No. 19-6329

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

Jackie Boyd — PETITIONER
(Your Name)

VS.

Carol Monroe. Et.al — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis.*

Please check the appropriate boxes:

☒ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

The United States District Court-Eastern District , and
The United States 5th Circuit of Appeals

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☐ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____
_____, or

☐ a copy of the order of appointment is appended.

Jackie Lee Boyd
(Signature)

## AFFIDAVIT OR DECLARATION
## IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, Jackie Boyd, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| **Income source** | **Average monthly amount during the past 12 months** | | **Amount expected next month** | |
|---|---|---|---|---|
| | You | Spouse | You | Spouse |
| Employment | $ -0- | $ -0- | $ -0- | $ -0- |
| Self-employment | $ -0- | $ -0- | $ -0- | $ -0- |
| Income from real property (such as rental income) | $ -0- | $ -0- | $ -0- | $ -0- |
| Interest and dividends | $ -0- | $ -0- | $ -0- | $ -0- |
| Gifts | $ -0- | $ -0- | $ -0- | $ -0- |
| Alimony | $ -0- | $ -0- | $ -0- | $ -0- |
| Child Support | $ -0- | $ -0- | $ -0- | $ -0- |
| Retirement (such as social security, pensions, annuities, insurance) | $ -0- | $ -0- | $ -0- | $ -0- |
| Disability (such as social security, insurance payments) | $ -0- | $ -0- | $ -0- | $ -0- |
| Unemployment payments | $ -0- | $ -0- | $ -0- | $ -0- |
| Public-assistance (such as welfare) | $ -0- | $ -0- | $ -0- | $ -0- |
| Other (specify): N/A | $ -0- | $ -0- | $ -0- | $ -0- |
| **Total monthly income:** | $ -0- | $ -0- | $ -0- | $ -0- |

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of Employment | Gross monthly pay |
|---|---|---|---|
| N/A | N/A | N/A | $ N/A |
| N/A | N/A | N/A | $ N/A |
| N/A | N/A | N/A | $ N/A |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of Employment | Gross monthly pay |
|---|---|---|---|
| N/A | N/A | N/A | $ N/A |
| N/A | N/A | N/A | $ N/A |
| N/A | N/A | N/A | $ N/A |

4. How much cash do you and your spouse have? $ -0-
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Type of account (e.g., checking or savings) | Amount you have | Amount your spouse has |
|---|---|---|
| N/A | $ -0- | $ -0- |
| N/A | $ -0- | $ -0- |
| N/A | $ -0- | $ -0- |

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home
Value -0-

☐ Other real estate
Value -0-

☐ Motor Vehicle #1
Year, make & model N/A
Value -0-

☐ Motor Vehicle #2
Year, make & model N/A
Value -0-

☐ Other assets
Description N/A
Value -0-

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---|---|---|
| N/A | $ -0- | $ -0- |
| N/A | $ -0- | $ -0- |
| N/A | $ -0- | $ -0- |

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

| Name | Relationship | Age |
|---|---|---|
| N/A | N/A | N/A |
| N/A | N/A | N/A |
| N/A | N/A | N/A |

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

| | You | Your spouse |
|---|---|---|
| Rent or home-mortgage payment (include lot rented for mobile home)<br>Are real estate taxes included? ☒ Yes ☐ No<br>Is property insurance included? ☒ Yes ☐ No | $ -0- | $ -0- |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | $ -0- | $ -0- |
| Home maintenance (repairs and upkeep) | $ -0- | $ -0- |
| Food | $ -0- | $ -0- |
| Clothing | $ -0- | $ -0- |
| Laundry and dry-cleaning | $ -0- | $ -0- |
| Medical and dental expenses | $ -0- | $ -0- |

| | You | Your spouse |
|---|---|---|
| Transportation (not including motor vehicle payments) | $ -0- | $ -0- |
| Recreation, entertainment, newspapers, magazines, etc. | $ -0- | $ -0- |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's | $ -0- | $ -0- |
| Life | $ -0- | $ -0- |
| Health | $ -0- | $ -0- |
| Motor Vehicle | $ -0- | $ -0- |
| Other: N/A | $ -0- | $ -0- |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| (specify): N/A | $ -0- | $ -0- |
| Installment payments | | |
| Motor Vehicle | $ -0- | $ -0- |
| Credit card(s) | $ -0- | $ -0- |
| Department store(s) | $ -0- | $ -0- |
| Other: N/a | $ -0- | $ -0- |
| Alimony, maintenance, and support paid to others | $ -0- | $ -0- |
| Regular expenses for operation of business, profession, or farm (attach detailed statement) | $ -0- | $ -0- |
| Other (specify): N/A | $ -0- | $ -0- |
| **Total monthly expenses:** | $ -0- | $ -0- |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? N/A

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? -0-

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I am currently incarcerated.

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

Executed on: 9-16-, 2019

Jackie Lee Boyd
(Signature)

TDCJ

UOA: LEWIS (GL)
HOUSING: HSH2 CELL 15
MRN ENTERED: 1263639

RX_ID : 21931657
REFILLS: 10 OF 11

# PATIENT MEDICATION COMPLIANCE REPORT

*FOR 03/01/2016 TO 02/27/2018*

Exhibit C

REPORT NUMBER: PHO413
02/27/2018 11:07.21

| PATIENT NAME | CURRENT MRN | PRESCRIBER | (Order Entry Date / Time) RX DATE / TIME | RUN START DATE / TIME | RUN END DATE / TIME | FINAL EXPIRATION DATE / TIME |
|---|---|---|---|---|---|---|
| BOYD, JACKIE L | 1263639 | BRUNETT, LANA C, RN PMHNP-BC | 10/24/2016 16:25:39 | 08/20/2017 16:21:00 | 09/19/2017 16:21:00 | 10/19/2017 16:21:00 |

| LABEL NAME | DOSAGE INSTRUCTIONS | MEDICATION STATUS | COMPLIANCE |
|---|---|---|---|
| CARBAMAZEPINE 100MG/5ML 450ML | 200 MG ORAL 3 TIMES DAILY FOR 30 DAYS. 200 MG = 10 mL | AUTOMATIC EXPIRATION on 10/19/2017 16:21:02 | 78.89 % |

| ADMINISTRATION CODE | DATE ADMINISTERED | TIME ADMINISTERED | ADMINISTERED BY | LOCATION OF ADMINISTRATION |
|---|---|---|---|---|
| A 2 missed Doses | 08/31/2017 Two Doses missed | 20:08.59 | MICHAEL, CONESHA L, L.V.N. | MI |
| A | 09/01/2017 one Dose | 03:28.10 | LEE, APRIL L, L.V.N. | MI |
| A 1 missed Dose | 09/01/2017 missed | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 2 missed Doses | 09/02/2017 Two Doses missed | 04:59.16 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 09/03/2017 one | 13:26.52 | MCGILL, SARA M, L.V.N. | MI |
| A 1 missed Dose | 09/03/2017 Dose | 20:00.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 09/04/2017 one | 02:24.17 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 1 missed Dose | 09/04/2017 Dose missed | 15:54.11 | FRANCO, ISOBEL P, L.V.N. | MI |
| A 3 correctly | 09/05/2017 | 02:50.51 | WILLIAMS, DENISE L, L.V.N. | MI |
| A given Daily | 09/05/2017 | 16:25.04 | FRANCO, ISOBEL P, L.V.N. | MI |
| A | 09/05/2017 | 20:11.41 | MICHAEL, CONESHA L, L.V.N. | MI |
| A 2 - missed Dose | 09/06/2017 Two Doses missed | 12:54.41 | MCGILL, SARA M, L.V.N. | MI |
| A | 09/07/2017 one Dose | 03:30.31 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 1 missed Dose | 09/07/2017 missed | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 09/08/2017 one Dose | 03:34.34 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 1 missed Dose | 09/08/2017 missed | 16:14.03 | ADAMS, JOSEPH V, L.V.N. | MI |
| A | 09/09/2017 | 15:45.12 | FRANCO, ISOBEL P, L.V.N. | MI |
| A 1 missed Dose | 09/09/2017 | 19:25.14 | BELL, BARRY D, L.V.N. | MI |
| A | 09/10/2017 one Dose | 14:55.42 | FRANCO, ISOBEL P, L.V.N. | MI |
| A 1 missed Dose | 09/10/2017 missed | 19:29.06 | BELL, BARRY D, L.V.N. | MI |
| A | 09/11/2017 one Dose | 17:53.42 | MCGILL, SARA M, L.V.N. | MI |
| A 1 missed Dose | 09/11/2017 missed | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 09/12/2017 one Dose | 04:39.47 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 1 missed Dose | 09/12/2017 missed | 14:50.43 | MCGILL, SARA M, L.V.N. | MI |
| A | 09/13/2017 one Dose | 04:04.18 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 1 missed Dose | 09/13/2017 missed | 18:10.15 | GRANDBERRY, NAKITA R, L.V.N. | MI |
| A | 09/14/2017 | 02:10.37 | WILLIAMS, DENISE L, L.V.N. | MI |
| A | 09/14/2017 | 15:31.42 | FRANCO, ISOBEL P, L.V.N. | MI |

ADMINISTRATION CODE LEGEND

| | |
|---|---|
| A = ACCEPTED | N = MEDICATION NOT AVAILABLE |
| D = ENTRY DELETED | R = REFUSED |
| H = MEDICATION ON HOLD | S = GAVE FROM STOCK |
| K = ISSUED KOP TO PATIENT | X = NO RECORDS FOUND |

TDCJ
UOA: LEWIS (GL)
HOUSING: HSH2 CELL 15
MRN ENTERED: 1263639

RX_ID : 21931657
REFILLS: 10 OF 11

PATIENT MEDICATION COMPLIANCE REPORT
*FOR 03/01/2016 TO 02/27/2018*

Exhibit - [redacted]

REPORT NUMBER: PHO413
02/27/2018 11:07.21

| PATIENT NAME | CURRENT MRN | PRESCRIBER | (Order Entry Date / Time) RX DATE / TIME | RUN START DATE / TIME | RUN END DATE / TIME | FINAL EXPIRATION DATE / TIME |
|---|---|---|---|---|---|---|
| BOYD, JACKIE L | 1263639 | BRUNETT, LANA C, RN PMHNP-BC | 10/24/2016 16:25:39 | 08/20/2017 16:21:00 | 09/19/2017 16:21:00 | 10/19/2017 16:21:00 |

| LABEL NAME | DOSAGE INSTRUCTIONS | MEDICATION STATUS | COMPLIANCE |
|---|---|---|---|
| CARBAMAZEPINE 100MG/5ML 450ML | 200 MG ORAL 3 TIMES DAILY FOR 30 DAYS. 200 MG = 10 mL | AUTOMATIC EXPIRATION on 10/19/2017 16:21:02 | 78.89 % |

| ADMINISTRATION CODE | DATE ADMINISTERED | TIME ADMINISTERED | ADMINISTERED BY | LOCATION OF ADMINISTRATION |
|---|---|---|---|---|
| A | 09/14/2017 | 20:46.41 | WILLIAMS, DENISE L, L.V.N. | MI |
| A | 09/15/2017 | 01:00.46 | WILLIAMS, DENISE L, L.V.N. | MI |
| A | 09/15/2017 | 14:43.07 | MCGILL, SARA M, L.V.N. | MI |
| A | 09/15/2017 | 14:44.39 | MCGILL, SARA M, L.V.N. | MI |
| A | 09/15/2017 | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 09/16/2017 One Dose missed | 02:32.47 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 1 missed | 09/16/2017 | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A Dose | 09/17/2017 | 05:00.33 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 09/17/2017 | 13:14.03 | MCGILL, SARA M, L.V.N. | MI |
| A | 09/17/2017 | 20:00.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 09/18/2017 | 03:58.51 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 09/18/2017 | 16:14.02 | FRANCO, ISOBEL P, L.V.N. | MI |
| A | 09/18/2017 | 20:52.09 | BELL, BARRY D, L.V.N. | MI |
| A | 09/19/2017 [redacted] | 01:20.01 | BELL, BARRY D, L.V.N. | MI |
| A | 09/19/2017 [redacted] | 15:09.12 | FRANCO, ISOBEL P, L.V.N. | MI |

TOTAL DOSES TAKEN: 71

17

| ADMINISTRATION CODE LEGEND | |
|---|---|
| A = ACCEPTED | N = MEDICATION NOT AVAILABLE |
| D = ENTRY DELETED | R = REFUSED |
| H = MEDICATION ON HOLD | S = GAVE FROM STOCK |
| K = ISSUED KOP TO PATIENT | X = NO RECORDS FOUND |

TDCJ –
UOA: LEWIS (GL)
HOUSING: HSH2 CELL 15
MRN ENTERED: 1263639

RX_ID : 21931657
REFILLS: 11 OF 11

PATIENT MEDICATION COMPLIANCE REPORT
*FOR 03/01/2016 TO 02/27/2018*

REPORT NUMBER: PHO413
02/27/2018 11:07.21

Exhibit-D-

Ex dhibit only given

| PATIENT NAME | CURRENT MRN | PRESCRIBER | (Order Entry Date / Time) RX DATE / TIME | RUN START DATE / TIME | RUN END DATE / TIME | FINAL EXPIRATION DATE / TIME |
|---|---|---|---|---|---|---|
| BOYD, JACKIE L | 1263639 | BRUNETT, LANA C, RN PMHNP-BC | 10/24/2016 16:25:39 | 09/19/2017 16:21:00 | 10/19/2017 16:21:00 | 10/19/2017 16:21:00 |

| LABEL NAME | DOSAGE INSTRUCTIONS | MEDICATION STATUS | COMPLIANCE |
|---|---|---|---|
| CARBAMAZEPINE 100MG/5ML 450ML | 200 MG ORAL 3 TIMES DAILY FOR 30 DAYS. 200 MG = 10 mL | AUTOMATIC EXPIRATION on 10/19/2017 16:21:02 | 62.22 % Low |

| ADMINISTRATION CODE | DATE ADMINISTERED | | TIME ADMINISTERED | ADMINISTERED BY | LOCATION OF ADMINISTRATION |
|---|---|---|---|---|---|
| A | 09/19/2017 | Two missed Doses | 21:07.21 | BELL, BARRY D, L.V.N. | MI |
| A | 09/20/2017 | | 01:45.50 | BELL, BARRY D, L.V.N. | MI |
| A 3 correct Doses | 09/20/2017 | | 12:31.45 | KING, CHARISSA, L.V.N. | MI |
| A when taken | 09/20/2017 | | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 3 correct Doses | 09/21/2017 | | 02:46.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A when take Daily | 09/21/2017 | | 14:29.22 | COSTLOW, LISA A, L.V.N. | MI |
| A | 09/21/2017 | | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A When Taken to | 09/22/2017 | | 03:49.01 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A Recive 3 Doses | 09/22/2017 | | 14:59.12 | FRANCO, ISOBEL P, L.V.N. | MI |
| A | 09/22/2017 | | 20:24.59 | WILLIAMS, DENISE L, L.V.N. | MI |
| A 1 missed | 09/23/2017 | one missed Dose | 00:34.39 | WILLIAMS, DENISE L, L.V.N. | MI |
| A Dose | 09/23/2017 | | 14:30.02 | ADAMS, JOSEPH V, L.V.N. | MI |
| A when taken | 09/24/2017 | | 01:25.23 | WILLIAMS, DENISE L, L.V.N. | MI |
| A 3 times Daily | 09/24/2017 | | 14:42.39 | ADAMS, JOSEPH V, L.V.N. | MI |
| A | 09/24/2017 | | 21:03.50 | WILLIAMS, DENISE L, L.V.N. | MI |
| A 1 missed | 09/25/2017 | one Dose missed | 01:06.29 | WILLIAMS, DENISE L, L.V.N. | MI |
| A Dose | 09/25/2017 | | 14:12.09 | MCGILL, SARA M, L.V.N. | MI |
| A 1 missed | 09/29/2017 | one Dose missed | 01:55.49 | BELL, BARRY D, L.V.N. | MI |
| A Dose | 09/29/2017 | | 14:18.03 | GRANDBERRY, NAKITA R, L.V.N. | MI |
| A 1 missed | 09/30/2017 | One Dose missed | 03:42.16 | STINNETT, WENDY R, CMA | MI |
| A Dose | 09/30/2017 | | 13:03.32 | MCGILL, SARA M, L.V.N. | MI |
| A 1 missed Dose | 10/01/2017 | one Dose missed | 04:44.23 | STINNETT, WENDY R, CMA | MI |
| A | 10/01/2017 | | 18:42.41 | SMITH, BOBBY J, L.V.N. | MI |
| A Two Doses missed | 10/02/2017 | one Do | 18:24.25 | MCGILL, SARA M, L.V.N. | MI |
| A | 10/03/2017 | | 17:32.30 | MCGILL, SARA M, L.V.N. | MI |
| S Two Doses missed | 10/04/2017 | one | 06:01.00 | BELL, BARRY D, L.V.N. | MI |
| A 1 missed Dose | 10/04/2017 | Dose missed | 21:00.19 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 10/05/2017 | | 05:07.20 | MARSHALL, LAQUESHIA R, L.V.N. | MI |

ADMINISTRATION CODE LEGEND

| | |
|---|---|
| A = ACCEPTED | N = MEDICATION NOT AVAILABLE |
| D = ENTRY DELETED | R = REFUSED |
| H = MEDICATION ON HOLD | S = GAVE FROM STOCK |
| K = ISSUED KOP TO PATIENT | X = NO RECORDS FOUND |

27

Exhbit-D TO G

TDCJ
UOA: LEWIS (GL)
HOUSING: HSH2 CELL 15
MRN ENTERED: 1263639

RX_ID : 21931657
REFILLS: 11 OF 11

# PATIENT MEDICATION COMPLIANCE REPORT

*FOR 03/01/2016 TO 02/27/2018*

Exhibit - 8

REPORT NUMBER: PHO413
02/27/2018 11:07.21

| PATIENT NAME | CURRENT MRN | PRESCRIBER | (Order Entry Date / Time) RX DATE / TIME | RUN START DATE / TIME | RUN END DATE / TIME | FINAL EXPIRATION DATE / TIME |
|---|---|---|---|---|---|---|
| BOYD, JACKIE L | 1263639 | BRUNETT, LANA C, RN PMHNP-BC | 10/24/2016 16:25:39 | 09/19/2017 16:21:00 | 10/19/2017 16:21:00 | 10/19/2017 16:21:00 |

| LABEL NAME | DOSAGE INSTRUCTIONS | MEDICATION STATUS | COMPLIANCE |
|---|---|---|---|
| CARBAMAZEPINE 100MG/5ML 450ML | 200 MG ORAL 3 TIMES DAILY FOR 30 DAYS. 200 MG = 10 mL | AUTOMATIC EXPIRATION on 10/19/2017 16:21:02 | 62.22 % |

| ADMINISTRATION CODE | DATE ADMINISTERED | TIME ADMINISTERED | ADMINISTERED BY | LOCATION OF ADMINISTRATION |
|---|---|---|---|---|
| A | 10/05/2017 | 16:48.29 | COSTLOW, LISA A, L.V.N. | MI |
| A | 10/05/2017 | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A Two Doses missed | 10/06/2017 | 04:24.39 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| S Two Doses missed | 10/07/2017 | 05:58.38 | BELL, BARRY D, L.V.N. | MI |
| S | 10/09/2017 | 03:43.04 | BELL, BARRY D, L.V.N. | MI |
| A | 10/09/2017 | 18:31.20 | SMITH, BOBBY J, L.V.N. | MI |
| A | 10/09/2017 | 20:58.47 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 10/10/2017 | 05:32.16 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 10/10/2017 | 18:05.03 | COSTLOW, LISA A, L.V.N. | MI |
| A | 10/10/2017 | 20:00.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 2 missed Doses | 10/11/2017 Two Dose missed | 02:04.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| S 2 missed Doses | 10/12/2017 Two Doses missed | 05:52.09 | VALENTINE, CARLA G, L.V.N. | MI |
| S | 10/13/2017 | 05:29.33 | VALENTINE, CARLA G, L.V.N. | MI |
| A 3 correct | 10/13/2017 | 18:07.58 | COSTLOW, LISA A, L.V.N. | MI |
| A Doses | 10/13/2017 | 20:30.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 10/14/2017 one dose missed | 03:42.39 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 10/14/2017 | 18:21.41 | COSTLOW, LISA A, L.V.N. | MI |
| A | 10/15/2017 | 04:37.48 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 3 correct | 10/15/2017 | 17:52.08 | COSTLOW, LISA A, L.V.N. | MI |
| A Doses | 10/15/2017 | 20:00.00 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 10/16/2017 one dose missed | 02:26.03 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A 1 missed | 10/16/2017 | 17:07.03 | MCGILL, SARA M, L.V.N. | MI |
| A Doses | 10/17/2017 Two Doses missed | 03:35.10 | VALENTINE, CARLA G, L.V.N. | MI |
| A | 10/18/2017 | 05:14.10 | VALENTINE, CARLA G, L.V.N. | MI |
| A | 10/18/2017 | 17:17.30 | COSTLOW, LISA A, L.V.N. | MI |
| A | 10/18/2017 | 20:38.43 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 10/19/2017 | 05:28.53 | MARSHALL, LAQUESHIA R, L.V.N. | MI |
| A | 10/19/2017 | 14:54.46 | GRANDBERRY, NAKITA R, L.V.N. | MI |

ADMINISTRATION CODE LEGEND

| | |
|---|---|
| A = ACCEPTED | N = MEDICATION NOT AVAILABLE |
| D = ENTRY DELETED | R = REFUSED |
| H = MEDICATION ON HOLD | S = GAVE FROM STOCK |
| K = ISSUED KOP TO PATIENT | X = NO RECORDS FOUND |

36

TDCJ
UOA: LEWIS (GL)
HOUSING: HSH2 CELL 15
MRN ENTERED: 1263639

RX_ID : 23909005
REFILLS: 0 OF 11

# PATIENT MEDICATION COMPLIANCE REPORT

*FOR 03/01/2016 TO 02/27/2018*

Exhibit - E

REPORT NUMBER: PHO413
02/27/2018 11:07.21

| PATIENT NAME | CURRENT MRN | PRESCRIBER | (Order Entry Date / Time) RX DATE / TIME | RUN START DATE / TIME | RUN END DATE / TIME | FINAL EXPIRATION DATE / TIME |
|---|---|---|---|---|---|---|
| BOYD, JACKIE L | 1263639 | BRUNETT, LANA C, RN PMHNP-BC | 10/26/2017 09:56:26 | 10/26/2017 09:56:00 | 11/25/2017 09:56:00 | 10/21/2018 09:56:00 |

| LABEL NAME | DOSAGE INSTRUCTIONS | MEDICATION STATUS | COMPLIANCE |
|---|---|---|---|
| CARBAMAZEPINE 100MG/5ML 450ML | 200 MG ORAL 3 TIMES DAILY FOR 30 DAYS. 200 MG = 10 mL | CHANGE IN DIRECTIONS on 12/08/2017 15:33:00 | 50.00 % |

very below

| ADMINISTRATION CODE | DATE ADMINISTERED | TIME ADMINISTERED | ADMINISTERED BY | LOCATION OF ADMINISTRATION |
|---|---|---|---|---|
| A | 10/26/2017 | 16:32.37 | ADAMS, JOSEPH V, L.V.N. | MI |
| A 2 Does missed on 10-27-017 | 10/27/2017 Two Doses | 03:53.51 | VALENTINE, CARLA G, L.V.N. | MI |
| A | 10/28/2017 | 06:17.12 | CRUITE, LOLITA M, L.V.N. | MI |
| A one Does missed 10-28-017 | 10/28/2017 one Dose | 12:52.01 | SMITH, BOBBY J, L.V.N. | MI |
| A | 10/29/2017 | 05:16.19 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 10/29/2017 | 14:35.31 | GRANDBERRY, NAKITA R, L.V.N. | MI |
| A | 10/29/2017 | 21:00.00 | CRUITE, LOLITA M, L.V.N. | MI |
| A to 2 missed Does | 10/30/2017 Two. Doses | 05:28.06 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 11/01/2017 Two Doses | 11:45.10 | SMITH, BOBBY J, L.V.N. | MI |
| A | 11/02/2017 | 11:22.55 | SMITH, BOBBY J, L.V.N. | MI |
| A 2 missed Does | 11/04/2017 Two Doses | 06:23.03 | CRUITE, LOLITA M, L.V.N. | MI |
| A 2 missed Doses | 11/05/2017 Two Doses | 03:23.37 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 11/06/2017 | 04:53.47 | CRUITE, LOLITA M, L.V.N. | MI |
| A 1 missed Dose | 11/06/2017 one Dose | 13:37.37 | SMITH, BOBBY J, L.V.N. | MI |
| A The correct | 11/07/2017 | 11:55.25 | SMITH, BOBBY J, L.V.N. | MI |
| A 3 Does 11-7-017 | 11/07/2017 | 20:14.11 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 11/07/2017 | 20:14.42 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A one Does | 11/08/2017 one Doses | 05:38.00 | CRUITE, LOLITA M, L.V.N. | MI |
| A missed 11-6-17 | 11/08/2017 missed | 14:43.51 | WYMAN, JESSICA J, L.V.N. | MI |
| A 2 missed Doses | 11/09/2017 Two Doses missed | 05:39.35 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 11/10/2017 | 04:54.35 | CRUITE, LOLITA M, L.V.N. | MI |
| A 1 missed Doses | 11/10/2017 one Dose missed | 12:04.08 | SMITH, BOBBY J, L.V.N. | MI |
| A 2 missed Doses | 11/11/2017 Two missed | 18:17.13 | SMITH, BOBBY J, L.V.N. | MI |
| A 2 missed Doses | 11/12/2017 Two | 05:37.27 | HUFFMEYER, CANDY A, L.V.N. | MI |
| A | 11/13/2017 | 04:26.23 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A 3 correct when Given Daily | 11/13/2017 | 19:12.29 | WYMAN, JESSICA J, L.V.N. | MI |
| A | 11/13/2017 | 21:00.00 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 11/14/2017 | 06:47.27 | CRUITE, LOLITA M, L.V.N. | MI |

got worse.

| ADMINISTRATION CODE LEGEND | |
|---|---|
| A = ACCEPTED | N = MEDICATION NOT AVAILABLE |
| D = ENTRY DELETED | R = REFUSED |
| H = MEDICATION ON HOLD | S = GAVE FROM STOCK |
| K = ISSUED KOP TO PATIENT | X = NO RECORDS FOUND |

TDCJ
UOA: LEWIS (GL)
HOUSING: HSH2 CELL 15
MRN ENTERED: 1263639

RX_ID : 23532443
REFILLS: 6 OF 11

# PATIENT MEDICATION COMPLIANCE REPORT

*FOR 03/01/2016 TO 02/27/2018*

REPORT NUMBER: PHO413
02/27/2018 11:07.21

| PATIENT NAME | CURRENT MRN | PRESCRIBER | (Order Entry Date / Time) RX DATE / TIME | RUN START DATE / TIME | RUN END DATE / TIME | FINAL EXPIRATION DATE / TIME |
|---|---|---|---|---|---|---|
| BOYD, JACKIE L | 1263639 | BRUNETT, LANA C, RN PMHNP-BC | 08/17/2017 09:50:10 | 02/13/2018 09:49:00 | 03/15/2018 09:49:00 | 08/12/2018 09:49:00 |

| LABEL NAME | DOSAGE INSTRUCTIONS | MEDICATION STATUS | COMPLIANCE |
|---|---|---|---|
| TRIFLUOPERAZINE 10MG TABLET | 1 TABS ORAL TWICE DAILY FOR 30 DAYS. | ACTIVE | 86.67 % |

| ADMINISTRATION CODE | DATE ADMINISTERED | TIME ADMINISTERED | ADMINISTERED BY | LOCATION OF ADMINISTRATION |
|---|---|---|---|---|
| A | 02/13/2018 | 10:54.50 | HILL, MEGAN L, CMA | GL |
| A | 02/13/2018 | 13:59.21 | HILL, MEGAN L, CMA | GL |
| A | 02/14/2018 | 07:14.05 | WRIGHT, MAGGERLEAN, CMA | GL |
| A | 02/14/2018 | 13:44.33 | WRIGHT, MAGGERLEAN, CMA | GL |
| D | 02/15/2018 | 04:23.18 | WRIGHT, MAGGERLEAN, CMA | GL |
| A | 02/16/2018 | 07:01.43 | RIGSBY, TARSHA R, CMA | GL |
| A | 02/16/2018 | 07:05.37 | RIGSBY, TARSHA R, CMA | GL |
| S | 02/16/2018 | 13:50.47 | RAWLS, JASIMEN, CMA | GL |
| S | 02/17/2018 | 04:31.53 | RIGSBY, TARSHA R, CMA | GL |
| A | 02/17/2018 | 14:23.07 | RIGSBY, TARSHA R, CMA | GL |
| S | 02/18/2018 | 04:09.07 | RIGSBY, TARSHA R, CMA | GL |
| A | 02/18/2018 | 14:19.17 | RIGSBY, TARSHA R, CMA | GL |
| A | 02/19/2018 | 07:41.38 | MALONE, ANNA M, CMA | GL |
| A | 02/19/2018 | 13:23.16 | MALONE, ANNA M, CMA | GL |
| A | 02/20/2018 | 04:32.00 | BENNETT MURPHY, SHANA N, L.V.N. | GL |
| A | 02/20/2018 | 16:28.31 | BENNETT MURPHY, SHANA N, L.V.N. | GL |
| A | 02/21/2018 | 04:24.40 | JONES, ASHLEY M, CMA | GL |
| A | 02/21/2018 | 14:49.39 | RIGSBY, TARSHA R, CMA | GL |
| A | 02/22/2018 | 04:14.42 | JONES, ASHLEY M, CMA | GL |
| A | 02/22/2018 | 13:36.29 | RAWLS, JASIMEN, CMA | GL |
| A | 02/23/2018 | 07:56.05 | WRIGHT, MAGGERLEAN, CMA | GL |
| A | 02/23/2018 | 15:28.04 | WRIGHT, MAGGERLEAN, CMA | GL |
| A | 02/24/2018 | 05:42.53 | WRIGHT, MAGGERLEAN, CMA | GL |
| A | 02/24/2018 | 13:40.51 | WRIGHT, MAGGERLEAN, CMA | GL |
| A | 02/25/2018 | 05:54.19 | WRIGHT, MAGGERLEAN, CMA | GL |
| A | 02/25/2018 | 14:05.21 | HILL, MEGAN L, CMA | GL |
| A | 02/26/2018 | 14:30.14 | RAWLS, JASIMEN, CMA | GL |

Do not use As Exhibit This Is Another med.

TOTAL DOSES TAKEN: 26

ADMINISTRATION CODE LEGEND

| | |
|---|---|
| A = ACCEPTED | N = MEDICATION NOT AVAILABLE |
| D = ENTRY DELETED | R = REFUSED |
| H = MEDICATION ON HOLD | S = GAVE FROM STOCK |
| K = ISSUED KOP TO PATIENT | X = NO RECORDS FOUND |

Exhibit - F

TDCJ
UOA: LEWIS (GL)
HOUSING: HSH2 CELL 15
MRN ENTERED: 1263639

RX_ID : 23909005
REFILLS: 0 OF 11

# PATIENT MEDICATION COMPLIANCE REPORT
*FOR 03/01/2016 TO 02/27/2018*

REPORT NUMBER: PHO413
02/27/2018 11:07.21

| PATIENT NAME | CURRENT MRN | PRESCRIBER | (Order Entry Date / Time) RX DATE / TIME | RUN START DATE / TIME | RUN END DATE / TIME | FINAL EXPIRATION DATE / TIME |
|---|---|---|---|---|---|---|
| BOYD, JACKIE L | 1263639 | BRUNETT, LANA C, RN PMHNP-BC | 10/26/2017 09:56:26 | 10/26/2017 09:56:00 | 11/25/2017 09:56:00 | 10/21/2018 09:56:00 |

| LABEL NAME | DOSAGE INSTRUCTIONS | MEDICATION STATUS | COMPLIANCE |
|---|---|---|---|
| CARBAMAZEPINE 100MG/5ML 450ML | 200 MG ORAL 3 TIMES DAILY FOR 30 DAYS. 200 MG = 10 mL | CHANGE IN DIRECTIONS on 12/08/2017 15:33:00 | 50.00 % Very Blow |

| ADMINISTRATION CODE | DATE ADMINISTERED | TIME ADMINISTERED | ADMINISTERED BY | LOCATION OF ADMINISTRATION |
|---|---|---|---|---|
| A | 11/14/2017 Two Doses 1 missed | 18:08.35 | WYMAN, JESSICA J, L.V.N. | MI |
| A | 11/16/2017 | 03:24.00 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 11/16/2017 | 11:05.48 | SMITH, BOBBY J, L.V.N. | MI |
| A | 11/16/2017 | 19:30.00 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 11/17/2017 | 02:30.02 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 11/17/2017 | 06:15.00 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 11/17/2017 | 17:03.51 | WYMAN, JESSICA J, L.V.N. | MI |
| A | 11/18/2017 Two Doses missed | 21:48.05 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 11/19/2017 one Dose missed | 06:41.37 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 11/19/2017 | 14:30.01 | PINSON, AMETHA M, CMA | MI |
| A | 11/20/2017 Two Doses missed | 06:36.29 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 11/21/2017 Two Doses missed | 11:39.16 | SMITH, BOBBY J, L.V.N. | MI |
| A | 11/22/2017 | 02:58.28 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 11/22/2017 | 17:02.11 | WYMAN, JESSICA J, L.V.N. | MI |
| A | 11/22/2017 | 21:49.21 | JONES, WARREN B, L.V.N. | MI |
| A | 11/24/2017 Two Doses missed | 19:24.32 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 11/25/2017 Two timed Doses missed | 03:38.28 | MELIUS, NICHOLAS P, L.V.N. | MI |

TOTAL DOSES TAKEN: 45

51

No Doses on 11-15-017 at all for Treatment. 7 Total missed Doses

54

ADMINISTRATION CODE LEGEND

| | |
|---|---|
| A = ACCEPTED | N = MEDICATION NOT AVAILABLE |
| D = ENTRY DELETED | R = REFUSED |
| H = MEDICATION ON HOLD | S = GAVE FROM STOCK |
| K = ISSUED KOP TO PATIENT | X = NO RECORDS FOUND |

Exhibit - G

TDCJ
UOA: LEWIS (GL)
HOUSING: HSH2 CELL 15
MRN ENTERED: 1263639

PATIENT MEDICATION COMPLIANCE REPORT
*FOR 03/01/2016 TO 02/27/2018*

REPORT NUMBER: PHO413
02/27/2018 11:07.21

RX_ID : 23909005
REFILLS: 1 OF 11

| PATIENT NAME | CURRENT MRN | PRESCRIBER | (Order Entry Date / Time) RX DATE / TIME | RUN START DATE / TIME | RUN END DATE / TIME | FINAL EXPIRATION DATE / TIME |
|---|---|---|---|---|---|---|
| BOYD, JACKIE L | 1263639 | BRUNETT, LANA C, RN PMHNP-BC | 10/26/2017 09:56:26 | 11/25/2017 09:56:00 | 12/25/2017 09:56:00 | 10/21/2018 09:56:00 |

| LABEL NAME | DOSAGE INSTRUCTIONS | MEDICATION STATUS | COMPLIANCE |
|---|---|---|---|
| CARBAMAZEPINE 100MG/5ML 450ML | 200 MG ORAL 3 TIMES DAILY FOR 30 DAYS. 200 MG = 10 mL | CHANGE IN DIRECTIONS on 12/08/2017 15:33:00 | 42.86 % |

| ADMINISTRATION CODE | DATE ADMINISTERED | TIME ADMINISTERED | ADMINISTERED BY | LOCATION OF ADMINISTRATION |
|---|---|---|---|---|
| A | 11/25/2017 One Dose | 11:25.17 | SMITH, BOBBY J, L.V.N. | MI |
| A | 11/26/2017 | 02:32.18 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 11/26/2017 One Dose | 10:57.08 | SMITH, BOBBY J, L.V.N. | MI |
| A | 11/27/2017 One Dose | 02:27.06 | FRASER, REBECCA G, L.V.N. | MI |
| A | 11/27/2017 missed | 15:37.12 | WYMAN, JESSICA J, L.V.N. | MI |
| A | 11/28/2017 Two missed | 14:06.36 | WYMAN, JESSICA J, L.V.N. | MI |
| A | 11/29/2017 | 11:45.03 | SMITH, BOBBY J, L.V.N. | MI |
| A | 11/30/2017 one Dose missed | 04:04.55 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 11/30/2017 | 12:12.30 | SMITH, BOBBY J, L.V.N. | MI |
| A | 12/01/2017 Two Doses missed | 03:50.14 | MELIUS, NICHOLAS P, L.V.N. | MI |
| A | 12/02/2017 Two Doses missed | 21:40.55 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 12/03/2017 Two missed | 21:00.00 | COLLINS, VALENCIA T, L.V.N. | MI |
| A | 12/04/2017 one Dose | 06:35.18 | COLLINS, VALENCIA T, L.V.N. | MI |
| A | 12/04/2017 missed | 14:44.31 | SMITH, BOBBY J, L.V.N. | MI |
| A | 12/05/2017 Two Doses missed | 21:00.00 | HUFFMEYER, CANDY A, L.V.N. | MI |
| A | 12/06/2017 one Dose | 01:01.00 | HUFFMEYER, CANDY A, L.V.N. | MI |
| A | 12/06/2017 missed | 22:31.34 | CRUITE, LOLITA M, L.V.N. | MI |
| A | 12/08/2017 | 10:43.38 | SMITH, BOBBY J, L.V.N. | MI |

TOTAL DOSES TAKEN: 18

89 Total Doses missed in 2017 alone

ADMINISTRATION CODE LEGEND

| | |
|---|---|
| A = ACCEPTED | N = MEDICATION NOT AVAILABLE |
| D = ENTRY DELETED | R = REFUSED |
| H = MEDICATION ON HOLD | S = GAVE FROM STOCK |
| K = ISSUED KOP TO PATIENT | X = NO RECORDS FOUND |

Exhibit - A

Exhibit A, page 0114. On the day that he was discovered with a noose around his neck, he received his Carbamazepine medication three times as prescribed. Exhibit C, page 0308. In a clinic note, dated October 12, 2016, Nurse Chapman noted that Plaintiff stated that he was hearing voices telling him to hurt himself. Exhibit A, page 0109. She observed that he was alert and his answers were appropriate, he responds easily and regularly, he speaks softly, he got up off the floor to talk to her, and that there was no acute distress. *Id.* Her plan was to remain at the cell until mental health personnel arrived. *Id.*

Plaintiff's Response To Judge

Plaintiff filed two responses (Dkt. ##22,27). In his initial response, he asserts that the Court should see additional records and affidavits and that he should be interviewed. In the second response, he stresses that he needs his medication and he missed doses because security personnel did not escort him to the infirmary. He complains that Dr. Penn's affidavit includes the erroneous statement that the records do not show that he demonstrated "emotional crisis or distress, self-harm, suicide attempts." *See* Dr. Penn's affidavit, page 4. Dr. Penn also erroneously stated that Plaintiff did not require crisis management or suicide watch precautions. *Id.* Plaintiff's complaints about the affidavit are *apropos*, and the Court will disregard those statements made by Dr. Penn.

my

Discussion and Analysis

Plaintiff complains about the medical care that has been provided to him. Deliberate indifference to a prisoner's serious medical needs constitutes an Eighth Amendment violation and states a cause of action under 42 U.S.C. § 1983. *Estelle v. Gamble*, 429 U.S. 97, 105-07 (1976). In *Farmer v. Brennan*, 511 U.S. 825, 835 (1994), the Supreme Court noted that deliberate indifference involves more than just mere negligence. The Court concluded that "a prison official cannot be found

Exhibit - J (page 4)