

STATE OF NORTH CAROLINA)	IN THE GENERAL COURT OF JUSTICE
MONTGOMERY COUNTY)	SUPERIOR COURT DIVISION
)	Case Nos. 99 CRS 3813, 3820
)	
STATE OF NORTH CAROLINA)	
)	
V.)	<u>AFFIDAVIT OF JOHN F. WARREN, III</u>
)	
SCOTT DAVID ALLEN)	

I, John F. Warren, III, being duly sworn state the following:

1. I am a North Carolina licensed psychologist specializing in clinical, medical and forensic psychology. I received my Ph.D. from Duke University in 1980, and have additional training in medicine and forensics from Broughton Hospital (Morganton, NC), the University of Virginia Institute of Law, Psychiatry, and Public Policy (Charlottesville, VA), Winston-Salem State University (Winston-Salem, NC) and East Carolina University (Greenville, NC). I am licensed by the North Carolina State Psychology Board as a Practicing Psychologist and Health Services Provider. I am listed in The National Register of Health Service Providers in Psychology. I am board certified by The American Board of Professional Psychology – Forensic, The American Board of Forensic Medicine, and the American Board of Medical Psychodiagnostics. I am also licensed by the North Carolina Medical Board to practice medicine as a Physician Assistant – Certified. In medicine I specialize in Family Practice, psychotropic substances (including alcohol), and neuropsychology (brain-behavior functioning). In my professional practice of clinical, medical, and forensic psychology and medicine I have evaluated hundreds of individuals, families, police officers, criminal defendants, and civil litigants. A summary of my curriculum vita, detailing my education and training, is attached. My complete CV is available by request.
2. At the request of Michael L. Unti, Attorney at Law, representing the above-named Scott David Allen, I have reviewed the mental health records of a witness in Mr. Allen’s trial, Vanessa Anne Warner Smith. I have also reviewed the affidavit of Dolly Ponds, and an interview with Ms. Ponds, pertaining to her observations about Ms. Smith when the two women were incarcerated together at the Montgomery County Jail.
3. The medical records I have reviewed pertain to Ms. Smith’s 9/9/93 – 10/6/93 admission to the ARC (Alcohol Rehabilitation Center) in Black Mountain, a North Carolina Division of Mental Health, Mental Retardation, and Substance Abuse Services facility. In addition, I reviewed “petitions” for the involuntary commitment of Ms. Smith from the Stanley County Clerk of Court’s office.
4. The ARC Black Mountain records of Ms. Smith specifically refer to other, prior mental health and/or substance abuse records from Piedmont Area Mental Health of Albemarle,

the Woodhill Treatment facility, and Appalachian Hall. These records have NOT been reviewed, but would likely be supportive of the current findings.

5. The records from ARC Black Mountain document Ms. Smith's behavioral problems from an early age. These include: multi-substance abuse from age 12-13, drug charges, school expulsions, forgery, DUI (now DWI) charge, relative prostitution (exchanging sex for residence), prostitution, sexual abuse, physical abuse, leaving treatment against medical advice, and satanic ritual practices.
6. These records also document the following diagnoses: Alcohol Dependence; Cocaine Dependence; Cannabis Dependence; Polysubstance Abuse, Sedatives; and Nicotine Dependence; among several strictly medical diagnoses.
7. On two occasions in the above records Ms. Smith was described as "Spiritually bankrupt."
8. She left treatment at ARC Black Mountain early, against medical advice.
9. Records from the Stanley County Clerk of Court's office include "Affidavit and Petition for Involuntary Commitment" of Ms. Smith, and allege that Ms. Smith was not caring for her child, was spending large amounts of money on cocaine, and was threatening suicide when confronted with her behaviors.
10. If Mr. Allen's attorneys had access to the above records of Ms. Smith there is considerable information in them that bears upon her veracity, her character, and the dependability of her testimony. Among other things, she is described as "spiritually bankrupt" a number of times, and also reported to have been untruthful to a number of treatment providers.
11. The interview and affidavit of Ms. Dolly Ponds, as pertaining to Ms. Vanessa Smith, are both significant in that the information alleged is highly consistent with the information contained in Ms. Smith's medical and legal records noted above. Without going into details, Ms. Ponds' allegations include descriptions of behaviors that are best characterized as self-centered, manipulative, exploitative, promiscuous, antisocial, and self-protective at the expense of others.
12. Based on my training and experience, and based on my review of the above-noted information, Ms. Smith not only suffered from substance abuse problems, but also manifested substantial behaviors consistent with Antisocial Personality Disorder and Borderline Personality Disorder, described below.
13. In general, a "Personality Disorder" is the clinical diagnosis describing an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

14. According to the DSM-IV-TR (Diagnostic and Statistical Manual-IV-Text Revision, 2000, American Psychiatric Association) “Antisocial Personality Disorder is a pattern of disregard for, and violation of, the rights of others. This pattern has also been referred to as psychopathy, sociopathy, or dissocial personality disorder. Because deceit and manipulation are central features of Antisocial Personality Disorder, it may be especially helpful to integrate information acquired from systematic clinical assessment with information collected from collateral sources.”
15. Also according to the DSM-IV-TR,

Borderline Personality Disorder is a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood and is present in a variety of contexts. Individuals with Borderline Personality Disorder make frantic efforts to avoid real or imagined abandonment. ... These individuals are very sensitive to environmental circumstances. They experience intense abandonment fears and inappropriate anger even when faced with a realistic time-limited separation or when there are unavoidable changes in plans (e.g., sudden despair in reaction to a clinician's announcing the end of the hour; panic or fury when someone important to them is just a few minutes late or must cancel an appointment). ... Individuals with Borderline Personality Disorder have a pattern of unstable and intense relationships. They may idealize potential caregivers or lovers at the first or second meeting, demand to spend a lot of time together, and share the most intimate details early in a relationship. However, they may switch quickly from idealizing other people to devaluing them, feeling that the other person does not care enough, does not give enough, is not "there" enough. ... These individuals are prone to sudden and dramatic shifts in their view of others, who may alternately be seen as beneficent supports or as cruelly punitive. Such shifts often reflect disillusionment with a caregiver whose nurturing qualities had been idealized or whose rejection or abandonment is expected. ... There may be an identity disturbance characterized by markedly and persistently unstable self-image or sense of self. There are sudden and dramatic shifts in self-image, characterized by shifting goals, values, and vocational aspirations. There may be sudden changes in opinions and plans about career, sexual identity, values, and types of friends. These individuals may suddenly change from the role of a needy supplicant for help to a righteous avenger of past mistreatment. ... These individuals may show worse performance in unstructured work or school situations. Individuals with this disorder display impulsivity in at least two areas that are potentially self-damaging. They may gamble, spend money irresponsibly, binge eat, abuse substances, engage in unsafe sex, or drive recklessly. ... Recurrent suicidality is often the reason that these individuals present for help. These self-destructive acts are usually precipitated by threats of separation or rejection or by expectations that they assume increased responsibility. ... The basic dysphoric mood of those with Borderline Personality Disorder is often disrupted by periods of anger, panic, or despair and is rarely relieved by periods of well-being or satisfaction. These episodes may reflect the individual's extreme reactivity to interpersonal stresses. Individuals with

Borderline Personality Disorder may be troubled by chronic feelings of emptiness. Easily bored, they may constantly seek something to do. Individuals with Borderline Personality Disorder frequently express inappropriate, intense anger or have difficulty controlling their anger. They may display extreme sarcasm, enduring bitterness, or verbal outbursts. The anger is often elicited when a caregiver or lover is seen as neglectful, withholding, uncaring, or abandoning. Such expressions of anger are often followed by shame and guilt and contribute to the feeling they have of being evil. During periods of extreme stress, transient paranoid ideation or dissociative symptoms (e.g., depersonalization) may occur, but these are generally of insufficient severity or duration to warrant an additional diagnosis.

16. Based on the above information and declarations, it is my opinion that trial counsel would have been invaluablely assisted in the examination / cross examination of Ms. Smith, had her mental and legal records been available to them.

Further affiant sayeth not.

The foregoing paragraphs numbered one through sixteen are true to the best of my knowledge.

[Handwritten Signature]
John F. Warren, III

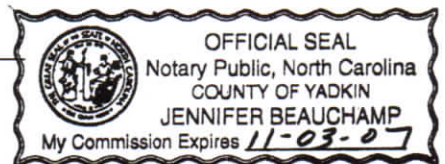
10/25/07
Date:

Sworn to and subscribed before me this 25th day of October in the year 2007 in Forsyth County, North Carolina.

Jennifer Beauchamp
Notary Public

(Seal)

My commission expires: 11-03-07



SUMMARY OF CURRICULUM VITA

John F. Warren, III

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 Office: 336.773.0900 Cell: 336.416-3938 FAX: 336.773-0097
 E-mail: DrWarren@JohnWarrenPhD.com

John F. Warren, III provides psychological services to individuals and organizations, and conducts complex psychological evaluations in the specialty areas of medical psychology and forensic psychology. These include Independent Medical Evaluations, Hiring Evaluations, Fitness for Duty Evaluations, DOT substance abuse evaluations, as well as evaluations originating from some legal process.

Professional Affiliations:	Primary	John F. Warren & Associates, PA Clinical, Medical & Forensic Psychology; and The FMRT Group Services for NC Public Safety Agencies;
	Adjunct	Wake Forest University Adjunct Lecturer, Psychology & Law;
	Volunteer	Special Operations Response Team, Inc. Behavioral Medicine Division; PA-C
Licensure and Primary Certifications:	NC	NC State Psychology Board Licensed Psychologist, Health Svc Provider; NC Medical Board Licensed Physician Assistant
	National	American Board of Professional Psychology-ABPP (Forensic) National Register of Health Service Providers in Psychology
Education and Training:	2005	PA-C, Physician Assistant Studies East Carolina University, Greenville, NC;
	1989	UVa Institute of Law, Psychiatry & PP Forensic Training Program;
	1987	Winston-Salem (NC) Police Academy
	Ongoing	Continuing Education Certification Program North Carolina Psychological Association;
	1980-81	Internship in Clinical Psychology (APA) Broughton State Hospital, Morganton, NC;
	1980	Ph.D., Duke University, Durham, NC Counseling Psychology;
	1979-80	Internship in Clinical Psychology Durham County CMHC;
	1978	M.Ed., University of N.C. at Greensboro, NC;
1975	A.B., Duke University Sociology / Religion	

Detail, including memberships, publications, are continuing education are found on Comprehensive CV