No. 17- 6796

OCTOBER TERM 2017

In The
Supreme Court of the United States

JUAN DAVID RODRIGUEZ,

Petitioner

v.

STATE OF FLORIDA,

Respondent

PETITIONER'S RESPONSE TO BRIEF IN OPPOSITION

CAPITAL CASE

RACHEL L. DAY*
ASSISTANT CCRC
CCRC SOUTH
1 EAST BROWARD BLVD., SUITE 444
FT. LAUDERDALE, FL 33301
(954)713-1284
* COUNSEL OF RECORD

ATTORNEY FOR PETITIONER

TABLE OF CONTENTS

TABLE OF AUTHORITIES

Cases

Other Authorities

PETITIONER'S RESPONSE TO RESPONDENT'S "STATEMENT OF THE CASE"

Respondent's Brief in Opposition contains a large number of errors, unsupported allegations, and omissions, which compels Mr. Rodriguez's response.

Respondent stated that Dr. Weinstein, Mr. Rodriguez's evaluating expert, "did not believe that testing should accommodate for culture." Brief in Opp. at 3. Respondent makes this allegation without any citation to the record, conveniently. *See id.* Contrary to Respondent's unsupported allegation, Dr. Weinstein's selection of the WAIS-III, translated for Mexican Spanish, was the accommodation for culture and language. *See* Petition at 13. Thus, Respondent's assertion that culture was not accommodated is false. To be clear, the parties in this case agree that there is no test perfectly tailored for Spanish-speaking Cubans that are from rural areas, like Mr. Rodriguez.[1] As such, because Dr. Weinstein's test selection accommodated Mr. Rodriguez's language and cultural needs by selecting the WAIS-III, which was translated into Spanish for Mexican dialects, culture was accommodated.[2]

Further, Respondent failed to mention that the American WAIS-III, translated for Mexican dialects of Spanish, had two available sets of norms to score an individual's IQ. All parties have agreed that the Mexican norming option is scientifically invalid. But, Respondent failed to point out that Dr. Weinstein never

---

[1] After all, Dr. Suarez, Respondent's evaluating expert, used the WAIS-III as translated for Spanish speakers of Spain because there is no Cuban equivalent or standardized Cuban accommodation.

[2] The AAIDD indicates that clinicians' judgements are afforded leeway whenever "available psychometric tests are only an imperfect fit with the client's cultural and linguistic background." *See, e.g.*, Ruth, Richard, American Association on Intellectual and Developmental Disabilities, *Intellectual Disability and the Death Penalty: Consideration of Cultural and Linguistic Factors* 236 (2015).

used the invalid norming option. Instead, because the test publishers authorized a second, alternative set of norms to score individuals, specifically by using the American norming option, Dr. Weinstein used the only scientifically valid norming option that exists for that test. The Petition discussed all of this and demonstrated that Dr. Weinstein adhered to clinical consensus, whereas Respondent omitted this information in its Brief in Opposition. Petition at 15-16 n.19-n.21 (discussing and citing multiple clinical articles that corroborate Dr. Weinstein's scientifically valid methodology). In stark contrast, Respondent has yet to provide a clinical citation for its theory that using American norms for the American WAIS-III, after it has been translated into Mexican Spanish, renders the IQ test invalid. Petition at 15-16 n.19-n.21. This is because Respondent's fiat cannot dictate scientific reality.

Additionally, this Court has already acknowledged that intellectually disabled persons are unlikely to be able to assist their attorneys in the representation of them at trial. *See Hall v. Florida*, 134 S. Ct. 1986, 1993 (2014) (stating that intellectually disabled persons "are more likely to give false confessions, are often poor witnesses, and are less able to give meaningful assistance to their counsel."). That recognition, along with clinical consensus, establishes that intellectually disabled persons are poor reporters of their life. Olley, J. Gregory, American Association on Intellectual and Developmental Disabilities, *Intellectual Disability and the Death Penalty: Time at Which Disability Must be Shown in Atkins Cases* 216 (2015) ("It is common practice to interview a defendant; however, a defendant's self-report of adaptive functioning in or outside of a prison should be viewed with caution, [as] the process

of interviewing an individual with ID in any circumstances presents problems of validity.") (emphasis added). Yet, Respondent, by relying upon the self-reported accounts of Mr. Rodriguez, insists that Mr. Rodriguez was a taxi driver, worked as an electrician, ran a wrecking service, and managed a restaurant even though nothing in the record supports those self-reported tales. Brief in Opp. at 4. Consequently, because Respondent's allegation that Mr. Rodriguez performed more sophisticated occupations is based on the self-reported account of a potentially intellectually disabled person, Respondent's insistence that Mr. Rodriguez held any of those occupations should be viewed with suspicion.[3]

More importantly and ironically, Respondent's shameless insistence that Mr. Rodriguez is not intellectually disabled because Mr. Rodriguez allegedly had more complex occupations than that of a roofer or painter proves that the State of Florida and Florida's courts have a habit of overemphasizing perceived adaptive strengths. As discussed in the Petition, *Moore* has already shown that unanimous clinical consensus focuses on a person's deficits in adaptive functioning, not their strengths, when evaluating whether a person is intellectually disabled. Petition at 29 (quoting *Moore v. Texas*, 137 S. Ct. 1039, 1050 (2017)). Despite *Moore*'s holding that deficits are the focus of the inquiry, *see id.*, Respondent trumpeted dubious information to

[3] Applying Respondent's logic also ignores the clinical reality that intellectually disabled persons often fib, exaggerate, or misrepresent details of their life or their understanding of information in order to conceal their disability from others. This feature has been called the "Cloak of Competence." Keyes, D. & Freedman, D., American Association on Intellectual and Developmental Disabilities, *The Death Penalty and Intellectual Disability: Retrospective Diagnosis and Malingering* 265 (2015) (describing the "Cloak of Competence" as a well-established trait where sub-average intellectual functioning persons will mask their disability "to avoid the stigma of log cognitive ability.")

argue that Mr. Rodriguez's alleged occupations establish that he faked his intellectual disability diagnosis. But, implicit in the recognition that those occupations, such as an electrician, are more complicated jobs than that of a painter is Respondent's unabashed argument that strengths are relevant and/or more relevant than deficits. That position, however, absolutely conflicts with *Moore*, and it certainly never comported with unanimous clinical consensus at the time of Rodriguez's evidentiary hearing. *See* Petition at 29 (discussing this Court's and clinicians' focus on deficits and that intellectually disabled persons may have capabilities or strengths that coexist with their deficits).

Similar to Respondent's insistence that occupations are proof that Mr. Rodriguez lacks deficits in his adaptive functioning, Respondent relies upon perceived adaptive strengths in Mr. Rodriguez's life in order to negate the existence of deficits. Respondent specifically references that Mr. Rodriguez financed a home and automobiles, bought jewelry, and travelled internationally. Brief in Opp. at 4. Respondent did this throughout its brief in opposition. To be clear, the ability to finance a home or automobile is a perceived strength on Respondent's part, as an ability to finance speaks to what Mr. Rodriguez was able to do. The ability to purchase jewelry is also a perceived strength on Respondent's part because, again, purchasing items speaks to what Mr. Rodriguez was able to do.[4] The ability to travel internationally similarly speaks to what Mr. Rodriguez is able to do. Consequently,

[4] Implicit in Respondent's emphasis on Mr. Rodriguez's ability to buy goods or purchase a home is an acknowledgement on Respondent's part that it does not believe intellectually disabled people are capable of figuring out how to place money into another person's hands or how to sign a form.

Respondent unashamedly focused on perceived adaptive strengths in its "Statement of the Case." By doing so, Respondent distracts from the inquiry that is before any court evaluating an *Atkins* claim or any clinician evaluating a person for intellectual disability: whether deficits in adaptive functioning exist. *See Moore*, 137 S. Ct. at 1050. (emphasis added and in original). As further evidence that Respondent overemphasized perceived strengths, Respondent never discussed the alleged deficits raised by Mr. Rodriguez in his Petition.

In the same vein of relying upon occupations and behaviors as a perceived strength, Respondent characterizes Dr. Weinstein's evaluation as defective because he did not consider Petitioner's criminal activities. Brief in Opp. at 3. Maladaptive behavior, such as criminal activity, is inherently a deficit that should not be considered by clinicians. Olley, J. Gregory, American Association on Intellectual and Developmental Disabilities, *The Death Penalty and Intellectual Disability: Adaptive Behavior Instruments* 196-97 (2015) (explaining that criminal behavior, prison behavior, and "street smarts" "is not an indicator of one's level of adaptive functioning"). Therefore, Respondent inadvertently bolstered the validity of Mr. Rodriguez's intellectual disability diagnosis, as Dr. Weinstein's evaluation adhered to clinical consensus by not considering criminal behavior. (emphasis added).[5]

[5] Significant to this point, the brief in opposition essentially concedes that Respondent relied upon Mr. Rodriguez's criminal activity (i.e. maladaptive behavior) to argue and find Mr. Rodriguez not intellectually disabled. *See, e.g.*, Brief in Opp. at 6. Respondent effectually violated *Moore* by re-characterizing a deficit (i.e. maladaptive criminal behavior) as if it were an adaptive strength capable of negating the existence of Mr. Rodriguez's deficits. *Moore*, 535 U.S. at 1050 n.8.

Above all, Respondent never discussed the statements made by the presiding judge at the evidentiary hearing, which clarified that clinical consensus was irrelevant to his findings as discussed in the Petition. Respondent also failed to discuss its own previous arguments that science was immaterial to determining whether an individual was intellectually disabled or not in Florida. This is because Respondent cannot refute the record.

REPLY TO RESPONDENT'S "REASONS FOR DENYING THE WRIT"

Respondent asserts that this case amounts to nothing more than a complaint over the resolution of facts that were in dispute. As an initial matter, in order to comport with *Atkins*, *Hall*, and *Moore*, disputed facts, including credibility determinations, cannot be resolved in favor of a methodology that contradicts the clinical consensus that is supposed to inform factfinders. Otherwise, scientific evidence may be superficially heard in a hollow hearing, and such a hearing would undermine the "fair opportunity" to show the Constitution prohibits an individual's execution by creating an unconquerable standard that risks the execution of intellectually disabled persons. *See Hall v. Florida*, 134 S. Ct. at 2001. Thus, Respondent's assertions that this case amounts to a complaint about the resolution of disputed facts or an effort to re-determine credibility is untrue. To be clear, this case does not involve a dispute between two scientifically valid methods as discussed throughout the Petition and this Reply. Rather, notwithstanding that Respondent's proposed methodology defied clinical standards, this case primarily involves whether

state courts may review an *Atkins* claim through a lens that deems science as immaterial to the findings, credibility or otherwise.

As discussed in the Petition, the presiding judge at Mr. Rodriguez's *Atkins* hearing stated on the record that science was not relevant to his determination. *See, e.g.*, Petition at 24 n. 29. Respondent conveniently omitted any mention of the judge's statements on the record. Further, because Respondent always asserted that intellectually disabled persons are identified pursuant to Florida's interpretation of intellectual disability even if clinical consensus would unanimously interpret a particular issue differently, Respondent argued that clinical authority was irrelevant to a judge's *Atkins* determination. *See, e.g.*, Petition at 4, 8-9, 24 n.29. Respondent conveniently omitted its history of trying to exclude all clinical authority. *See, e.g.*, Petition at 25 n. 30-31. Respondent's omissions are due to the fact that it simply cannot refute the record—Mr. Rodriguez's *Atkins* hearing was one where science was advocated against by Respondent and viewed irrelevant by the state court judge.

In addition, Respondent is correct that this Court authorized states to utilize "appropriate ways" to identify intellectually disabled persons. Brief in Opp. at 14. However, while this Court granted states leeway in crafting methods that appropriately enforce the constitutional restriction against executing intellectually disabled persons, this Court never authorized states to apply definitions that will undoubtedly fail at identifying intellectually disabled persons. *See Moore*, 137 S. Ct. at 1049 (explaining this Court's "precedent does not license disregard of current medical standards" when Atkins claims are at issue). In fact, this Court has already

clarified that intellectually disabled persons are denied a "fair opportunity" to prove the Constitution prohibits their execution—in violation of the Eighth Amendment—when Florida's courts superficially heard but discarded clinical authority for being inconsistent with state court interpretations. [6] *See Hall v. Florida*, 136 S. Ct. at 2001 (explaining that a rule that was "in direct opposition to the views of those who design, administer, and interpret" clinical definitions denied intellectually disabled persons a "fair opportunity to show that the Constitution prohibits their execution.")

Respondent asserted that Mr. Rodriguez sought for states to conform their "legal definitions of intellectual disability to the views of the scientific community" and for states to "adopt" the AAIDD definition of intellectual disability. In asserting this, Respondent simultaneously oversimplified and exaggerated Mr. Rodriguez's actual argument. In reality, Mr. Rodriguez argued that being informed by clinical standards necessitates some degree of conformity and consistency with clinical standards in order to successfully identify intellectually disabled persons in a constitutional manner. *Moore*, 137 S. Ct. at 1051 (relying upon *Hall*, 134 S. Ct. at 1990) (criticizing a standard that either by design or by operation creates the "**unacceptable risk** that persons with intellectual disability will be executed") (emphasis added). Surely, this Court's instruction for states to be informed by clinical

[6] Indeed, the Petitioner in *Hall v. Florida* presented evidence at an evidentiary hearing that his IQ score of 71 was entirely consistent with clinical standards even though it contradicted state interpretations. *Hall v. Florida*, Petitioner's Brief, Case No. SC12-10882 at 19 (Dec. 16, 2013). When Florida's state courts denied Hall the opportunity to have his clinical authority viewed as relevant, it established the factual predicate for this Court's decision in *Hall v. Florida*.

standards cannot merely be interpreted as this Court's request that states superficially hear scientific evidence when that authority favors capital defendants.

A. Respondent's Analysis as to Mr. Rodriguez's Intellectual Functioning

As explained in the Petition, Dr. Weinstein accommodated Mr. Rodriguez's culture and language. He did this by selecting the American WAIS-III, translated into Mexican Spanish, and applying the scoring norms from the United States. Thus, Respondent's unsupported allegation that Dr. Weinstein believed he could ignore cultural accommodations, see Brief in Opp. at 18, is fake information. There is no test perfectly tailored for Spanish-speaking Cubans from rural areas. Respondent's evaluation of the American WAIS-III, translated for Spanish speakers from Spain, further exhibits that no expert could have provided a test that was a tight fit for Mr. Rodriguez's cultural background. Respondent omitted this information.

Additionally, as discussed earlier, Respondent omits that Dr. Weinstein adhered to the test manual of the Mexican translation of the WAIS-III by choosing a scientifically valid norming option (i.e. the United States scoring option). The test publishers explained that either the United States norms or the Mexican norms could be validly used. Although the Mexican norming option was invalidated and is clinically discouraged, that is irrelevant to Mr. Rodriguez's evaluation. Dr. Weinstein used the United States norming option. Consequently, because Dr. Weinstein used a norming option that is authorized by the test publishers, *see* Petition at 15 n. 19, Respondent's discussion of the Mexican norming option is a non sequitur. *See* Brief

in Opp. at 19 (discussing the Mexican norming option's invalidity and never discussing the United States norming option that Dr. Weinstein actually used).[7]

Respondent also stated that Mr. Rodriguez "claims" that the use of malingering tests was contrary to scientific authority. Brief in Opp. at 16. In the Petition, Mr. Rodriguez cited to clinical authority to establish that Dr. Suarez's so-called malingering tests were unconventional for clinicians evaluating intellectually disabled persons. Petition at 14-15 n.15-n.19. In response, Respondent doubled down that there is nothing wrong with using the MMPI, the VIP, or the Dot Counting Test on a potentially intellectually disabled person because Mr. Rodriguez's Atkins determination required "a forensic evaluation." *See* Brief in Opp. at 20. Even so, it is well-established in the clinical community that, notwithstanding the forensic nature of the evaluation, commonly used malingering tests are scientifically invalid when administered on potentially intellectually disabled persons. Petition at 14-15 n.15-n.19. Put bluntly, Respondent, **without any clinical authority**, begs this Court to blindly trust its view that Dr. Suarez's "malingering" tests caused no risk of executing an intellectually disabled person. (emphasis added).

B. Respondent's Analysis as to Mr. Rodriguez's Deficits in Adaptive Functioning

Respondent suggests that Dr. Weinstein failed to provide a concurrent evaluation (i.e. an evaluation that considers Mr. Rodriguez's behavior in prison). *See* Brief in Opp. at 23. By doing so, Respondent ignores that the Petition highlighted

[7] The Petition also clarified, with clinical authority, that the Mexican translation of the American WAIS-III is "essentially identical to the U.S. Version except that the instructions and items are translated into Spanish." Petition at 13 n. 13.

that Mr. Rodriguez's prison records were reviewed and relied upon. The Petition stated that Dr. Weinstein "interviewed individuals who knew Mr. Rodriguez as a child and as an adult, reviewed prison records and the records of other professionals that have evaluated Mr. Rodriguez's mental health and intellectual functioning, and made his own personal observations." Petition at 17; (PCR3 Vol. 24, at 79-80).

Specifically, Dr. Weinstein found deficits in functional academic skills, social/interpersonal skills, and in communication skills. Petition at 17. The Petition cites specific examples and facts that Dr. Weinstein relied upon, such as his interaction with Mr. Rodriguez and prison medical and disciplinary records. Petition at 16-18. Put mildly, Respondent's suggestion that Mr. Rodriguez's incarcerated behavior was not reviewed by Dr. Weinstein was untrue.

Additionally, given the highly structured nature of prisons, Dr. Weinstein had to review behavior that was exhibited outside of a prison setting, both before and after eighteen years of age, in order to detect whether deficits in adaptive functioning exist. *See* Petition at 21-22 (citing *Moore*, 137 S. Ct. at 1050 and clinical authority). Intellectual disabilities are life-long conditions. Consequently, any evidence of deficits in adaptive functioning in the past, whether they were exhibited before or after eighteen, are very likely to provide evidence that deficits in adaptive functioning exist in the present as well. *See, e.g.*, Keyes, D. & Freedman, D., AAIDD, *Retrospective Diagnosis and Malingering* 263-74. This is why Dr. Weinstein also

reviewed and met with people that would have information about Mr. Rodriguez life when he was not incarcerated as an adult.[8]

Applying Respondent's logic, therefore, that non-incarcerated behavior (i.e. non-concurrent behavior) should not be relied upon to assist in establishing prong two demonstrates the great risk Florida has taken in its failed attempts at identifying intellectually disabled persons. Notwithstanding the challenges of evaluating an individual in a highly structured environment, death row inmates would never have anyone qualified to speak on their present-day functioning pursuant to the rule Respondent espouses. This inability to have qualified witnesses would result because prison staff is already known to be unreliable, prison visits are infrequent, the number of visitors is small, and the opportunity for deficits to be exhibited during a prison visit is unlikely given the environment and time restraints.

More importantly, clinicians are supposed to review criminal and prison behavior with "**limited value**" and it is "especially important" to remember that "the existence of **competence in some areas does not disprove a diagnosis of [intellectual disability] or somehow counter the existence of a deficit.**" Olley, J. Gregory, AAIDD, *Adaptive Behavior Instruments* 196 (emphasis added). Respondent's interpretation, therefore, defies clinical understandings of intellectual disability. Further, Respondent's Brief in Opposition, which heavily relied on Mr. Rodriguez's criminal

[8] While insisting that Dr. Suarez did not solely rely upon prison officials, Respondent omits that Dr. Suarez never met with anyone that knew Mr. Rodriguez outside of a prison setting.

background and behavior exhibited in a prison setting, as opposed to non-incarcerated behaviors, advocated a clinically unconventional methodology.[9] *See id.*

According to Respondent, this case is purportedly distinguishable from *Moore* because "the Florida courts considered [Mr. Rodriguez's] alleged deficits in adaptive behavior and found that he had failed to establish the existence of any." Brief in Opp. at 26. Yet, no court in Florida has addressed the deficits Mr. Rodriguez relied upon. Instead, Florida's courts seem fixated on what Mr. Rodriguez can do, as opposed to what Mr. Rodriguez has shown he cannot and was not able to do. Mr. Rodriguez cited to specific examples that show the state circuit court order overemphasized perceived strengths. *See, e.g.*, Petition at 20 n.25 (enumerating some of the many perceived strengths that were listed and relied upon by the state circuit court order, such as Mr. Rodriguez's ability to play billiards and baseball for leisure prior to incarcerations). Mr. Rodriguez also pointed to the fact that strengths were exclusively relied upon by the state circuit court's order because the only fact analyzed was the re-characterization of a deficit as "normal" behavior. *See* Petition at 22, 35-36 (describing Mr. Rodriguez's deficits consistent with that of "millions of men" who do foolish behavior even though the relied upon behavior was the act of unknowingly defecting from the oppressive Fidel Castro regime and turning himself in to be

[9] Respondent insists that there is no error in Mr. Rodriguez's case, specifically the adaptive functioning inquiry, because "the definitions of intellectual disability the medical community provides for general use are fully consistent with Florida law." Brief in Opp. at 22. However, Respondent forgets that this Court deemed Florida's textual definition of intellectual disability consistent with clinical standards but applied unconstitutionally for failing to consider how clinicians would interpret the clinical language. *See Hall v. Florida*, 136 S. Ct. at 1994, 2001.

incarcerated). Mr. Rodriguez also cited to examples of the Florida Supreme Court emphasizing perceived strengths as evidence that Mr. Rodriguez is not intellectually disabled. Petition at 23 (citing the Florida Supreme Court's reliance on "good hygiene" and that Mr. Rodriguez "could drive" while never discussing the deficits alleged by Mr. Rodriguez). While Respondent insists that Florida's courts reviewed deficits, the Brief in Opposition failed to point to an example where a deficit was ever evaluated by Florida's courts. In fact, even Respondent overemphasized adaptive strengths in its Brief in Opposition. The Brief in Opposition never discussed the deficits relied upon by Mr. Rodriguez. Instead, it referenced perceived abilities, whether they have any reliable support or not.[10] Dr. Suarez's evaluation also never discussed the deficits alleged by Mr. Rodriguez. Respondent omitted this information.

According to Respondent, the Florida Supreme Court merely reasoned that *Moore* did not apply in this specific case because Mr. Rodriguez was "evaluated under the generally accepted, uncontroversial intellectual-disability diagnostic definition" "unlike *Moore*." *See* Brief in Opp. at 26. Respondent overlooks that every *Atkins* claimant in Florida is evaluated under the same, as Respondent puts it, "generally accepted, uncontroversial intellectual-disability diagnostic definition." Respondent's myopic analysis, thus, failed to observe that the Florida Supreme Court held that this Court's decision in *Moore* is inapplicable in Florida because Florida's *Atkins* claimants, like Mr. Rodriguez, are all subject to Florida's "generally accepted,

[10] *See, e.g.*, Brief in Opp. at 6 ("ability to engage in planned criminal behavior," "to arrange and post bond," "engage in financial transactions," "directed [a friend] on specific items he wanted her to purchase for him.," "joined the Cuban Merchant Marines," "travelled internationally [while in the Marines]," allegedly "worked as a furniture refinisher," and "made telephone contact.").

uncontroversial" textual definition.[11] Finally, Mr. Rodriguez never relied nor intended to rely upon *Wright v. Florida*, 2017 WL 3480760 (2017) for precedential value. Mr. Rodriguez cited to *Wright* in order to emphasize there is nothing preventing this Court from similarly granting certiorari given that an intervening and controlling case was not considered relevant in this case. *See Wellons v. Hall*, 558 U.S. 220, 225 (2010) (quoting *Lawrence v. Chater*, 516 U.S. 163 (1996)).

CONCLUSION

Respondent's assertion that Mr. Rodriguez "received a full hearing on his intellectual disability claim in which he was afforded an opportunity to present evidence," see Brief in opp. at 18, ignores that at the hearing Respondent and the presiding judge stated that Mr. Rodriguez's clinical authority was irrelevant. Respondent conveniently omits any reference to these events. Respondent also ignores that no court in Florida has addressed the deficits alleged by Mr. Rodriguez—only strengths were analyzed. It is well-established that an *Atkins* hearing with a jaundiced eye towards science taints the findings and fairness of the proceedings. *See Hall v. Florida*, 136 S. Ct. at 2000-01. *See also Moore*, 535 U.S. at 1050 n.8. Because Florida failed at affording Mr. Rodriguez with a "fair opportunity" to show his execution would be unconstitutional under the Eighth Amendment, the Petition should be granted. *See Hall v. Florida*, 136 S. Ct. at 2000-01.

---

[11] Despite Respondent's suggestion that connected strengths can be used to negate the existence of deficits, Respondent provides no clinical citation to support this novel theory. Further, Respondent failed to show how the perceived strengths it identified were "connected" to the deficits identified by Mr. Rodriguez because Respondent failed to address the relied upon deficits or make those connections.

Respectfully Submitted,

Rachel L. Day
Counsel of Record
Law Office of the Capital Collateral
Regional Counsel—South Region
1 East Broward Boulevard
Suite 444
Ft. Lauderdale, FL 33301
dayr@ccsr.state.fl.us
(954) 713-1284

On January 3, 2017