *Depressive Reaction*

RECOMMENDATION

Since we do not have the old record we should try to assess his intellectual functions by a battery of psychological tests. Should also try to obtain medical records from Dr. Lam in St. Louis who was treating him for his seizure disorders. In the meantime the following medications were prescribed: Dilantin 100 mg. three times a day 50 capsules; Mellaril 50 mg. three times a day 50 tablets. The next appointment is in two weeks.

Exhibit F

*V. J. Thomas*  
V. J. THOMAS, MD

Exhibit  
21

STATE OF ILLINOIS  
DEPARTMENT OF CORRECTIONS

JUVENILE DIVISION

## MEMORANDUM

Date: January 13, 1975

Distribution: Mr. Rich, Para Marquette,  
Mr. Wells, Mr. Criswell, File

To: Parole and Pardon Board

From: Jacqueline Settles, Team Leader "B"  
East St. Louis

Subject: DAVIS, GIRVIES  
DCJ#: Y-69-0463

On November 21, 1974 Girvies Davis was given a thirty (30) day extension to his parole, per team request, via a telephone conversation between Bill L. Criswell and Mr. Walter Klimak. At the time of this request for an extension, it was deemed the most equitable and reasonable request based upon his time spent in the institution pending revocation and his adjustment. Upon completion of his programming at Illinois Youth Center - Para Marquette, Girvies was scheduled to return to the community in an educational-work program. Given that the community is the place where his problem originated, it appears most feasible that this is the area where he must begin dealing with them.

The youth started his program on schedule but on December 15, 1974 he accidentally wounded a restaurant patron during an altercation with some other youths. Girvies gave the following account: On the aforementioned date he was verbally assaulted while in a local restaurant - at this time, recognizing his inability to handle the accusers, he obtained a gun from a vehicle he had previously occupied, and he fired a shot, wounding a bystander. It is recognized that Girvies, having completed a minimum of thirty-five (35) days at Para Marquette, was entitled to a furlough home. Since the shooting incident, Girvies has been detained at the Illinois Youth Center - Para Marquette, and has adjusted very good.

On January 3, 1975 Girvies was seen by Dr. Lam, a neuro-psychiatrist, and at that time an E.E.G. was given, which indicated some organicity. Medication was prescribed as part of his treatment, and further reports from Dr. Lam will be forthcoming.

It is the recommendation of the team that this youth be permitted to remain at the Illinois Youth Center - Para Marquette, under his present treatment program, and staffed toward community placement based upon his clinical evaluation from Dr. Lam and availability of out-patient programming in the community.

*Jacqueline Settles*  
Jacqueline Settles, Team Leader "B"  
Field and Advocacy Services Unit

*Bill L. Criswell*  
Bill L. Criswell, Assistant Coordinator  
Field and Advocacy Services Unit  
Southern Correctional Region

BLC:bls

Exhibit

22

## Community Psychological Associates

P. O. Box 371  
Jerseyville, Illinois 62052

Telephone 498 5741

Name: Girvies Davis  
Age: 17

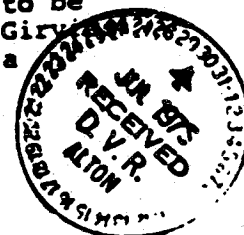
Date: July 25, 1975

Reason For Referral: Evaluation of Aptitudes and Abilities  
and Determination of a Personality Disorder

Tests Administered: Revised Beta Examination  
Bender Gestalt  
Wide Range Achievement Test  
Geist Picture Interest Inventory  
Graves Design Judgment Test  
Minnesota Clerical Test  
Purdue Pegboard  
Rorschach  
TAT

This youth was tested at the Pere Marquette Resident Center where he has been committed for the third time. Girvies reported that his original commitment was on charges of shooting a woman during a holdup. The reason for his present stay was his inability to adjust to a group home regime and some anti-social behavior. According to Girvies, he is to leave the camp and live with his sister in Lebanon, Illinois. Girvies exhibited many problems during this testing session. Foremost was his lack of concern for the testing process or his performance. He saw no value in taking the tests, which along with his limited attention span and poor reading skills, resulted in a very low motivational level and lack of effort in his performance. The validity of these test results are definitely influenced by these negative factors.

According to Girvies, he is from East St. Louis, where he attended school through the seventh grade. He has no desire to return to school or any inclination to attempt to get a GED certificate. The client reported that he made good grades while he was in school, but in actuality, he is functionally illiterate. Girvies attributed his dropping out of school to his inability to get along with his teachers. His interests are limited to fishing and baseball. His vocational goals are also very limited. His ambition is to be a janitor in a hospital or a gas station attendant. Girvies reported that his relatives have gotten him a job as a



Page 2 - Girvies Davis - 7/25/75

janitor in a laundromat, when he returns to the community.

Girvies denied having any physical or emotional problems, and denied the use of alcohol or drugs. However, he did acknowledge that he gets into a lot of conflict with his siblings when he is at home, and that he also has very distrustful and suspicious attitudes towards people.

TEST RESULTS:

Girvies is functioning within the **BELOW AVERAGE** range of intelligence. His Beta IQ is 85. His greatest difficulty is in dealing with abstract material. The learning problems suggested by the above test result, are evident in this youth's performance on the Wide Range Achievement Test. He only reads at a 2.4 grade level, spells at a 3.3 grade level, and has arithmetic skills equivalent to a 4.4 grade level. Girvies' Bender Gestalt drawings are grossly inaccurate and are very indicative of an organic condition. It is probable that at least a part of the client's learning problems are attributable to his brain dysfunction.

Girvies' interest profile shows him to have two strongly preferred activity areas. These are the mechanical and artistic fields, with the scale scores in the **HIGH INTEREST** category (T score 70 and T score 73, respectively). The client's lowest score was obtained on the computational scale, (T score 39). This type of profile suggests that Girvies would get satisfaction from jobs that emphasized working with his hands, tools and machines, and being creative at manual tasks.

Girvies' aptitude test results tend to be congruent with his interests and are generally positive. Along with the client's interest in artistic work, he also has a good design judgment. On the Graves Design Judgment Test, using the norms of high school seniors and juniors majoring in crafts and related arts, he scores in the 81st percentile. Girvies also has fairly good manual dexterity for working with small objects rapidly and with accuracy. On the Purdue Pegboard Task, using the norms of male maintenance and service employees, he scores in the 75th percentile using his right hand, the 35th percentile using his left hand, the 80th percentile using both hands, and the 25th percentile on the more complex assembly task. Finally, the client has a moderate interest in clerical tasks (T score 63) and a fairly good aptitude for clerical tasks. On the Minnesota Clerical Test, using the norms of 10th grade boys, Girvies scores in the 66th

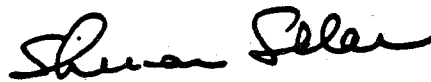


Page 3 - Girvies Davis - 7/25/75

percentile. This result suggests that this youth has the aptitude for working rapidly and accurately with detailed and repetitive clerical-type tasks.

Girvies' personality test results contain a great deal of perseveration, which supports the findings of the Bender, that this youth has an organic brain syndrome. On the Rorschach, he sees butterflies and eagles in almost every one of the stimulus cards, and his TAT stories show the effects of very impoverished intellectual, social and emotional life experiences. It appears as though Girvies' level of emotional and intellectual functioning is quite low, and in addition seems to lack any real understanding of people and how to effectively relate to them.

Girvies has some problems with his impulse control, and he has a low level of frustration tolerance. It appears as though the best situation for this youth is a very low level vocational placement, e.g. maintenance work or work adjustment training in a vocational workshop, such as SAVE in Belleville. Efforts to push Girvies into anything more complex will probably result in unbearable frustration for this youth, which in turn is likely to lead to some kind of anti-social acting out behavior. If he has not already had a neurological evaluation, then this should be done, and I would strongly recommend that medication be utilized in the management of this youth.



Sherman Sklar  
Clinical Psychologist

SS/sp

Exhibit

23

**AFFIDAVIT**

State of Illinois                    )  
  )     SS  
County of Cook                    )

Dr. Robert L. Heilbronner, Ph.D., having been duly sworn, hereby states and affirms:

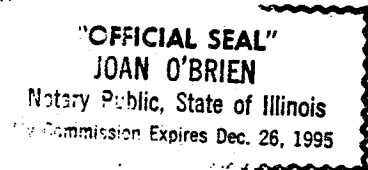
1. My name is Dr. Robert L. Heilbronner, and I am a clinical psychologist with a specialization in clinical neuropsychology.

2. Attached to this Affidavit is my Neuropsychological History of Girvies Davis, which I prepared on behalf of Mr. Davis' attorneys for their use in preparing a clemency petition on behalf of Mr. Davis. The information contained in the Neuropsychological History is true and accurate to the best of my knowledge and information. I authorize its use in connection with Mr. Davis' clemency petition.

Signed: Robert L. Heilbronner

Dated: 4-24-95

Subscribed and sworn to before me  
this 24th day of April, 1995.



Joan E. O'Brien  
Notary Public

ROBERT L. HEILBRONNER, Ph.D.

CLINICAL NEUROPSYCHOLOGY AND REHABILITATION PSYCHOLOGY

333 N. MICHIGAN AVENUE, SUITE #1801

CHICAGO, ILLINOIS 60601

TEL: (312) 345.0933 • FAX: (312) 345.0934

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## **NEUROPSYCHOLOGICAL HISTORY: MR. GIRVIES DAVIS**

**DATE:** April 22, 1995  
**REFERRAL:** Jenner & Block

**IDENTIFYING INFORMATION AND REASON FOR REFERRAL:** Mr. Girvies Davis is a 37 year old, African-American male who was tried and convicted for a murder which took place on December 22nd, 1978. He has been sentenced to die via execution on May 17th, 1995. Mr. Davis has exhausted all of his appeals but an effort is being made to seek clemency for him on the basis of a number of mitigating factors. The purpose of the present report is to provide information to the reader about Mr. Davis' cognitive, emotional, and behavioral background, with particular emphasis directed toward the contribution of organic and psychiatric factors and the failure to receive adequate intervention for them. Such factors were apparently never presented in testimony on behalf of his defense in previous trials. The primary focus of this review of records relates to Mr. Davis' neuropsychological profile, beginning early on in life up until the point where he was arrested for the crime for which he has been sentenced. For a more comprehensive review of Mr. Davis' life and the impact that multiple other factors (e.g., cultural, familial, etc.) have had on his development, the reader is referred to Dr. David Randall's Psychosocial History of Girvies Davis. My analysis and conclusions were based upon a review of Dr. Randall's report as well as a review of the relevant mental health, juvenile, medical, and educational records of Mr. Davis.

**TERMS AND DEFINITIONS:** A few terms and definitions require explanation before proceeding with the substantive issues in this report. This is done so that the reader may have an understanding and appreciation of some of the diagnoses and descriptions which have been used to describe Mr. Davis throughout the course of his life. The following diagnoses, with accompanying descriptions, have been assigned to Mr. Davis at various points throughout his childhood and adulthood. **Mental Retardation/Borderline Mental Retardation/Educably Mentally Handicapped (EMH):** The essential feature of these terms is significantly subaverage general intellectual functioning resulting in, or associated with, deficits or impairments in adaptive behavior with the onset before age 18. The term "Borderline" is used to imply an IQ that is less than Below Average and the person is considered EMH: they are capable of learning but require some kind of special education or other programs. **Organicity/Organic Brain Disorder/Organic Brain Syndrome:** these

terms all refer to a constellation of psychological or behavioral signs and symptoms associated with transient or permanent dysfunction of the brain. Signs and symptoms such as impaired memory, defective insight, and disorientation to time usually reflect some kind of brain dysfunction. Moreover, certain tests like the EEG and some psychological tests are also used to document organic brain dysfunction. **Head Injury/Cerebral Trauma/Non-psychotic organic brain syndrome associated with cerebral trauma:** these terms are used to imply that the individual has sustained an injury to the head (implicating the brain) and that there is a subsequent change in functions as a result. Impairments usually manifest in the areas of thinking, emotions, and behavior. The term non-psychotic is used to emphasize that the person has not lost touch with reality. **Alcoholism/Substance Abuse:** the essential feature of these terms is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. There may be failure to fulfill major role obligations, repeated use in social situations, multiple legal problems, and recurrent social and interpersonal problems. **Adolescent Adjustment Reaction:** features include disturbances in behavior which cause clinically significant impairment in social, academic, or occupational functioning and is characterized by such things as: serious violations of rules, theft, arguments with adults, etc.

**DEFINITION AND PRACTICE OF NEUROPSYCHOLOGY:** Neuropsychology is another term which will be used throughout this report and it has already been employed in the title. It refers to a subspecialty of the field of clinical psychology and its emphasis is on the diagnosis and treatment of brain-behavior relationships. A neuropsychological examination takes into consideration multiple factors that affect a person's thinking skills, their emotions, and behavior, and how impairments in any of these areas are likely to impact upon a person's adaptive functions (i.e., their ability to work, perform in school, get along with others, manage their finances, etc.). Some common conditions which are commonly seen in neuropsychological practice include head injury, Alzheimer's Disease, stroke, epilepsy, learning disabilities, and other neurologic, psychiatric, and medical conditions.

As a practicing clinical neuropsychologist, my training and experience has been directed toward the evaluation and treatment of individuals with a variety of psychiatric and neurologically-based disturbances in brain function. As you can see from the enclosed curriculum vita, my primary expertise is in the area of traumatic brain injury. Indeed, I have spent at least the last decade of my professional life evaluating individuals who have sustained traumatic brain injuries, ranging from the mild to very severe ends of the continuum. As such, I believe that I have a professional appreciation for the kinds of difficulties that these individuals are likely to experience and how the subsequent deficits can interfere with their academic, social, emotional, and vocational adjustment. As someone who treats these individuals, I am also acutely aware of the kinds of interventions that are required to facilitate the return of these folks to society in productive ways and how failure to implement such interventions can lead to negative outcomes (i.e., school failures, job loss, divorce, criminal activity, etc.).

**CRITICAL FACTORS IN THIS CASE:** In order to understand Mr. Davis' overall level of neuropsychological functioning and how this may relate to his life and his apparent criminal behavior, several factors must be considered. The following factors are critical: 1) the

Davis Report  
April 22, 1995  
Page 3

history of mental retardation and diagnosis of EMH which likely resulted from Mr. Davis' mother's alcoholism during her pregnancy with him; 2) the traumatic head injury sustained at age 10 and the failure to receive adequate treatment for the neurobehavioral sequelae (i.e., aftereffects) that resulted from it; 3) Mr. Davis' own history of alcoholism and depression; 4) and the failure to receive adequate intervention for all of the above. There are other cultural, familial, environmental, and systemic mitigating factors that are spelled out in Dr. Randall's report. They serve as the context within which the factors which I will discuss have occurred. Mr. Davis clearly was raised in a terrible home environment and did not have a good head start in life. It is my opinion within a reasonable degree of neuropsychological certainty that if Mr. Davis' mother was not an alcoholic and did not drink or smoke during her pregnancy with him, if the effects of his head injury were adequately addressed, and if he had received adequate intervention for his alcoholism and his academic failures while growing up, etc., then the factors which constitute the focus of this report likely would not have had the negative impact which they seem to have had on Mr. Davis' life.

#### **I. HISTORY OF MENTAL RETARDATION AND ACADEMIC FAILURES**

The records are filled with statements from significant others and objective evidence of Mr. Davis' history of mental retardation, diagnosis of EMH, and associated academic failures. Throughout the reports, terms like "retarded"; "quite slow intellectually", "functionally illiterate", "difficulty understanding questions", "cannot talk plain", "functioning on the EMH level", "... had a problem in the mind", etc. are used to describe his overall level of cognitive functioning and his performance in school. Indeed, on formal tests of intellectual functioning during his adolescent years, Mr. Davis obtained scores that placed him in the "mentally retarded" range and he was also deemed to be "functionally illiterate." Moreover, "(The tests)... show(ed) the effects of very impoverished intellectual, social, and emotional life experiences."

From the review of records, it appears that Mr. Davis' mental retardation likely preceded his head injury at age 10 and that he did not receive adequate attention or treatment for this during his school-age years. Mr. Davis was formally diagnosed as EMH when he was 11 years old, although he evidenced learning difficulties much sooner. It was determined at that time that it was "...virtually impossible for a placement in a local public school program." Placement into an EMH program was recommended, but this was never done because the classes were apparently full: he was never even provided a tutor. In fact, in 1971 when he was 13 years old, school officials recommended that Mr. Davis be placed into the 6th grade "because of his size", but it was felt by Mr. Wells, a Supervisor in the DOC-Juvenile Division, that "because of (Mr. Davis') inability to cope with this level of academics that it would be impossible for him to adjust properly." Further psychological testing identified the possibility of "organic brain dysfunction" and it was further believed

Davis Report  
April 22, 1995  
Page 4

that some type of "special education" would be beneficial because Mr. Davis' academic functioning was somewhere in the lower elementary grade level, possible grades 1 or 2. Importantly, Mr. Davis never received the kind of intervention or structure that was clearly warranted at the time and would likely be provided to him today.

Mental retardation does not occur simply by chance alone. Indeed, it can result from biologic or environmental factors or from a combination of the two. The evidence suggests that Mr. Davis' mental retardation and history of academic difficulties may well have resulted from the deleterious impact that his mother's alcoholism and smoking had while she was pregnant with him. Scientific research suggests that this placed him "at-risk" for the development of a variety of cognitive and emotional disorders and almost guaranteed that he would become an alcoholic himself. Both of his parents were alcoholics, so he was also being raised in this kind of environment. The records indicate that even before the truck accident and head injury, Mr. Davis was evidencing impairments in cognition and in emotional and psychosocial functions and he was doing very poorly in school. In fact, his behavior (e.g., mental retardation, hyperactivity) and some of the later examination results (e.g., abnormal EEG and psychological test scores) supporting organically-based difficulties may have resulted from the influence of his mother's alcohol abuse while she was pregnant in addition to the effects of the head trauma.

Some of the lay terms used to describe Mr. Davis as a child, including "precocious", "hyperactive", "impulsive", etc. as well as some of the more professional terms like "mental retardation", "brain dysfunction", "behavior disorders", and "hyperactivity" are consistent with the kinds of features used to describe children of alcoholic mothers during their pregnancy. These children are certainly "at-risk" for the development of a variety of cognitive, emotional, behavioral, and medical difficulties and they invariably require special education. Failure to receive intervention can result in serious academic, vocational, and psychosocial maladjustment, often including criminal activity and other anti-social kinds of behaviors. Today, certain kinds of financial resources, interventions, and treatments are available and even mandated for children who exhibit some of the disturbances that Mr. Davis had as a child. Having been born too early (i.e., before these resources were available and mandated) and to a mother who obviously had little or no regard for herself or for her developing infant had a strongly negative impact on Mr. Davis' prospects for a normal and healthy development.

## II. HISTORY OF HEAD TRAUMA AND ORGANIC BRAIN DYSFUNCTION

Mr. Davis' cognitive, emotional, and psychosocial skills were already compromised and he was an "at-risk" youth even before he sustained a head injury at age 10. But, when a person's brain is not functioning "normally" from the beginning, any further trauma or insult from other malignant factors (e.g., alcohol, drugs, exposure to certain toxins, etc.) only serves

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to exacerbate the difficulties that were already there. This is what has occurred in the present case. Mr. Davis was already functioning in the "Borderline Mentally Retarded" range and he was classified as EMH, for which he received no adequate remediation or intervention. When you add to that a traumatic injury to the head/brain, there is going to be, and the records would appear to support, a further compromise in cognition, behavior, and in other adaptive functions as a result.

At this point, it is not necessary to repeat or quote from the extensive records which clearly support a diagnosis of organic brain dysfunction in this case: the medical care providers and support staff members who have worked with Mr. Davis over the years have already supported this diagnosis. It is important to point out that numerous individuals have documented this in their reports and that the results of some examinations known to be sensitive to the effects of brain dysfunction (e.g., EEG, certain psychological tests) support this diagnosis. In his 10-29-72 report, Dr. Ziporyn concluded that Mr. Davis was known to "display all of the classical stigmata usually associated with an organic brain disorder... including defective sensorium, emotional volatility, defective insight, and judgment, and disorientation to time." He was diagnosed: "Non-psychotic organic brain syndrome associated with cerebral trauma. This was substantiated by the fact that "...(he) was involved in an accident in which he suffered severe injury to head at the age of ten when he was hit by a truck."

The results of Mr. Davis' EEG were not consistent with the kind of pattern seen in epilepsy, but correlated with behavioral disorders. In fact, this pattern of abnormal brain activity can account for the kinds of disturbances that Mr. Davis demonstrated; the episodic dyscontrol, tendency toward impulsive acting-out, etc. He was prescribed Dilantin in order to treat this brain-based disturbance and was apparently compliant for awhile. But, the records indicate that when he was discharged from one of the juvenile corrections facilities he did not even receive enough of the medication to last beyond two days: this would appear to be a failure on the part of the system and his mother to adequately address his medical needs at the time. According to Mr. Kenneth Wells of the Department of Corrections, "We fought like heck to get at least a three-day prescription, but the institution wouldn't allow it, it was a liability. It was a flaw in the ointment." A January 16th, 1975 report from Robert E. Peel of the Parole and Pardon Board recommended the following to Mr. Davis: "...consideration be given to your EEG results and some type of program that would give you insight into your behavior pattern so changes could be made in order for you to live a crime-free life when released on parole..." But, no adequate treatment or intervention specifically directed to Mr. Davis' EEG results, his organic brain syndrome, or from the effects of his head injury was identified or even initiated.

There are some rather obvious references to brain-injury related sequelae that Mr. Davis evidenced but that went largely ignored during his incarcerations. This factor, plus the



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history of mental retardation, were not even considered as relevant mitigating factors in his defense for the crime for which he has been sentenced. An injury to the brain invariably produces changes in cognition, emotions, and behavior which can negatively impact upon a person's academic, psychosocial, and vocational adjustment. How it impacts their life, to a large degree, depends upon how they, and the environment around them, handle the effects of it. Those individuals with marginal coping resources and fewer social supports respond less favorably than those who have been raised in a home that is full of nurturing, support and understanding. Mr. Davis' home environment was not at all conducive toward dealing with whatever neurobehavioral sequelae arose after his head injury: his mother was completely unable to support him and help him adjust to the changes that took place.

Some of the common cognitive sequelae that result after head trauma include decreased insight; impairments in attention, concentration, new learning, memory, planning, problem-solving, and abstract thinking; deficits on other tasks that an individual needs to be able to operate in a number of academic, psychosocial, and vocational domains; and an unawareness of these deficits. The nature of the reported impairments alone make it unlikely that Mr. Davis would know or be able to predict in advance the consequences of his or someone else's actions. In addition to the identified cognitive deficits, an injury to the brain can also result in a variety of changes in personality and emotions, the most common of which include a tendency toward anger, reduced control over impulses, poor modulation of emotion, some symptoms of depression, and reduced motivation and effort. There is clear evidence in the records to suggest a deterioration in functions after Mr. Davis turned 10 years old and after the head injury occurred. In fact, Robert Brown, a Psychologist working for the Youth Commission of Illinois wrote on 5-16-69 that "...there appears to be some deterioration through the years for Girvies was once given A grades but now they are essentially F's." From the timing of things it appears likely that this deterioration was directly related to the head injury and the lack of intervention from the environment. As a matter of fact, it was around this time when Mr. Davis began to encounter more frequent difficulties with authority figures, had greater problems in school (and dropped out soon thereafter), and began to engage in even more anti-social kinds of activities (e.g., stealing, drinking, etc.).

It is generally well accepted in the head injury literature that an injury to the brain can also result in a regressive, more child-like behavior in the affected individual. The records indicate that Mr. Davis acted, and was regarded, like "a child" even as he approached adolescence and he was treated like a child by authorities. In an August 28th, 1972 memorandum, Jamie Molloy, one of his correctional counselors, expressed the view that the "most negative factor" that Mr. Davis had to face was the fact that he was treated like a baby by nearly every adult he meets: his behavior was like a toddler's temper tantrum when he did not get his way. This kind of behavior is quite common among head injured adolescents. In fact, many of them are never able to acquire the necessary behaviors and features

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that come with adulthood and they have difficulty acting appropriately in situations that do not have inherent structure and organization built in. In my professional opinion, many of the aforementioned changes can be accounted for by the effects of the head injury which apparently went unaddressed by the personnel working with him as well as by Mr. Davis' mother. The head injury likely served to exacerbate some of the characteristic symptoms of an Adolescent Adjustment Reaction with anti-social traits, and made an already bad situation worse.

### **III. HISTORY OF ALCOHOLISM AND DEPRESSION**

A factor to which this report has already alluded, but not formally addressed, is Mr. Davis' history of alcoholism. It was already discussed how he was "at-risk" for the development of this type of disorder even before he was born. This was largely because of the effects that his mother's alcoholism almost necessarily had while she was pregnant with him as well as the social and environmental influences of coming from a situation where both parents (and siblings) were also alcoholics. Mr. Davis' downward spiral toward alcoholism began around the time of his father's death. His father was a positive emotional figure in Mr. Davis' life and when he died the feelings of loss and the reality of being left with a mother who was emotionally unavailable and even promoted anti-social activities in her children was a factor contributing to his decline. This does not mean that individuals who abuse alcohol are inevitably going to become capital offenders, or that all capital offenders are alcoholics. Research and anecdotal evidence indicates that alcoholism is a factor that is associated with a variety of psychiatric and medical conditions, and alcohol is commonly used as a coping mechanism by individuals who do not have access to other, more healthy, resources. In addition, alcohol is involved in a majority of crimes and capital offenses in the United States. The records suggest that when Mr. Davis would act out his anger (usually toward his mother) or become more emotionally labile, he was under the influence of alcohol.

Mr. Davis' history of alcoholism meets the criteria of Substance Abuse Disorder (defined previously). Substance abuse may begin for a multitude of reasons, but it is widely believe that many individuals use and abuse substances in order to self-medicate for a variety of physical and emotional disturbances. It appears that Mr. Davis' alcoholism was used by him as a means by which to treat the apparent symptoms of a depressive disorder, which was diagnosed back in 1977, and which resulted from a significantly compromised sense of self as a result of being raised in an impoverished and malignant environment during his early developmental years, and from a failure to receive the necessary attention or intervention for his learning problems. Mr. Davis never received formal treatment for his alcoholism although he was prescribed medication and psychotherapy for his depression. Given his history of mental retardation and head injury, it is not likely that he would benefit from a verbal, evocative type of psychotherapy. In fact, the records indicate that he was not very compliant with psychotherapy and he probably did not improve from this kind of

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intervention. A more systematic and structured program designed to deal with both his alcoholism and vocational adjustment should have been advocated and initiated.

Before concluding this section, two additional points merit attention. First, alcohol exacerbates the problems caused by a head injury. Indeed, both conditions have as consequences, reduced frustration tolerance, the potential for acting impulsively and not exercising good judgment. The combination of the two almost invariably leads to situations where the individual gets into some kind of trouble, often with the law. If Mr. Davis' head injury had been given more attention he might have received formal treatment or at least more attention to help him deal with the effects of his alcoholism. Second, there have been several diagnoses which have been used to describe Mr. Davis throughout the years. In no circumstance was he ever given a diagnosis of Anti-Social Personality Disorder. This is very important to understand: after years of incarceration and multiple interactions with mental health authorities, Mr. Davis was never diagnosed with this disorder which includes "...a pervasive pattern of disregard for, and violation of, the rights of others" and it includes, as one of its features, "...repeatedly performing acts that are grounds for arrest." Mr. Davis possesses some of the common features of this disorder, but there was not enough evidence to support a full diagnosis. This is notable and consistent with reports of several correctional facility personnel who described him as "protective", "respectful", "a provider for his family" and denied that "he didn't have a conscience".

#### **IV. FAILURE TO RECEIVE ADEQUATE INTERVENTION**

Throughout this report, repeated reference has been made to the fact that Mr. Davis did not receive adequate attention, intervention, or remediation for the learning difficulties associated with his mental retardation, the aftereffects associated with his head injury, his substance abuse, and apparent depression. If each factor were adequately addressed and treated, then the possibility exists that Mr. Davis might not be in the position he presently finds himself. There are several references in the records of people who acknowledged that "the system broke down" in Mr. Davis' case. It started with a malignant family system and continued with a failure to intervene at various points in time. Even his fourth grade teacher said, "Looking back, I don't know why I didn't send him for testing. I usually did." According to her, other students find other things to channel themselves; Mr. Davis had no outlets and no interests. She summed up stating, "He was just one of those that fell through the cracks." It is no wonder that he stated, following an overdose in an apparent suicide attempt in 1977, "No one cares for me."

Mr. Davis' childhood and young adult life was replete with a lack of structure and organization: this is especially difficult for someone who functions in the mentally retarded range and it is also problematic for someone with a history of head injury. Individuals who are mentally retarded and suffer from the effects of a head injury require structure and

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routine to continue to learn and develop properly. Early on, it seems as if he was making some efforts to find structure and guidance in an environment where there was none. In fact, he joined a church without his mother's consent and even managed to attend it with some of his friends. But, because his efforts in this regard were not supported, and were probably even discouraged, he did not continue along this path. In prison, he has become educated and identified himself with this childhood pursuit: this may be one reason why he has behaved as well as he has in this kind of environment. There are other references that reflect a failure on the part of the system to adequately address Mr. Davis' situation. In 1975, Sherman Sklar, a Clinical Psychologist, evaluated Mr. Davis while he was at the Pere Marquette Resident Center for the third time. He concluded that Mr. Davis had problems with impulse control and he has a low level of frustration tolerance. A very low level vocational placement and medication management were recommended in order to prevent "...some kind of anti-social acting out behavior." Mr. Davis never received the much needed vocational intervention and the medications that were given to him were administered in a quantity that did not allow maintenance at a therapeutic level: this also made it difficult for Mr. Davis to comply with the medication regimen. Dr. V.J. Thomas, a psychiatrist, makes multiple references about Mr. Davis being "nervous and agitated" and at least once it was because "...he is not getting any medication."

It was stated early in this report that Mr. Davis was born too soon in time and to the wrong kind of family. Most of the difficulties and deficits which he presently has and had to contend with are now better understood and there are certain kinds of medications and other interventions which have been specifically developed to address them. In many instances, such treatments are mandated under law. Both the Illinois Department of Mental Health and Developmental Disabilities and the Americans with Disabilities Act (ADA) have provisions which are specifically directed to the kinds of difficulties that Mr. Davis has shown throughout most of his life. If these treatments and resources had been made available to him in the early years of Mr. Davis' life, his problems might have been managed more easily, with less hardship and expense, and without significant intervention by the criminal justice system.

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## **CONCLUSIONS**

This report has been directed toward Mr. Davis' neuropsychological profile with particular relevance to the four factors listed above. Consideration of these factors, in combination with Dr. Randall's report describing other more cultural, familial, and social influences, should create a fairly comprehensive picture of Mr. Davis' life and provide an explanation about the struggles he has had from birth onward.

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## VITA

### PERSONAL INFORMATION

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### EDUCATION

1985-1986 Postdoctoral Fellowship  
Clinical Neuropsychology  
University of Oklahoma Health Sciences Center  
Department of Psychiatry and Behavioral Sciences  
Oklahoma City, OK  
1984-1985 Clinical Psychology Internship (APA approved)  
Department of Psychiatry  
Division of Clinical Psychology  
Medical College of Virginia  
Richmond, VA  
1981-1986 Doctoral Program in Clinical Psychology (APA approved)  
University of Health Sciences/Chicago Medical School  
North Chicago, IL  
1976-1980 Lawrence University  
Appleton, WI  
Degree: Bachelor of Arts, (with honors)  
Major: Psychology

## PROFESSIONAL EXPERIENCE

Present                      Position:        Independent Practice in Clinical Psychology  
and Clinical Neuropsychology

Full-time independent practice in Clinical Psychology and Clinical Neuropsychology, specializing in neuropsychological evaluation and treatment of psychiatric and neurologically-impaired adults. Primary expertise in traumatic brain injury, dementia, seizure disorders, stroke, and other chronic medical conditions. Consultation to rehabilitation treatment programs and forensic practices. Assistant Clinical Professor at Northwestern University Medical School (see below).

1989 - 1994                Position:        Senior Psychologist / Coordinator of Brain  
Trauma Neuropsychology  
Facility:        Rehabilitation Institute of Chicago  
Chicago, Illinois

A senior level neuropsychologist position whose primary responsibilities include directing the clinical neuropsychological services on an acute brain trauma unit and coordinating clinical research activities. Duties include neuropsychological evaluations and outpatient psychotherapy with brain injured adults, behavioral interventions, consultation to treatment team, supervision of staff psychologists, and review of in-house grants. Activities also include teaching of postdoctoral fellows, physical medicine and rehabilitation residents, and lectures to nearby hospitals and universities. Consultation to an outpatient day treatment program for brain-injured adults. Helped to develop and initiate a minor head injury treatment program. Appointment as an Assistant Clinical Professor in the Departments of Psychiatry & Behavioral Sciences and Physical Medical & Rehabilitation at Northwestern University Medical School.

1988-1989                Position:        Co-Director/Psychologist  
Facility:        Section of Neuropsychology  
HCA-Presbyterian Hospital  
Oklahoma City, Oklahoma

Primary responsibilities included management of, and participation in, a full-time outpatient brain injury rehabilitation program, and a modified part-time program. Supervision of other treatment staff and one research psychologist. Conducted neuropsychological evaluations of adults and children with known or suspected brain dysfunction. Responsible for coordinating research in several neuropsychologically-related areas and presented results of research on rehabilitation and neuropsychology. Consultation and testimony on forensic neuropsychology cases. Maintained duties of a staff psychologist (listed below).

1986-1988                      Position:     Staff Psychologist  
   Facility:     Section of Neuropsychology  
   HCA-Presbyterian Hospital  
   Oklahoma City, Oklahoma

Involved in full-time and part-time neuropsychological rehabilitation programs. Responsibilities include neuropsychological evaluations with brain-injured adults and children. individual and group psychotherapy, individual and group cognitive retraining activities, and consultation for vocational re-entry. Conducted clinical research and attended weekly neurology and neurosurgery rounds. Appointment at Assistant Professor level in the Department of Neurosurgery, University of Oklahoma College of Medicine.

1985-1986                      Position:     Postdoctoral Fellow -Clinical Neuropsychology  
   Facility:     Department of Psychiatry & Behavioral Sciences  
   University of Oklahoma  
   Oklahoma City, Oklahoma

One year fellowship involving work with adult neurological, psychiatric and child populations as well as academic/research activities. Responsibilities included providing neuropsychological assessments and treatment interventions to both inpatients and outpatients with acute/chronic organic brain disease, physical and cognitive disability and psychopathology. Evaluation and treatment of adults with a variety of mental and physical handicaps, emotional, and behavioral problems requiring rehabilitation. Administered sodium amytal tests and conducted a psychotherapy group with patients with intractable seizures. Consultation to a private pain clinic and attendance at weekly neurology and neurosurgery rounds.

1984-1985                      Position:     Clinical Psychology Intern  
   Facility:     Department of Psychiatry/  
   Division of Clinical Psychology  
   Medical College of Virginia  
   Richmond, Virginia

One year clinical psychology internship including three rotations: consultation/liaison, inpatient & outpatient psychiatry. Conducted assessments with psychiatric, chronic pain, and neurologically-impaired patients; short and long-term psychotherapy; inpatient group psychotherapy; family therapy; interviewing and diagnostic seminars. Elective experiences included neuropsychological evaluations and group psychotherapy on a brain-injury rehabilitation unit; consultation to medical/surgical units; and dissertation research.

1983-1984                      Position:     Neuropsychology Research Assistant  
   Facility:     UHS/Chicago Medical School  
   North Chicago VA Medical Center  
   North Chicago, Illinois

Responsible for the development and maintenance of a Restricted Environmental Stimulation (REST) Laboratory. Conducted research, performed data analysis, and prepared manuscripts for conference presentation.



## HONORS AND AFFILIATIONS

Assistant Clinical Professor in the Departments of Physical Medicine & Rehabilitation and Psychiatry & Behavioral Sciences, Northwestern University Medical School

Member, Medical Staff at Columbus Hospital and Consulting Neuropsychologist to The Chicago Institute of Neurosurgery and NeuroResearch (CINN)

Consulting Neuropsychologist to: Illinois Masonic Medical Center, Cognitive Rehabilitation Specialists, and Schwab Rehabilitation Hospital

Leader, Brain Injury Delegation to Russia and Eastern Europe, 1992

Leader, Brain Injury Delegation to The People's Republic of China, 1990

Liaison, APA Division of Clinical Neuropsychology (40) to the APA Office of International Affairs (CIRP)

Editor, Special Section on Forensic Neuropsychology, Forensic Reports, Vol 5.

Editor, Special Section on International Neuropsychology, Neuropsychology Review Vol. 4

Program Committee, Division of Clinical Neuropsychology (40) Program of the 1992 American Psychological Association Convention

Poster Selection Committee, 1993 National Academy of Neuropsychology (NAN) Meeting

Consulting Editor, Psychotherapy in Private Practice

Reviewer, Environment & Behavior

Reviewer, Journal of Neuropsychiatry & Clinical Neurosciences

Reviewer, The Clinical Neuropsychologist

Reviewer, Neuropsychology Review

Member, International Neuropsychological Society (INS)

Member, National Academy of Neuropsychology (NAN)

Member, American Psychological Association (APA)

Member, American Psychological Association Divisions 12, 22, 29, 40

Member, National Register of Health Service Providers in Psychology

Member, Midwest Neuropsychology Group

Member, National Head Injury Foundation

## TEACHING CONFERENCES

1. Adams, R.L., Heilbronner, R.L., & Yohman, R.J. (November, 1985). The Department of Psychiatry and Behavioral Sciences Teaching Conference, The University of Oklahoma Health Sciences Center.
2. Heilbronner, R.L. (October, 1986). The role of the neuropsychologist in the assessment and treatment of medically-intractable seizures. The Department of Psychiatry and Behavioral Sciences Teaching Conference, The University of Oklahoma Health Sciences Center.
3. Henry, G.K., & Heilbronner, R.L. (November, 1986). The neuropsychology of memory. The Department of Psychiatry and Behavioral Sciences Teaching Conference, The University of Oklahoma Health Sciences Center.
4. Heilbronner, R.L. (September, 1987). Boxing and brain damage: Fact or fiction? The Department of Psychiatry and Behavioral Sciences Teaching Conference, The University of Oklahoma Health Sciences Center.
5. Heilbronner, R.L., & Pepping, M. (March, 1988). Traumatic brain injury: Neurobehavioral consequences and neuropsychological rehabilitation. The Department of Psychiatry and Behavioral Sciences Teaching Conference, The University of Oklahoma Health Sciences Center.
6. Heilbronner, R.L., & Ayers, M. (September, 1988). The AIDS Dementia Complex: Clinical features and current research. The Department of Psychiatry and Behavioral Sciences Teaching Conference, The University of Oklahoma Health Sciences Center.
7. Heilbronner, R.L. (December, 1989). Functional neuroanatomy: How the brain works. Rehabilitation of Physically Disabled Persons: A Comprehensive Rehabilitation Nursing Course, Chicago, IL.
8. Heilbronner, R.L. (April, 1990). A conceptual model for understanding the recovery process following traumatic brain injury. Psychological, Social, and Family Consequences of Traumatic Brain Injury, Chicago, IL.
9. Heilbronner, R.L. (April, 1990). Denial and altered self-awareness following traumatic brain injury. Psychological, Social, and Family Consequences of Traumatic Brain Injury, Chicago, IL.
10. Heilbronner, R.L. (April, 1990). Individual and group psychotherapy with traumatic brain injured patients. Psychological, Social, and Family Consequence of Traumatic Brain Injury, Chicago, IL.
11. Heilbronner, R.L. (May, 1991). Role of the psychologist in acute versus post-acute brain injury rehabilitation. Neuropsychological rehabilitation after brain injury: Psychosocial and vocational outcomes, Chicago, IL.

12. Heilbronner, R.L. (May, 1991). Mild head injury and concussion. Neuropsychological rehabilitation after brain injury: Psychosocial and vocational outcomes, Chicago, IL.
13. Heilbronner, R.L. (May, 1992). Factors associated with TBI: Recovery and outcome. Neuropsychological Rehabilitation after Brain Injury II: Psychosocial and Family Issues, Chicago, IL.
14. Heilbronner, R.L. (May, 1992). Assessment and rehabilitation of the patient with minor TBI. Neuropsychological Rehabilitation after Brain Injury II: Psychosocial and Family Issues, Chicago, IL.
15. Heilbronner, R.L. (May, 1993). Altered awareness after brain injury; Implications for assessment and treatment. Neuropsychological Rehabilitation after Brain Injury, III: Using Psychological Data to Predict Functional Outcomes, Chicago, IL.
16. Heilbronner, R.L. & O'Leary, J. (May, 1994). Psychosocial outcomes and psychotherapy. Traumatic Brain Injury Rehabilitation and Outcomes: Entering the Age of Accountability, Chicago, IL.
17. Heilbronner, R.L. (December, 1994). Update on mild traumatic brain injury and the postconcussion syndrome. Neuropsychology Grand Rounds at The University of Chicago, Chicago, IL.

#### INVITED ADDRESSES

1. Heilbronner, R.L. (October, 1988). The assessment and treatment of mild head injury and the postconcussion syndrome. The Third Annual Statewide Conference of the Oklahoma Head Injury Foundation, Tulsa, OK.
2. Heilbronner, R.L. (June, 1989). The brain, neuropsychology, and traumatic brain injury: Essential information for potential litigation. An Analysis of Head Injury Claim: The Investigative Process: Fact or fraud, Vancouver, Canada.
3. Heilbronner, R.L. (September, 1989). Behavioral and psychotherapeutic interventions for the neurobehavioral consequences of brain injury. The Seventh Annual Fall Symposium of the Chicago Association for Behavior Analysis, Chicago, IL.
4. Heilbronner, R.L. (December 1989). Altered self-awareness and perceived disability after traumatic brain-injury. The Center for Neuropsychological Rehabilitation, Indianapolis, IN.
5. Heilbronner, R.L. (June, 1990). Measuring cognitive recovery after traumatic brain injury: A neuropsychologist's perspective. Comprehensive Occupational Therapy Management of the Head Injured Adult, Chicago, IL.
6. Heilbronner, R.L. (August, 1990). Behavioral sequelae of brain injury: Intellectual and emotional changes. Vocational Management of the Traumatically Brain Injured Client, Chicago, IL.

7. Heilbronner, R.L. (June, 1991). The process of adjustment after traumatic brain injury: Why are these patients so difficult to treat? Assessment & Enhancement of Client Readiness for Vocational Rehabilitation, Chicago, IL.
8. Heilbronner, R.L. (December, 1991). Update on neuropsychologic effects of concussion and more severe head injuries. Rehabilitation Sports Medicine IV: Injuries of the head and neck in sports, Chicago, IL.
9. Heilbronner, R.L. (March, 1993). Neuropsychological impairments after brain injury. The Northern Illinois Chapter of the American Association of Neuroscience Nurses 1992-93 Program, Triton College, River Grove, IL.
10. Heilbronner, R.L. (April, 1993). The process of psychotherapy with brain injured adults. The Clinicians' Forum Series at Sunnyview Hospital and Rehabilitation Center, Schenectady, N.Y.
11. Heilbronner, R.L. (May, 1993). Overview: Neuropsychological rehabilitation. The Midwest Regional Head Injury Center for Rehabilitation and Prevention Consensus Conference: Neuropsychological Rehabilitation: Implications for Vocational Outcome, Chicago, IL.
12. Heilbronner, R.L. (June, 1993). Cognitive and emotional sequelae of concussion and more severe head injuries. 44th Annual Meeting and Clinical Symposium of The National Athletic Trainers Association, Kansas City, MO.
13. Heilbronner, R.L. (June, 1993). Rehabilitation of the neuropsychological sequelae associated with electrical trauma. Electrical Injury: A Multi-disciplinary Approach to Therapy, Prevention, and Rehabilitation. University of Chicago, Chicago, IL.
14. Heilbronner, R.L. (November, 1993). The neuropsychological evaluation. The Chicago Institute of Neurosurgery and Neuroresearch (CINN) Fifth Annual Symposium, Chicago, IL.
15. Heilbronner, R.L. (March, 1995). Assessment of disability due to brain injury: Neuropsychological evaluation and case presentation. AMA Guides Basic Course of The American Academy of Disability Evaluating Physicians, Chicago, IL.
16. Heilbronner, R.L. (April, 1995). Individual psychotherapy and the process of adjustment after brain injury: Some common and not so common factors. Neuropsychology Rounds - Evanston Hospital. Evanston, IL.

## PRESENTATIONS

1. Jacobs, G.D., Heilbronner, R.L., & Stanley, J.M. (April, 1980). The effects of sensory isolation on relaxation. The 2nd Annual Psi Chi Undergraduate Research Symposium, Madison, WI.

2. Hetzler, B.E., Heilbronner, R.L., Griffin, G., & Griffin, J. (June, 1980). Effects of ethanol on visual cortex and superior colliculus evoked potentials in rats. The 5th Biennial International Symposium on Alcoholism, Cardiff, Wales.
3. Bruno, J.J., & Heilbronner, R.L. (March, 1983). The use of subjective reports from REST. The 1st International Conference on REST and Self-Regulation, Denver, CO.
4. Heilbronner, R.L., & O'Leary, D.S. (March, 1983). Flotation REST and information processing: A reaction time study. The 1st International Conference on REST and Self-Regulation, Denver, CO.
5. Jacobs, G.D., Heilbronner, R.L., & Stanley, J.M. (March, 1983). The effects of short-term flotation REST on relaxation: A controlled study. The 1st International Conference on REST and Self-Regulation, Denver, CO.
6. Heilbronner, R.L. (March, 1985). Adverse reactions from relaxation training: Parallels to REST research. The 2nd Annual International Conference on REST Investigation, New Orleans, LA.
7. Peterson, R.A., & Heilbronner, R.L. (November, 1985). The Anxiety Sensitivity Scale: Construct validity and factor analytic structure. The 19th Annual Association for the Advancement of Behavior Therapy Convention, Houston, TX.
8. Heilbronner, R.L., Peterson, R.A., & Culbert, J.C. (November, 1986). Adverse reactions from relaxation training: The impact of anxiety sensitivity. The Oklahoma Psychological Association Convention, Oklahoma City, OK.
9. Heilbronner, R.L., Buck, P., & Adams, R.L. (February, 1987). Factor analytic structure of the Wechsler Memory Scale (WMS) with the WAIS and WAIS -R. The 15th Annual Meeting of the International Neuropsychological Society, Washington, D.C.
10. Pepping, M., Roueche, J.R., Zeiner, H.K., Dirham, J.D., Meyer, R., Heilbronner, R.L., & Ayers, M.R. (October, 1987). Brain injury service delivery models: Learning from outcome data-Phase II. The 64th Annual Session of The American Congress of Rehabilitation Medicine, Orlando, FL.
11. Heilbronner, R.L., & Roueche, J.R. (December, 1987). Interaction between awareness of disability and depression during the course of a six month outpatient rehabilitation program. The Six Annual National Head Injury Symposium, San Diego, CA.
12. Heilbronner, R.L., Buck, P., & Adams, R.L. (January, 1988). Factor analysis of verbal and nonverbal clinical memory tests. The 16th Annual Meeting of the International Neuropsychological Society, New Orleans, La.
13. Heilbronner, R.L., Buck, P., & Adams, R.L. (January, 1988). Discrepancies between WAIS and WAIS-R Full Scale IQ and the Wechsler Memory Scale MQ in brain damaged adults. The 16th Annual Meeting of the International Neuropsychological Society, New Orleans, LA.

14. Heilbronner, R.L. (January, 1989). Qualitative and quantitative assessment of memory disorders in traumatic brain injury. The 1st International Head Injury Symposium: Advances in Clinical Practice, Bradenton, FL.
15. Heilbronner, R.L., Henry, G.K., Epler, L., Ayers, M.A., Carson-Brewer, M., Pepping, M., & Roueche, J.R. (February, 1989). Pre and post-fight cognitive performance in amateur boxers. The 17th Annual Meeting of the International Neuropsychological Society, Vancouver, Canada.
16. Heilbronner, R.L. (May, 1989). Mild head injury and the postconcussion syndrome: Important methodological variables influencing assessment and treatment decisions. The Midwest Neuropsychology Group Conference, Evanston, IL.
17. Heilbronner, R.L., Henry, G.K., Buck, P., Fogle, T., & Adams, R.L. (February, 1990). Lateralized brain damage and performance on Trails A & B, Digit Span Forward & Backward and TPT Memory & Location. The 18th Annual Meeting of the International Neuropsychological Society, Orlando, FL.
18. Pliskin, N.H., Heilbronner, R.L., Buck, P., Adams, R.L., & Parsons, O.A. (February, 1990). Reversal of expected pattern on the Tactual Performance Test. The 18th Annual Meeting of the International Neuropsychological Society, Orlando, FL.
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## SYMPOSIA

1. Heilbronner, R.L. (February, 1989). Organized and chaired symposium on "Neuropsychological sequelae of mild head injuries sustained in sports." The 17th Annual Meeting of the International Neuropsychological Society, Vancouver, Canada.
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Exhibit  
24

STATE OF ILLINOIS

YOUTH COMMISSION

STAFF MEETING RECORD

RECEPTION AND DIAGNOSTIC CENTER - JOLIET, ILL.  
(Institution or Facility)

Name	Birthday	IYC No.	Date Staffed
DAVIS, GIRVIES	1-5-58 (11-4)	69-463M	5-26-69

PRESIDING: Miss Ryan

PRESENTED BY: Team III

PRESENT: The sources of information were: the probation officer's report, school report, group testing results, social hist. psychological, psychiatric report, and medical.

IDENTIFYING DATA:

Girvies is a 4'7", 101 pound, Negro Protestant youth committed to the Illinois Youth Commission by the St. Clair County Circuit Court on 4-28-69 as a delinquent charge with purse snatching. He arrived at the Reception & Diagnostic Center on 4-30-69. He has no apparent identifying marks.

COMMITMENT DATA:

Girvies was committed to the Illinois Youth Commission as a result of his last charge of purse snatching which occurred on 4-11-69.

Girvies doesn't appear to have any particular guilt feelings in regard to this previous charge. Seemingly, his main concern is the fact that his last charge resulted in his commitment to the Illinois Youth Commission.

PREVIOUS HISTORY OF DELINQUENCY:

Formerly, the ward had been apprehended for theft 5-11-66, burglary 5-24-66, shoplifting 4-18-67, shoplifting 8-7-68, and disturbance 9-4-68.

SPECIAL PROBLEMS:

There are no medical or emotional problems which would preclude placement in an IYC facility. Our physician found him physically fit for the IYC program. His vision is 20/20 both eyes.

Girvies was referred to the consulting psychiatrist here at the Reception & Diagnostic Center as a result of the indicated possibility of organicity. There was no history of any serious illness, accidents, headaches, nor fainting spells. He was found to be in good contact and cooperative. There was nothing to suspect organicity, according to the psychiatrist.

ADJUSTMENT AT R & D CENTER:

Girvies' overall adjustment here at the Reception & Diagnostic Center hasn't been too good. One of the regular youth supervisors related that the youth had had a great deal of difficulty in his relationship with those in authority positions as well as his fellow wards.

CONCURRENCE

Page 2

NAME

NYC 69-463M

DAVIS, GIRVIES

NEW YORK STATE  
JUVENILE OFFENSE BOARD  
New York State Commission

He has been found to be in need of continuous supervision. From all indications, he would need the controls which would be present in a medium security setting.

CLINICAL EVALUATION:

Girvies' IQ score, of 78, on the Revised Beta Test classified him as being in the border-line range of intelligence. His Revised Stanford Achievement Test results indicated very low academic skills. The youth is functioning at, approximately, the 1st grade level. The youth was last enrolled at Jackson Grade School in the 5th grade. A brief school report would indicate that his overall adjustment was unsatisfactory. Academically, the youth wasn't doing well which was, at least, somewhat due to his inability. Also, it has been indicated that his relationship with his teachers and fellow pupils hasn't been very good.

Girvies last lived in the home of his mother, Ozella Smith, at 723 North 10th Street, East St. Louis, Illinois. Also, there is a man living in the home but, according to the youth, it isn't his father. Neither his mother nor stepfather are employed and they exist through the support of ADC funds. The youth didn't know why neither of his guardians didn't work but denied that there was any illness in the family. At present, there isn't any information pertaining to this. The youth's father is a policeman who stops by the house periodically. During these periodic visits, the father will sometimes give the youth's mother some money. The youth has about 8 siblings, all of whom live in the home, but their ages are unknown.

From what little Girvies said and what has been indicated, it would appear, he has had a very distant relationship with all authority figures who have lived in the home. Seemingly, the youth has been on his own, to do as he liked, since he was very young. It is to be noted, also, he has quite a lengthy record, although, he is only 11 years of age. He has never learned to respect the rights of others because he has never been taught to.

On the whole, he has been very hard to control and discipline here at the Reception & Diagnostic Center, due to the fact, he has had such a lack of it previously.

Basically, he is a very immature, dependent youth who is striving desperately to overcome his worst dependency needs.

RECOMMENDATIONS:

- 1) It is the staff's recommendation Girvies be transferred to ISTSB. It is felt that, although he is very young he couldn't adjust in a minimum security setting. The probabilities of him leaving a camp setting are very, very, high.
- 2) He should be involved in the school program at the lower academic 1st grade level or EME program.
- 3) He should be involved in as much individual and group counseling as is available. The youth should be particularly helped in the area of learning how to control his tendency to do what he wants, exactly when he wants to do it.
- 4) Girvies home should be thoroughly investigated prior to his return there. It is very unlikely that the boy let out from further acting out if he is returned to the former family setting.

NYC-303 1100

*Kathleen Ryan*  
Kathleen Ryan  
Social Worker

ER:JW:dp  
5-26-69

Exhibit

25

3035-7

FAMILY NAME <b>DAVIS GIRVIES</b>	FIRST NAME <b>324 PERSHING</b>	INITIAL	HOSPITAL No <b>7-03635-0</b>	DATE <b>7-3-77</b>	ROOM NO <b>ICU-1</b>	CLASS	RATE	DAY
PATIENT	STREET	CITY <b>E. ST. LOUIS, ILL.</b>	DOCTOR <b>THOMAS</b>	RELIGION <b>SANTIFIED</b>	MAIDEN NAME <b>SAFE</b>	PRIOR HOSP <b>UNKNOWN</b>	DATE	PATIENTS EMPLOYER <b>NONE</b>
TELEPHONE <b>398-2589</b>	BIRTH DATE <b>01-20-58</b>	SEX & AGE <b>M-19</b>	M SW D <b>sing</b>	OTHER INS <b>DPA</b>	PHONE <b>03-113-019282</b>	RELATIONSHIP <b>SELF CASE</b>	PHONE	PHONE
ADM DATE <b>7-3-77</b>	AM/PM <b>4:55AM</b>	CERT NO <b>771</b>	OTHER INS <b>SMITH OBELLA</b>	RELATIONSHIP <b>MOTHER</b>	PHONE <b>SAFE</b>	PHONE	PHONE	PHONE
B C GRP NO	CERT NO	EMPLOYER <b>7/5/77</b>	DISCH DATE	AM/PM	Soc Sec #			

ADM DIAG **OVERDOSE**

FINAL DIAGNOSIS-Including Complications

1. Suicidal gesture
2. Depressive reaction.
3. Mental retardation. (borderline)

Code

970.1  
296.2  
310

OPERATIONS:

CAUSE FOR ADMISSION:

PERTINENT FINDINGS: i.e. History, Phys. Exam., Lab., X-Ray, etc.

This 19 year old male was taken to the emergency room following an overdose of Elavil and Tranxene and practically comatose. Pupils were equal but constricted and reactive to light. There were no signs or symptoms of anticholinergic poisoning. IV fluids were started and the patient was admitted ICU. He made an uneventful recovery by the next morning and was then transferred to the psychiatric unit. However, he eloped and the family was called, brought back the next morning against his resistance. He does not want to stay in the hospital, he is irritable and hostile. He is very demanding. From the past history, he is potentially violent or to be considered so. He started to sign himself out so the undersigned called the mother and the mother indicated that it is quite OK for him to leave the hospital against our advice. So he is discharged against medical advice. However, he has been given the option to come to the office for further followup care or to attend the Mental Health Clinic.

FINAL SUMMARY OF TREATMENT:

DISCHARGE MEDICATIONS:

CONSULTATION WITH RESULTS:

Recovered  Improved  Not Improved  Not Treated  Diagnosis Only  Died

DISCHARGE TO:

Cause of Death

D: 7/5/77  
T: 7/6/77

Autopsy  Yes  No

I have examined this medical record on

*V. J. Thomas*  
V. J. Thomas, M. D./dk

M. D. Attending Ph.

CHRISTIAN WELFARE HOSPITAL

CITY OF ALBANY CLERK

Signed



**CHRISTIAN WELFARE HOSPITAL**

Name Laura Juvies Date 7/3/77 Hospital No. 3055  
Address 24 Pershing, Ct Room No. 1711  
Age 19 Sex M Race \_\_\_\_\_ Doctor Thompson H. S. W. D. \_\_\_\_\_

iD → 19 yr old male admit to ER

Chief Complaint:  
Unresponsive, respiratory distress (inhibited)  
fx

Present Illness: overdose of Elavil & Tranxene unknown  
quantity - took it because 'No one cares'  
denied suicidal intent

Family History:

Past and Personal History: Single - lives with mother

Physical Examination

Healthy male  
~~conscious, pupils, no response sluggish response to light~~  
After transfer from ICU his vital signs were normal BP 120/80

EENT normal vision & hearing good

Heart & lungs clear

Abd soft & non tender

No neuromuscular defect

Psych Exam

Overactive, tense, irritable, hostile, socialised well, played cards & other games - mood mildly depressed & anxious - speech spontaneous & clear - uncooperative, demanding, just talks about going home

Impression

- Depressive Neurosis
- Suicidal gesture



Signed \_\_\_\_\_

3035-11

Patient James Adams Date July 3 1977 Time 3:57 AM  
 Street 524 Pershing Doctor W. H. H. H. H. Adm. To Rm. 120  
 City St. Louis Ill. Telephone 358-2519 Religion Baptist  
 Sex M Age 19 Birth Date 1-20-58 Marital Status (S) M W D Sep.  
 Employer unemployed Ins. \_\_\_\_\_  
 Employer Address \_\_\_\_\_ B.C. Grp. No. \_\_\_\_\_ Medicare   
 Guarantor Ozella Smith Cert. \_\_\_\_\_ Code \_\_\_\_\_ DPA \_\_\_\_\_ Gen. Asst. \_\_\_\_\_  
 Relationship mother Comp. Case \_\_\_\_\_ NBR 04661965  
 Address if Different 613 N. 81st Case Name General  
 Employer \_\_\_\_\_ Exp. Date 6-22-8-5-77

E R CHARGE PLUS SUTURES	DRUGS	DRESSING	OXYGEN	OTHER	TOTAL
\$ 11.00			540	1245	3400

BROUGHT IN BY SELF  POLICE  RELATIVE  OTHER  CARRIER \_\_\_\_\_  
 160 GOOD  FAIR  POOR  SHOCK  HEMORRHAGE  COMA   
 BP 160 PULSE 88 RESPIRATION 16 TEMPERATURE \_\_\_\_\_ ORAL  RECTAL   
 NOTIFIED: RELATIVE  POLICE  CORONER  TIME \_\_\_\_\_ A.M. BY WHOM \_\_\_\_\_ P.M.

NURSE'S SIGNATURE H. B. Branch and Rd X-RAY?  LAB TEST?

HISTORY AND NATURE OF INJURY TIME 3:57 AM - YTD BROUGHT IN FOR WASH FACIAL  
Service - Mother stated he took  
many pills about 2 hrs ago - small  
& temporary convulsions 2 yr -  
At. Comatose, unresponsive to stimuli  
As above

FINAL SUMMARY OF TREATMENT: RE HEENT - Pupils 1/1  
Neck - no nodules, no tenderness  
no cervical distention  
Chest - Clear to auscultation  
Heart - reg. rate + rhythm  
abd - non tender, flat,  
Ext - WNL

DISCHARGE INSTRUCTIONS: Ref. August of Elavil +  
Tranexem  
Ref. Olanzapine  
O Adult  
Condition Stable

ER DR. Gunn  
X Ozella Smith mother/3/77 9:16A  
 Signature of Responsible Person Understanding Instructions Relationship Date Time Physician's Signature

# PHYSICIAN'S ORDERS AND PROGRESS NOTES

Handwritten notes at top left: "M... 100" and "3635-77".

Authorization is hereby given to dispense the same basic drug by its generic (nonproprietary) name as approved by the Executive Committee unless check mark placed in right-hand column after each drug for which permission is refused

(IMPRINT PATIENT'S PLATE HERE)

USE BALL POINT PEN AND PRESS FIRMLY

DATE ORDERED	NURSE'S INITIALS & TIME	ORDERS	✓	DATE	PROGRESS NOTES
7/3/77		Admit ① Observe for respiratory distress ② EKG Monitor ③ V.S. q 1/2 hr + record ④ NPO ⑤ NG tube c Low Suction ⑥ 1000 cc RL to run over next 8 hrs ⑦ Maintain Foley Cath + Complete I/O ⑧ Observe for Cardiac arrhythmias + level of consciousness q 15 min ⑨ Call DR Thomas for review of these orders STA+			
7/3/77		Discontinue IV fluids p present liter Discontinue NG tube Clear liquid diet Discontinue Foley Cath May transfer to CMU under T.O. Dr. Thomas / Dr. Royer			Unwarranted recovery from overdose. History of antecedent depression. "I wish no one cares for me". Denies suicidal intent. Wants to get attention.

Exhibit  
26

Informant: Patient

LAST NAME <b>DAVIS</b>		FIRST <b>GIRVIES</b>		MIDDLE <b>LAMAR</b>	
LEGAL ADDRESS <b>613 N. 81st St.</b>		CITY <b>E. St. Louis</b>		STATE <b>Ill.</b>	
CO-TWP-CA <b>St. Clair--05</b>		ZIP <b>62205 01</b>		DATE OF BIRTH <b>20 58</b>	
CITY OF BIRTH <b>St. Louis</b>		COUNTY OF BIRTH <b>St. Louis</b>		STATE OF BIRTH <b>Mo.</b>	
RACE <input checked="" type="checkbox"/> WHITE		MARRIAGE STATUS <input checked="" type="checkbox"/> NEVER MARRIED		LEGALLY COMPETENT <input checked="" type="checkbox"/> YES	
SOCIAL SECURITY NUMBER <b>361-52-3783</b>		PERSON TO CONTACT IN CASE OF EMERGENCY <b>Jesse Turner</b>		ADDRESS OF EMERGENCY CONTACT <b>309 N. 82nd St., E. St. Louis, Ill.</b>	
FACILITY NAME AND NO. <b>Alron Mental Health Center--19</b>		ADMISSION DATE <b>09 20 77</b>		ADMISSION TIME <b>8:30 AM</b>	
CLIENTS DMH ID NUMBER <b>643590</b>		EMERGENCY PHONE AREA NUMBER <b>618 398</b>		RELATIONSHIP <b>Sister</b>	
HOSPITAL CLINIC NUMBER		MEDICARE		TYPE OF ADM. <b>Emergency</b>	
PRESENT ADDRESS <b>824 Pershing, E. St. Louis, Ill.</b>		RELIGION <b>Protestant</b>		EDUCATION <b>H.S. 1</b>	
CITY OF DOCKET NUMBER <b>Madison</b>		CITIZENSHIP <b>U.S.A.</b>		LENGTH OF ILLINOIS RESIDENCE <b>18 yrs.</b>	
FATHER <b>Girvies Lamar Sernis</b>		MOTHER'S MAIDEN NAME <b>Ozella Davis</b>		CHANGES AND DATES	
MOTHER'S MAIDEN NAME <b>Ozella Davis</b>		SPOUSE		CORRESPONDENT <b>Jesse Turner - Sister</b>	
SPOUSE		CONSERVATOR OF GUARDIAN		CORRESPONDENT <b>Tyrone Turner - Brother-in-law</b>	
CONSERVATOR OF GUARDIAN		CORRESPONDENT <b>Elire Wholesale Co.</b>		CLIENT'S LAST EMPLOYER <b>Elire Wholesale Co.</b>	
CORRESPONDENT <b>Jesse Turner - Sister</b>		CORRESPONDENT <b>Tyrone Turner - Brother-in-law</b>		PREVIOUS PSYCHIATRIC TREATMENT-ADM DISC- DATES	
CORRESPONDENT <b>Tyrone Turner - Brother-in-law</b>		PREVIOUS PSYCHIATRIC TREATMENT-ADM DISC- DATES		SOURCE OF REFERRAL <b>Mental Health Center of St. Clair Co., E. St. Louis, Ill.</b>	
PREVIOUS PSYCHIATRIC TREATMENT-ADM DISC- DATES		ADMITTING INITIAL IMPRESSION (INCLUDE MENTAL LEVEL) <b>1) Acute schizophrenia episode 2) Habitual excessive drinking</b>		ADMITTING INITIAL IMPRESSION (INCLUDE MENTAL LEVEL) <b>295.40 303.10</b>	
DATE <b>09 21 77</b>		FINAL DIAGNOSIS (MENTAL, PHYSICAL) <b>Habitual excessive drinking</b>		CODE <b>303.10</b>	

**CONFIDENTIAL DATA  
 Redisclosure Of Material  
 Is Strictly Prohibited.**

PLACEMENT OF ADDITIONAL ENTRIES ON REVERSE SIDE  
 Admitted by: Deloris Essington, MH

**DISCHARGE SUMMARY MUST BE COMPLETED BEFORE ACTUAL DISCHARGE**

Date completed: Mo 09, Day 28, Yr 77  
 Date admitted: Mo 09, Day 20, Yr 77  
 Date discharged: Mo 09, Day 29, Yr 77

Patient's last name: DAVIS, GIRVIES LAMAR  
 First name: GIRVIES LAMAR  
 M: \_\_\_\_\_  
 DMH ID No: 6 4 3 5 9 0  
 Social Security No: 3 6 1 5 2 3 7 8 3

Patient's home address: 613 North 81st Street, East St. Louis, Illinois 62205  
 City: East St. Louis, State (if not Ill): Illinois, Zip code: 62205

Date of birth: Mo 01, Day 20, Yr 58  
 Race: WHITE, BLACK, INDIAN, HAWAIIAN, OTHER, NANCAN, MALE, FEMALE, SEX: X  
 Marital status: NEVER MARRIED, MARRIED, DIVORCED, SEPARATED, CONFINED, OTHER, MARR: X  
 Religion: Protestant

DPA No: \_\_\_\_\_  
 Category: \_\_\_\_\_ Co./Dist: \_\_\_\_\_ Serial: \_\_\_\_\_  
 Setting after discharge:  Independent living or  Community Placement

To whom released: Self  
 Relationship: -----

Patient will reside at - street address: 824 Pershing  
 Phone No: None  
 City and State (if not Ill): East St. Louis, Illinois  
 Zip code: \_\_\_\_\_  
 Co - Twp /CA code: STC/C5

Were relatives notified:  Yes  No  
 Name(s) of relative(s) notified: Mrs. Jesse Turner  
 Relationship: Sister

Explain if relatives were not notified: \_\_\_\_\_

COMPLETE THE FOLLOWING ITEMS IF PATIENT HAS BEEN PLACED INTO COMMUNITY PLACEMENT PROGRAM

Name of home: \_\_\_\_\_ Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Code number of home (use interagency public health code number): \_\_\_\_\_

Source of care to be provided:  
 Intermediate care  
 Sheltered care  
 Other: \_\_\_\_\_

Funding Source:  
 Department of Public Aid  
 Department of Mental Health  
 Patient's funds  
 Social Security  
 Other: \_\_\_\_\_

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MEDICATION AND DOSAGE ON DISCHARGE: The client is discharged without medication. No specific medication is recommended.

AFTERCARE PLAN: AFTERCARE PLAN: The client is referred to the Alcoholism and Drug dependence Council, 2501 Ridge, East St. Louis, Illinois, phone: 875-6300. The client has contacted Alcoholism and Drug Dependence Council and will contact them again on 9-30-77 to arrange for an appointment.

State whether patient is capable of employment: This client could become capable of employment with suitable response to follow-up treatments.

Name and address of receiving facility for follow-up services: Alcoholism and Drug Dependence Council, 2501 Ridge, East St. Louis, Illinois  
 Code No: 6-19

Date discharge effective: 09-29-77  
 Type of discharge: Absolute - Court Order  
 Summarized by (signature and title): at James Ingram, Mental Health Specialist II  
 Discharge approved by (signature): \_\_\_\_\_  
 Discharge authorized by (signature): \_\_\_\_\_ Superintendent

Patient's or Guardian's signature: Client not available to sign as left before papers were completed. G  
 Patient's Name: DAVIS, GIRVIES LAMAR  
 Yr. of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Patient ID: 64350  
 Social Security No. \_\_\_\_\_  
 Facility Name: Alton Mental Health Center  
 Unit/Subunit: Linden - 4461  
 Date: \_\_\_\_\_  
 Enter patient's identification above.

DISCHARGE SUMMARY (Part 2)

Date completed			Date admitted			Date discharged								
Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr						
09	28	77	09	20	77	09	29	77						
Patient's last name			First name			MI								
DAVIS,			GIRVIES			LAMAR								
DMH ID No						Social Security No								
6	4	3	5	9	0	3	6	1	5	2	3	7	8	?

**PERTINENT HISTORY**

(Type of admission, occupation, legal competency, reason for admission, onset of illness, precipitating factors, premorbid personality)

This client was admitted for the first time to this facility as an emergency admission on 9-20-77. He is legally competent but has not been working. Client was brought to this facility after destroying property in his mother's home and apparently threatening family members with a knife. These behaviors were said to have occurred while the client was drinking. Client says he has been drinking heavily for about two years, mostly on weekends. Client's problems have apparently partially been precipitated by ongoing conflict with his family and his difficulty in adjusting to adulthood. Client's previous personality is not known at this time.

**PERTINENT FINDINGS:**

(Mental symptoms and behavior on admission, degree of psychiatric impairment/retardation, significant lab and physical findings)

**PERTINENT FINDINGS:** On admission the client appeared mild to moderately depressed but denied suicidal or homicidal ideation. No thought disorder was observed. Client was cooperative, ambivalent, oriented times three. He denied delusions and hallucinations. He seemed motivated for help. Physical examination showed no positive findings. Significant laboratory tests were within normal limits, except for the urinalysis which showed 2 plus ketones, one plus mucous and a few cylindroids.

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**PROVISIONAL DIAGNOSIS AT ADMISSION:** 1) Acute schizophrenic episode; 2) Habitual excessive drinking.

**PROVISIONAL DIAGNOSIS AT ADMISSION:**

**HOSPITAL COURSE:** After admission the client presented no behavior problems. He seemed to eat and sleep well. He interacted appropriately with others without signs of psychosis. He expressed a desire to pursue treatment for an alcohol problem on an outpatient basis. He explained that he has had an open case with Division of Vocational Rehabilitation and is trying to set up a rehabilitation program.

**HOSPITAL COURSE:**

(Remission of symptoms, behavioral aspects, motivation for rehabilitation, etc.)

**TREATMENT:** In addition to prescribed medications, treatment has included individual, group and activities therapy. The client has also attended the Abuse and Addiction Treatment Center for his alcohol problem. Treatment has emphasized aiding the client in learning the effects of alcohol usage and helping him to think about some alternative ways of behavior besides turning to alcohol to relieve frustrations and anxieties.

**TREATMENT:**

**REASON FOR DISCHARGE:**

**REASON FOR DISCHARGE:** Client was ordered discharged by Madison County Circuit Court 9-29-77.

**PROGNOSIS:**

**PROGNOSIS:** Fair.

**FINAL DIAGNOSIS:**

**FINAL DIAGNOSIS:** Habitual excessive drinking.

**CONDITION ON DISCHARGE**

(Brief mental status, residual impairment, physical condition)

**CONDITION ON DISCHARGE:** On discharge this client exhibited no symptoms of psychosis. He appeared in good contact. The client apparently had several conflicts with his family that he has yet to work out. Physical examination shows no positive findings. Significant laboratory tests were within normal limits. Client is discharged as Improved.

Physician's signature

*[Signature]* M.D.



Referral Source	Clinic No.	Supervisor	Date 09-20-77
-----------------	------------	------------	------------------

Identifying information: This is 19-year-old, black, single male, brought on Certificate and petition.

Chief complaint: "I accept everything mentioned in the petition."

Present illness: Patient claims generally he does not get involved in problems, except recently he drank too much, lost control and was threatening everybody. He agrees that he pulled knife and might have hurt somebody. He says he has never been admitted before but was seeking help at mental health center from Dr. Thomas and nerve pills never helped him. Denies using street drugs.

Pertinent past history

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PSYCHIATRIC EVALUATION

Continue on reverse

Illinois Department of Mental Health  
and  
Developmental Disabilities

MS-DD 35  
4-75

PSYCHIATRIC EVALUATION

Patient's Name	DAVIS, GERVIES
Yr. of Birth	Sex
Patient ID	642590
Facility Name	Aiton Mental Health Center
Unit/Subunit	Gender Date
	Gender 4461
Enter patient's identification above.	

Mental status: Appears to be of stated age, mild to moderately depressed. Denies suicidal or homicidal ideation. No thought disorder. Cooperative, ambivalent, oriented times three. Denies delusions and hallucinations. Seems motivated for help.

Initial treatment plan. Mellaril milligrams 50 twice daily, Concentrate 100 milligrams H.S., Dalmane 15 milligrams H.S.

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Diagnosis: INITIAL: 1) Acute schizophrenic episode; 2) Habitual excessive drinking.

Prognosis: Guarded.

Disposition:

Admit Linden.

I. Malik, M. D./at

D- 09-20-77

T- 09-21-77

Examiner

M.D.

**DIRECTIONS** Social histories will be written or dictated according to the following format. Each history must be signed and title of recorder given:

Patient interview       Collateral interview

- 1. Identifying information
- 2. Presenting problem
- 3. Developmental history
- 4. List significant events in patient's life
- 5. Current living situation
- 6. Parental background
- 7. Impression of total interaction

**PRESENTING PROBLEM:** According to the petition, this client was brought to the hospital because he tore up property at his mother's home, threatened his mother and sister with a knife, and broke a lamp over a child's arm. Apparently the client had been drinking when these events occurred. According to the client, he has been drinking for about two years, mostly on weekends. Client states that he sometimes drinks only one beer but may drink up to two half pints of liquor in a day. The client states that for the past year he has also been nervous once in a while and had trouble sleeping at night at times. He states that he has been treated at the mental health center of St. Clair County by Dr. Thomas for these problems. He states he has gone there every two weeks and has also seen Ms. Bonita Andrews at that facility. He said the doctor there has given him medication to help him sleep and help calm his nerves.

The client stated that some time ago he was hospitalized at Christian Welfare Hospital for taking an overdose of sleeping pills. Client says he did this to get people's attention but that it almost ended up being suicide. Client denies any hallucinations or delusions. He says he has never had blackouts or DT's.

**DEVELOPMENTAL HISTORY:** Client says he has attended the 9th grade in school. He says he was held back in the 4th grade and had a tutor in the 7th grade. He says that he had trouble with teachers because he had difficulty doing assignments at times. He says that he got along well with other students.

**SIGNIFICANT EVENTS IN PATIENT'S LIFE:** Client states that he worked at McDonald restaurants as clean-up person and later as a cook for about a total of three months. He says that he drove an ice cream truck in the summers of 1976 and 1977. He worked for two months in 1977 as a security guard but quit because he wasn't getting paid, according to his statements. He said he signed up with DVR for a welding program. He says he has never been in the military nor married. Client states that he was placed on three years probation in 1976 for burglary charge. He says he has also had a battery charge this year because of an incident involving his sister. He says he has had his driver's license suspended for a year because of failure to have insurance when he was involved in a wreck. Client states he was also at the Pere Marquette Boys Camp for a time.

**CURRENT LIVING SITUATION:** The client states that he was living at home with his mother before admission because he did not have money to continue to rent his own apartment after posting bond for the battery charge. He states he has income through SSI. He says he does not wish to return home to live with his mother.

*James Ingram*  
Signature

*JGI*  
Title

James Ingram

Mental Health Specialist II

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Patient's Name: **DAVIS, GIRVENS**  
Yr. of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Patient ID: **643590** Social Security No. \_\_\_\_\_

Facility Name: **Alton Mental Health Center**

Unit/Subunit: **Linden 4461** Date: \_\_\_\_\_

Enter patient's identification above.

Continue on reverse

Illinois Department of Mental Health  
and  
Developmental Disabilities

FD-502-58  
Rev. 11-73

**SOCIAL HISTORY**

PARENTAL BACKGROUND: The client says his mother died in 1973 and that his parents were never married. Client says his father was a night watchman. He seems to have had a high regard for his father. Client states his mother has been married for 6 or 7 years. The client states resentment against both his mother and the man she has married.

IMPRESSION OF TOTAL INTERACTION: Unfortunately, the client's correspondents could not be contacted before completing this history. Apparently the client has been involved in some fairly serious altercations with his family in the community. However, at this facility he has been coherent and has exhibited no unusual behavior. He seems to have some understanding of his alcohol problem and says he is motivated to pursue treatment on an outpatient basis.

Jl:at

D- 09-28-77

T- 09-29-77

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REFERRAL

TO: Discipline: Dr. Abraham Aronson FROM: Referring unit, subunit or activity: Linden - 4461 DATE OF REFERRAL: 09-28-77  
 REASON FOR REFERRAL (Complaints and findings)

*for psychiatric department - about hearing*

PROVISIONAL DIAGNOSIS

*Habitual Excessive Drinking*

Signature of Referring Staff

*[Signature]*

PLACE OF CONSULTATION

Bedside

On Call

Emergency  
 Routine

REPORT (CONSULTATION)

Mr. Davis, age 19, was seen on September 29, 1977. This is his first admission to Alton Mental Health Center for Emergency. At a younger age he was involved in purse snatching and was handled by the Department of Corrections and was referred to a Dr. Lamb, who is a neurologist and psychiatrist in Clayton. He prescribed for him Dilantin. However, there is no history of epilepsy. He did not see him very long and then later saw Dr. Thomas at the mental health clinic in East St. Louis who prescribed some tranquilizer. The problem he tells me is excessive drinking at times. This time he drank quite a bit of gin, became destructive, argumentative and threatening. This is described in the petition for his hospitalization. On the ward he is very pleasant, cooperative, and shows no overt evidence of psychoses. Diagnosis: Habitual excessive drinking. He should be referred again to the mental health center of St. Clair County for counseling regarding his alcohol. Commitment to the hospital cannot be recommended.

AA:at

D&T- 09-29-77

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Continued on Second Page

SIGNATURE AND TITLE OF CONSULTING SERVICE

*Abraham Aronson*  
 Abraham Aronson, M.D.

Date

09-29-77

Patient's Name

*Davis, Dennis*

Yr. of Birth

1958

Sex

Male

Illinois Department of Mental Health and Developmental Disabilities

DMH-30 Rev. 5-73

REFERRAL AND REPORT (CONSULTATION)

Patient ID

043590

Social Security No.

Facility Name

*Alton MHC*

Unit/Subunit

*Linden 4461*

Date

Enter patient's identification above

Exhibit

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4091-78

FAMILY NAME		FIRST NAME	INITIAL	DATE	ROOM NO	CLASS	RATE	DAYS
PATIENT <b>DAVIS,</b>		<b>GIRVIES L.</b>		<b>8-10-78</b>	<b>263-02</b>			
STREET <b>839 No. 81st St.</b>				HOSPITAL No. <b>8-04991-5</b>				
CITY <b>E. St. Louis, Illinois</b>				DOCTOR <b>Thomas Thakur</b>				
TELEPHONE <b>388-2589</b>				RELIGION <b>Prot.</b>				
SEX & AGE <b>M 20</b>		BIRTH DATE <b>1-20-58</b>		MAIDEN NAME				
ADM DATE <b>8-10-78</b>		M SW D <b>Single</b>		PRIOR HOSP DATE <b>Yes / 1977</b>				
B C GRP NO		CERT NO <b>med</b>		PATIENTS EMPLOYER <b>None.</b>				
		OTHER INS <b>Medicare # 427-32-5712-C-6</b>		RELATIONSHIP <b>mother</b>				
ADM DIAG <b>Emotional Dyscontrol Syndrome / Mental Retardation</b>		GUARANTOR OR NEAREST RELATIVE <b>Ozella Smith</b>		PHONE <b>same</b>				
		DISCH DATE <b>8-16-78</b>		PHONE <b>bf</b>				

FINAL DIAGNOSIS-Including Complications

<b>Depressive Neurosis</b>	Code: <b>300.4</b>
<b>Eczematous Dermatitis</b>	<b>692.9</b>
<b>Boarderline</b>	
OPERATIONS: <b>8-14-78 Excision of skin lesions Papilloma of Rt. thigh and Left Axilla.</b>	<b>92.1</b>

CAUSE FOR ADMISSION:

PERTINENT FINDINGS: i.e. History, Phys. Exam., Lab, X-Ray, etc. **This is a 20-year old black male admitted 8/10/78 because of feeling nervous, shakey and sick. The patient said I have a nervous problem, feel bad, started shaking around a lot of people all my life, getting worse for the last six months. Also gave history of skin rash and eczema, left elbow, since early childhood, multiple warts of right thigh and left axilla, since age 10 years, which get worse when "I am nervous". Gives history of scratching too much, getting easily upset. Also complains of trouble in sleeping, worrying about "lots of things on my mind", "looking for a job, filling the application, did no good". The patient also complains of headaches after drinking too much whiskey, about one pint, 3 to 4 days a week, for one year. Physical exam suggested that he had eczematous type of rash, left elbow, and multiple warts of right thigh and left axilla. Psychiatric exam suggested that he appeared worried, tense, having anxious and depressed mood. Routine lab work was within normal limits. EEG was normal. For depression he was treated with anti-depressant medications, supportive psycho-therapy, occupational therapy and ward milieu therapy. For multiple warts he was treated in consultation with Dr. Erenmemis. (Page 1 of 2 pages)**

FINAL SUMMARY OF TREATMENT:

DISCHARGE MEDICATIONS:

CONSULTATION WITH RESULTS: Dr. Erenmemis

DISCHARGE TO: P. Thakur, M.D./mev

Cause of Death: \_\_\_\_\_ Autopsy  Yes  No

I have examined this medical record on \_\_\_\_\_ 19\_\_

Davis, Girvies  
L091-78

ADMISSION DATE: 8/10/78  
DISCHARGE DATE: 8/16/78

DISCHARGE SUMMARY, (cont)—For excessive drinking he was treated with explanation counseling, psycho-therapy. Response to the treatment was good. At the time of discharge he had no unusual anxiety and no depression. Eczematous dermatitis was much improved.

DISPOSITION: Tablets-Mellaril 25 mg. t.i.d.: Ointment for the surgical scars.

Follow up by Dr. Thomas. Appointment arranged.

D: 8/25/78  
T: 8/25/78

  
\_\_\_\_\_  
P. Thakur, M.D./mev



CHRISTIAN WELFARE HOSPITAL

Name Davis Givvies Date 8-12-78 Hospital No. 4091-78

Address 239 N. 81st St. E. St. Louis, Ill. Room No. 263

Age 20 Sex M Race \_\_\_\_\_ Doctor THAKUR H. S. W. D. \_\_\_\_\_

ID: B-M-20, admitted on 8-10-78, brought by Sister

Chief Complaint: "Nervous shaky, Sick"

Present Illness: pt. says: "I have nerve problem - real bad - start shaking around lot of people almost all my life -- getting worse for 6 months - skin rash eczema (L) elbow all my life, get worse when I am nervous, scratch too much -- get easily mad, sometimes I walk away, sometimes fight."

Review of other symptoms

Trouble sleeping - wake up many times - for few months - getting medicine from Dr Thomas -- lot of things on my

Family History: mind - quit looking for work, filling the applications docs did no good.

Appetite ✓ BM ✓  
No H/O headache drink on drinking too much 1 pint whiskey 3-4 days/wk - 1 year.

Past History: : No H/O psych/surgical Rx  
H/O Rx for eczema

Family History: Father died Nov 25, 73 something burst in his stomach.

Past and Personal History: : living with mother, 4 sister, 2 B, & mother's husband.

Physical Examination

Sign ✓ = normal 130/60

Average Gwilt TPR ✓ BP

Skin - warts 0.5 x 0.5 cm size (R) thigh - multiple warts (L) axilla  
 papular rash, thickening ++

Head ✓ normocephalic

Eyes ✓ pupils 4mm CER - no nystagmus

ENT ✓ no congestion

Lungs ✓ clear

Heart ✓ regular no murmur

Abd ✓ soft & nontender

CNS ✓  
 - gait steady - Rombergs sign -ve  
 - All cr Ns = ✓  
 - No neuromuscular deficit

Psych Exam: Appears worried, tense, affect appropriate.  
 anxious mood (severe) ~~no depression~~ " ~~feels happy~~ dysphoric -  
~~impression~~ Speech spontaneous & clear - no delu somatic tension p.  
 No delusions or halluc. - orientation & memory ✓

Dx Depressive Neurosis 6 months  
 Eczema (L) elbow - since early childhood  
 multiple warts (R) thigh (L) axilla - since age 10yrs

Rx inpt psych- Dermatology treatment

Exhibit

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**AFFIDAVIT**

State of Illinois            )  
                                      )     SS  
County of Cook            )

Dr. David M. Randall, Ph.D., having been duly sworn, hereby states and affirms:

1. My name is Dr. David M. Randall, and I am a sentencing consultant with a doctorate in clinical psychology.

2. Attached to this Affidavit is my Psychosocial History of Girvies Davis, which I prepared on behalf of Mr. Davis' attorneys for their use in preparing a clemency petition on behalf of Mr. Davis. The information contained in the Psychosocial History is true and accurate to the best of my knowledge and information. I authorize its use in connection with Mr. Davis' clemency petition.

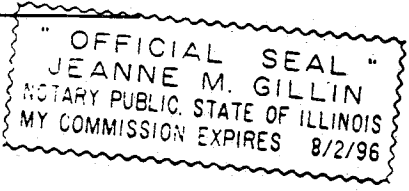
Signed: David Randall

Dated: April 24, 1995

Subscribed and sworn to before me  
this 24 day of April, 1995.

Jeanne M. Gillin

Notary Public



**A PSYCHOSOCIAL HISTORY  
OF GIRVIES DAVIS**

by

**David M. Randall, Ph.D.**

**Psychosocial Sentencing Consultant**

**April 24, 1995**

## Introduction

I have been retained by the law firm of Jenner & Block to conduct a social history investigation of Girvies Davis. The purpose of this social history report, which resulted from that investigation, is to assist the Illinois Prisoner Review Board and Governor Jim Edgar in considering and passing on Mr. Davis' Petition for Executive Clemency. The memorandum is intended to provide important background information to aid in the evaluation of Mr. Davis' character. By no means is it intended to deprecate the serious nature of the crimes for which he has been convicted.

My doctoral training is in clinical psychology. I have worked in the corrections field for almost nine years. During the last six years my primary focus has been consulting on capital cases. Thus far, have been court-appointed or retained as a mitigation expert in approximately sixty Illinois, Indiana, Missouri, California, and Federal death penalty cases. I have consulted with several public defender offices in the Chicago metropolitan area, training attorneys and social workers to prepare mitigation for death penalty sentencing hearings. My curriculum vitae is attached to this report.

Several areas of mitigation in Mr. Davis' case will become apparent, substantiated through reviews of early IDOC documentation, medical and psychological records, and information gleaned from interviews with persons who know Girvies Davis and his family.

My investigation disclosed the following pertinent facts concerning Mr. Davis, and the jury that sentenced Mr. Davis to death heard virtually no evidence of these facts in mitigation. The only witness who testified on Mr. Davis' behalf, his common law wife, merely testified that he was not abusive to her and that if he was not sentenced to death, she would continue to visit him in prison. (A copy of the sentencing transcript of the evidence offered in mitigation is attached as an exhibit to the clemency petition). My investigation disclosed an overwhelming amount of genuinely mitigating evidence that was not shared with the sentencing jury.

It is clear that Girvies Davis had a terrible upbringing, one fraught with serious, serious neglect. The family always lived in East St. Louis, in impoverished neighborhoods. They moved frequently because his mother didn't pay her bills. She was extremely limited both intellectually and emotionally. Both parents were alcoholics; his father was present in his life only intermittently. His mother had children by six different men and for some

children she is not sure who the father is. The family subsisted on public aid and on what the young Girvies could steal. Girvies, the oldest son, was the "man of the house." The mother spent money on clothes and alcohol. There were always adults around drinking and partying. Girvies was taught to steal by his mother, who while shopping with him would plant items on his person, starting from the time he was an infant. When he was old enough, he was encouraged and praised for stealing on his own. His mother also supplemented the family income by prostitution. She would be absent for days at a time and the older sisters--children themselves--would try to mind and feed their siblings. She also prostituted her young preteen and teenage daughters; she would get them drunk and offer them to older men for money. Even when their mother was home the children were not provided with any guidance or love. To say the least, it was not a home that instilled a sense of pride and self-worth in Girvies. And as a consequence of growing up in this type of environment every one of his siblings has suffered in some way as well.

As a child, Girvies himself was very limited intellectually, classified as borderline retarded. Since the age of eight, Girvies grew up under the control of juvenile corrections authorities. When he was about ten years old he was hit by a truck. After that, he developed an organic brain disorder resulting in seizures. Medication was prescribed which would have modulated both his behavioral problems and his seizures. Unfortunately, there was inadequate follow-through on behalf of his mother and the juvenile authorities and consequently compliance with medication was poor. His behavior problems, primarily thievery, but also violence in the home, continued. In 1974, Girvies' father died. Girvies started drinking heavily at this time and developed a serious problem with alcohol, similar to his father. His alcoholism compounded his problems. A psychological evaluation at age 17 described him as being "functionally illiterate." Juvenile corrections officers would have to read forms to him because he could not read. Simple issues would have to be explained to him repeatedly so that he would understand the point.

Girvies' first contact with adult corrections was for the instant offense. During his first few years in prison he was the "same old Girvies"--a serious behavior problem. However, in 1984 he underwent what this skeptic would describe as a remarkable transformation, a religious conversion. His new-found religion instilled in him a set of values that provided the moral framework, a moral compass, that he was not provided as a child. He worked hard to learn how to read, he worked hard to control his behavior, recognize his feelings, and learn how to deal with his anger more constructively. He became a self-aware human being rather than an automaton. Since 1984, his

adjustment while incarcerated in the Illinois Department of Corrections has been excellent.

As part of my investigation, I interviewed the following individuals:

*Family Members*

Mr. Girvies Davis  
Mrs. Ozella Smith, mother of Girvies Davis  
Ms. Beverly Elliott, older sister of Girvies Davis  
Ms. Jesse Turner Bailey, older sister of Girvies Davis  
Ms. Debra McCrae, younger sister of Girvies Davis  
Ms. Bernadette Davis, younger sister of Girvies Davis  
Ms. Regina Hand, younger sister of Girvies Davis  
Mr. Everick "Eric" Turner, nephew of Girvies Davis  
Ms. Diane Davis, cousin of Girvies Davis

*Friends, Acquaintances, Academic Contacts*

Mr. Leland Smith, Sr., family friend of the Davis's  
Ms. Corrine Patton, friend of Ozella Smith  
Mrs. Elvira Geragoshian, long-time acquaintance of the Davis's  
Mrs. Lula Belle Johnson, friend of Girvies Davis and Ozella Smith  
Mrs. Anne Petuchulat, fourth grade teacher of Girvies Davis

*IDOC Personnel and Contacts*

Mr. Richard Cosey, former IDOC probation officer, retired  
Mr. Kenneth Wells, former IDOC supervisor, retired  
Mr. Bill Whetstone, IDOC apprehension officer  
Mr. Larry Spencer, IDOC probation officer  
Officer Sandy Spencer, St. Clair County Jail  
Mr. Robert Caldwell, IDOC, former Menard unit superintendent  
Officer Dan Rathert, IDOC, Menard  
Mr. H.G. Schroeder, former corrections counselor, Menard, retired  
Mr. Carl Walker, former officer St. Clair Co. Jail  
Reverend Dr. Orville Lester, IDOC, St. Clair Co. Jail  
Reverend Jesse Mathes, Jesus is the Way Ministries  
Reverend Ira Banks, IDOC, Menard  
Reverend William Van Buren, IDOC, Menard  
Reverend Jack Nordgaard, Lutheran Social Services  
Sherman Sklar, Ph.D., clinical psychologist



As part of my investigation, I reviewed the following records:

- (a) Master File from the Illinois Department of Corrections
- (b) Presentence reports by C.E. Shaver, Probation Officer/Supervisor
- (c) Extensive mental health and social history evaluations of Girvies Davis, including those conducted by:
  - (1) Kenneth Wells, IDOC, 6/10/69
  - (2) Kenneth Wells, IDOC Placement Investigation Summary, 1970
  - (3) Ronald Williams, Correctional Counselor I, 9/16/70
  - (4) Barbara Fredrickson, Case Worker, ISTSB, 2/5/71
  - (5) Marianne Chermak, M.D., IDOC psychiatrist, 12/22/71
  - (6) F.M. Lorimer, M.D., IDOC EEG report, 12/27/71
  - (7) Marianne Chermak, M.D., IDOC psychiatrist, 1/5/72
  - (8) Marianne Chermak, M.D., IDOC psychiatrist, 8/21/72
  - (9) Marvin Ziporyn, M.D., IDOC psychiatrist, 10/29/72
  - (10) Marvin Ziporyn, M.D., IDOC psychiatrist, 1/8/73
  - (11) Bonita Andrews, psychologist, St. Clair Co. MHC, 10/13/77
  - (12) Several intake interviews from St. Clair Co. MHC
  - (13) V.J. Thomas, M.D., 6/8/77
  - (14) V.J. Thomas, M.D., 7/3/77
  - (15) V.J. Thomas, M.D., 8/10/78
  - (16) V.J. Thomas, M.D., 8/17/77
  - (17) Alan Reeves, M.S., St. Clair Co. MHC, 3/26/81
  - (18) Sherman Sklar, Ph.D., Community Psychological Associates, 7/25/75
  - (19) IDOC Psychological Report (5/19/80) and Supplemental Program Consideration Forms (5/9/85, 5/6/86)
  - (20) IDOC Career Achievement Report (5/31/94)
- (d) Academic records from Longfellow (now Miles Davis) and Jackson Elementary Schools, East St. Louis, Illinois

### **Social History**

Girvies Davis was born on January 20, 1958. He was the fourth of nine children (and the first son) born to Ozella Smith. Ms. Smith had children by at least six different fathers. Mr. Davis' siblings are as follows:

- Beverly Elliott, 46 (father: James Coleman)
- Barbara Ann (died at 4 mos., father: Herbert Henderson)
- Jesse Turner Bailey, 41 (father: Ural Horton)
- Girvies Lamar Davis, 36 (father: Girvies Lamar Stennis)

Debra McCrae, 35 (father: Girvies Lamar Stennis)  
Bernadette Davis, 34 (father: Girvies Lamar Stennis)  
Regina Hand, 32 (father: Henry Davis)  
Anthony Davis, 31 (father: Girvies Lamar Stennis)  
Devon Smith, 28 (father: Dwight Smith)

### **Dysfunctional Family Background**

Girvies' mother, Ozella Smith (63) was also his only real caretaker. She was extremely limited intellectually and unprepared emotionally to serve as a role model or educate by example. Her own upbringing gave her no real guidance in parenting. She was born in Paducah, Kentucky. Her father was a farmer who raised pigs and milked cows. She had a chaotic life herself, and as a child she was shuttled between relatives.

I was sent backwards and forwards as a child all my life through my teens. I stayed in East St. Louis most of my life, 35 years. Whoever would take care of me. Because my parents gave us away when we were small. They separated us, there was four of us, my three sisters, we had to stay with different people. My father and mother couldn't get along. Every time I seen them there was always fighting. She was always accusing him and he was always accusing her. She caught him fooling around. I was the youngest, the others are deceased....I was 7 years old when I was sent off. I started school in Paducah. When they separated, I didn't go to school in Paducah any more. Around 3rd grade I started school in East St. Louis. After they sent me to East St. Louis my mother was living with someone else. He didn't want to keep me. She sent me to live in Paducah with my aunty. I didn't go to school.

When asked when she quit school she stated, "Maybe around 16 I quit school. When I was 16 I was living in East St. Louis, then out on my own. It was a struggle. Because during those times, my stepfather, if we didn't do what he wanted us to do, we'd have to go. He'd just put us out. And my mother would just go along with him. She stayed with him until he died. They lived in East St. Louis. She met him when she came to East St. Louis."

During his youth the family moved frequently and Girvies had trouble in school. When asked to account for those troubles, Ms. Smith explained,

Girvies tried to go to school until he, I think that the children was teasing him, he was a fat boy. Somehow it made him not want to go to school, around the 5th grade. I don't know if he got into trouble with the teachers or not. He never did tell me....He lost all interest in school. Then he didn't want to go. He couldn't read and write too good. He really learned a whole lot in prison. I don't think he knew how to write before he went in. I was surprised how he wrote things to me and explained things to me. He knows a lot about the bible.

Ms. Smith indicated that Girvies would do anything he could to try make ends meet around the house. He had a number of odd jobs as a youth, such as selling papers. "After his father died, he felt it was hard for me to make it, he would help out any way he could. If he saw the children do anything wrong, he was more like a grown up son as a little boy."

Mrs. Smith stated that Girvies' biological father,

was in and out of the house. He would just like to be out all night, most of the time. He was a drinking man. First wine, but as his jobs got better and he made more money, just drank the good whiskey as he called it.

Ms. Jesse Turner Bailey, Girvies' next older sibling, believes that her mother was overwhelmed by the tasks of motherhood, and that she was unable to provide the necessary guidance and emotional support.

My mother, she was a young mother. Not very well educated. She didn't know very much. And I feel as she carried us, children take on from their mothers. I don't know if it was the emotional stress that she was going through when she was carrying Girvies. I believe she might have been drinking and smoking at the time. And she didn't have a mind then like she do now. She wasn't wise in making decisions at that time. We struggled the best we could to survive.

She was not a working mother. We grew up underprivileged. We didn't have very much. But we tried to do the best we could. As we got older, we went in different directions. And everybody

kind of grew apart. Some weren't as strong as others, even now. For example, Debra is an alcoholic.

Our home environment was not very good. She did meet her husband and get married when we were all older and going on our way, beginning to be adults. I was about 16. We were never stable. We moved a lot, we were always on the go. My mother, she drank up until a few years ago, maybe 10 years ago. It was an environment of drinking, music, partying, well, I could say we pretty much were "under the influence" family. And I just got more stable within the last 20 years. Maybe she had a problem with alcohol. She drank gin and beer, pretty much daily and weekends. At one time I was a heavy drinker myself. All of us were drinkers at one time or another. Our life style was so messed up. I'm surprised we're not all in trouble. We went through quite a bit. Some were stronger than others. Maybe we were kind of on our own until she could sober up. Most of us at an early age began our motherhood and began to get out on our own and make the best of life for ourselves....We got no guidance. No, I don't think so. No self-awareness, not at that time....I thought it was the way it was supposed to be.

My mother was wrapped up in herself when we were younger. It was always someone over the house. We met quite a few of her friends, she had a lot of friends. I don't think it helped very much.

I was affected by these things. We didn't have any guidance or instruction. She told us the best that she could, but if she didn't know herself, how could she? She didn't get on a good path. I wish they all could have gotten a stronger grip on life.

Referring to her mother's constant drinking and partying, Jesse stated, "This type of atmosphere is not good for growing children. Children should not be subjected to that. I tried to make things better for my children." Jesse stated, "Ozella, to the best of my knowledge, she didn't slow down [drinking] until the last 15 years."

Jesse stated that the negative home environment,

affected all of us, even as adults....I never really had a childhood. I didn't receive a lot of love. I had to do on my own. Mama

would do something sometimes, but we had to get for ourselves. I dropped out of school, put my age up, and worked. I got married at an early age. I was 16 or 17, I dreamt of that since I was 12. I didn't realize I was only a child....We grew up on our own. The love that we didn't have [in our family] we acquired on our own. I learned how to love and give love. I didn't receive a lot of love. Love is a very important part of a family.

When asked about Girvies' father, Jesse stated, "His father drank a lot too. Until he died. But I don't know what he and my mother went through. He stayed at his own place. Sometimes come by and visit. He wasn't able to guide Girvies in the direction he should have been guided in. He wasn't a vicious person, but he drank a bit. He was never violent. He'd come over after work and be drinking, have something with him. He was a night watchman at Grandpa's store."

I asked Jesse to compare what Girvies was like prior to and following his incarceration at Menard. She stated,

He has developed more and changed more into a totally different person than he used to be. I know that he has become a better person. I know that he has educated himself since he's been incarcerated. He's learned to read and write since he's been in there. He's not the same person, it's like night and day....When he was younger, he didn't go to school like he should have. He was on the heavy side, overweight, people laughed at him.

Before, at first he was very confused. Now he seems to have been rehabilitated. A person with understanding, knowledge, able to distinguish the difference between right and wrong. Able to express himself more freely. Before, he didn't know how to express the inner feelings. Now he can do so freely. He's grown, become a man. At one time he was very immature. He really changed drastically.

Girvies' oldest sister, Mrs. Beverly Elliott (46), harbors considerable rage for her mother for a number of reasons. Her mother put her in her grandmother's care during her early years. And not only did her mother passively neglect the children, she was an alcoholic who prostituted her younger daughters and forced Beverly to act as surrogate mother. Beverly summarized her family life as follows:

Me and Jesse stuck together. We consider ourselves sisters and brothers. But the *family* part you can take off. I was made to be a mother by the age of 12 years old. I had to take care of them. They *had* to be taken care of. I did the best I could, I knew right from wrong....Most of all, you need a mother, when the father wasn't there. Not the word '*Mother*,' you have to have a mother....In first place, I had a mother, my grandmother. And after I lost her, no longer staying with her, I no longer had a mother. I was just in a house with a lot of kids who had to be taken care of. Certain ones I couldn't reach like I wanted to.

I took care of seven of them. When you have that guidance, that love, it means an awful lot to a child. It's something about misusing kids that tears me up. Once you have these kids, you have a responsibility to guide, to teach, to nurture them. My grandmother took care of me in East St. Louis until I was seven or eight years old. Then I moved in with my mother. I don't know the reason why I lived with my grandmother. I felt I needed to be with Ozella, with my mother. But my grandmother took good care of me.

Beverly described an impoverished home environment in which she felt emotionally and materially deprived. "You do without for so long, having nothing. I remember when I was at home, I remember nothing. I don't even think we had a fly swatter, or a fan. It was so bad, I had to ask her if I was really her daughter. When I first moved back home, Jesse was just a baby, two, three, four years old." Both Jesse and Beverly reported that from a young age Girvies was encouraged to steal by his mother. This bothered Beverly terribly, who stated, "I would say 'It's wrong, take it back.'" Beverly stated, "I would tell Ozella, make him take it back, it don't belong to him. We're talking about little things then. That leads to bigger things. We never had nothin', but that wasn't the way to get it. It's really not Girvies' fault. It's Ozella's fault. If you don't teach them, they'll never know." When asked where their mother was when Girvies was plying his trade, Beverly stated,

Ozella was partying. She didn't have a lot of money to take care of us. Knowing the things I know now. There was always somebody I could go to take care of my kids. I think it's an excuse and is wrong. Go out, and lay up and take money she said to take care of her kids. And be gone for three or four days, laid up, and come home and still have nothing. It's a poor excuse, I'm

sorry....If a woman is a good woman, she will carry herself a certain way. Get married.

You're not giving a good example, what are your kids going to think? She didn't have respect for herself. She was not there, she was not the mother she should have been, she not only hurt herself, but her sons, daughters and grandkids.

[Drinking] was like her friend. It would tell her what to do and how to do it. *Old Quaker* whiskey. I wish it would have told her to come home many nights. Later up she moved to gin, "advanced."

Beverly confirmed that theirs was a family in which love and affection were conspicuously absent. About this, Beverly stated, "We have sisters in our family, they dare not hug their kids and tell them they love them. I'll give mine a hug and kiss and let them know I love them. That closeness. We all needed help, not only Girvies. We weren't in prison, but we had hard struggles. One thing led to another."

Beverly said that Ozella was drinking when she was pregnant with Girvies. After he was born, she was extremely promiscuous and neglectful. About her mother, she stated, "She tried to be both parents, but it didn't do no good because she didn't know how to be the first one."

After Girvies was born our mother would be sleeping around for money, gone two, three, four days at a time. Lamar [Girvies' father] would come and go. He'd catch us at home by ourselves, he'd kind of stick around the house. Lamar would go out and drink and come back to the house. He'd kind of check on us. I didn't like his cooking. Cornmeal mush. Whatever he could find in the house. He tried to stick around until Ozella came home. We were more so there by ourselves 'til she "go out and get a hold of some money," as she said. I can remember all these drunk people at our house walking over us, drinking, and stuff like that. Quite frequent. All the kids in the neighborhood would stand by our windows to look in what was going on.

Girvies was not allowed to get disciplined. If Lamar would try to discipline him, it would be a great big fight....We were never encouraged to do positive things. Didn't play no games with him.

There were no times for games at our house. There was time to be punished all the time, you never did nothing right.

My chores were to clean up the house after school. Ozella told me to give her half of my money. I worked for another lady, washed steps on my hands and knees. She told me she was going to make me stop working over there if I didn't give her money. But that kept me out of the street, she didn't realize that. You can never go with her to get nothing. Ozella would bring men over to the house for money--for me. I told her no. She propositioned me to take men to rooms. She could go with them, I was not going.

Regarding Girvies, Beverly stated, Brother [their nickname for Girvies] always tried to be a man figure. He tried to be a man, the strong one. Because there wasn't a man figure, he was the oldest boy.

According to Beverly, alcohol-related problems associated with their upbringing were visited on every member of their family. Beverly suffered from depression and excessive drinking, and stated, "I went to group, I had a counselor." Jesse started drinking at 15 years old. Debra has been an alcoholic since she was 11 years old. Bernadette started drinking before then, is a drug addict, and had two babies by age 17. She met her boyfriend by him being brought home by Ozella. "It's like a pattern keeping on repeating itself."

When asked about the changes she had seen in Girvies since his imprisonment,

I'm thankful that he was locked up. At least I know he's alive. I've noticed changes in him. He listens more now. Doesn't get upset as before. More reasonable. Looks at things from an adult point of view now. He thinks things out a lot now, he doesn't jump to conclusions. Only if he had some kind of role model. The damage was already done at an early age. The tree had been planted. Even in a one-parent household, the kids know if their mother loves them.

Regina Hand (32), another one of Girvies' younger sisters, reported her memories of him as follows:

Girvies was like a father to us, we looked up to him. That was our big brother. He'd tell us to clean up, I would do things for