

JAMES EAGAN HOLMES

Case Number: 12CR1522 DATE FILED: June 29, 2018 5:57 PM
SANITY EVALUATION CASE NUMBER: 2012CR201522

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 1 of 69

This psychiatric examination was requested to address the legal issues of sanity, competency to proceed and mitigating factors, if any, related to mental disease or defect.

SOURCES OF INFORMATION

Sources of information included review of the following documents:

1. transcripts of the preliminary hearings (January 7-9, 2013),
2. medical records of many of the victims who were physically injured during the shooting,
3. voluminous police reports (> 50,000 pages--see Appendices I & II for a partial listing), which included extensive DVD recordings of various key interviews (e.g., Mr. Holmes, Officer Oviatt, Officer Sweeney) and observational videos of Mr. Holmes in custody at the Arapahoe County Jail and at the Denver Health Medical Center,
4. a "notebook" written by Mr. Holmes during June-July 2013 relevant to the alleged crimes,
5. healthcare records re: Mr. Holmes from the following agencies/providers:
 - a. University of Colorado Denver/ Anschutz Medical Campus,
 - b. Arapahoe County Jail,
 - c. Denver Health Medical Center,
 - d. PsyCare (Mel Lipsey),
 - e. Action Care Ambulance,
 - f. Family Services Agency (Salinas, California),
 - g. Colorado Mental Health Institute at Pueblo (CMHI-P),
6. a June 17, 2013 neuropsychiatric report written by Raquel Gur, M.D., Ph.D.,
7. a June 8, 2013 neuropsychological report written by Robert Hanlon, Ph.D.,
8. telephone interviews with the following mental health clinicians, who have had clinical contact in some manner with Mr. Holmes:
 - a. Erwin Mozer, M.D.,
 - b. Karen Fukataki, M.D.,
 - c. Elizabeth Sather, Psy.D.
 - d. Elizabeth Lowdermilk, M.D.,
 - e. Rachel Davis, M.D.,
 - f. Philippe Weintraub, M.D.,
 - g. Jonathan Woodcock, M.D.,
 - h. J. Craig Holland, M.D.,
 - i. Margaret Roath, M.S.W.,

JAMES EAGAN HOLMES

100936

B12/13/1987 F

08/04/2013

RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 2 of 69

- j. Lynne Fenton, M.D.,
 - k. Robert Feinstein, M.D.,
 - l. Richard Pounds, M.D. (in person contact at CMHI-P),
9. a PowerPoint presentation by Chief Oakes,
 10. a document entitled "James Eagan Social History" provided by the attorneys (i.e., Office of the Public Defender) for Mr. Holmes,
 11. additional records provided by the Office of the Public Defender that included the following:
 - a. videotaped interviews of Mr. Holmes during his November 2018 hospitalization at the Denver Health Medical Center,
 - b. investigators' interview reports of UC Denver faculty members re: Mr. Holmes,
 - c. healthcare records pertinent to Mr. Burton Eagan, Ms. Chris Holmes and Mr. Robert Milton Holmes, Sr.,
 12. an August 26, 2013 psychological and neuropsychological evaluation report prepared by B. Thomas Gray, Ph.D. and Rose Mancuso, Ph.D.

I also met with the district attorneys and public defenders involved in this case in separate meetings.

During August 8, 2013, information was obtained via telephone from Mr. Holmes' parents, Robert and Arlene Holmes.

During August 8, 9, 10, 17, 2013, I psychiatrically evaluated Mr. Holmes at the Colorado Mental Health Institute at Pueblo (CMHI-P) for a total of 25.50 hours, in addition to about 100 hours reviewing the previously listed discovery data. Prior to beginning most of the interviews, I explained to Mr. Holmes the purpose of this examination and the limits of confidentiality.

THE ALLEGED CRIMES

On July 20, 2012 at approximately 12:39 A.M., the Aurora Police Dispatch Center received several phone calls reporting multiple gunshots being fired inside the Century 16 Theatre. During this tragic shooting spree, twelve people were killed and at least 70 other persons had physical injuries, which included 58 gunshot wounds.

Mr. James Holmes was arrested at the crime scene almost immediately after the leaving the theater and was subsequently charged with the following crimes:

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 3 of 69

- Murder in the First Degree (F1) 24 counts total (12 counts after deliberation, 12 counts extreme indifference)
- Criminal Attempt to Commit Murder in the First, 140 counts total (70 counts CATCM after deliberation, 70 counts CATCM extreme indifference)
- Possession of Explosive or Incendiary Device (F4), 1 count
- Crime of Violence, 1 count

Attachment 1 provides an estimated timeline of significant events from the time of the initial arrival of the Arapahoe County Police Department at the Century 16 Theater to the time of the arrest of Mr. Holmes.

This section of the report will summarize information obtained from Mr. Holmes during my multiple interviews of him along with some of the relevant excerpts from the large number of records reviewed.

During early May 2012, Mr. Holmes began planning and preparing to carry out a "mass murder" at a movie theater for reasons that will be described in later sections of this report entitled "The Notebook" and "The Gmail Chat." This "notebook" was written by Mr. Holmes to explain "why I did what I did... started writing it after I got out of [mental health] treatment [during June 2012]..." As documented in his notebook, he chose to do a "mass murder/spree (maximum casualties, easily performed with firearms although primitive in nature..."

Between May and July of 2012, the police documented that Mr. Holmes purchased four firearms, which included two Glock pistols, an 870 Remington shotgun and an AR 15 (i.e., an assault rifle). During the same period of time he purchased 6,295 rounds of various calibers of ammunition (2,600 rounds of .40-caliber, 325 shotgun rounds and 3370 rounds of .223-caliber ammunition). Attachment 2 provides a visual timeline re: his purchases of firearms and Attachment 3 provides a detailed summary of ammo, accessories, explosives, incendiary parts, gear and firearms purchases. Online purchases made by Mr. Holmes were based upon price and in-store purchases were based on proximity to his apartment. Mr. Holmes bought firearms and related equipment over time in order to avoid suspicion that could be raised by buying everything at once.

Mr. Holmes had no experience with firearms prior to the events leading to the shooting. He researched firearms through the web, which took about a month. He chose the Byers Canyon Range for practice shooting purposes because this shooting range was not supervised, which meant it was unlikely that suspicions would be aroused if he frequented it often. Mr. Holmes reported going to the Byers Canyon range on about a five occasions during late June and early July. It was about a 2 1/2 hour drive for him.

Mr. Holmes reported using about 50% of the rounds of ammunition he had purchased for practice purposes. He

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 4 of 69

described being a really bad shot although it did not matter for his purposes due to the closed and small setting of the theater.

Researching other mass shootings in order to get an idea of law enforcement response time and how much ammunition might be needed was reported by Mr. Holmes. Mr. Holmes was very vague re: to what end the ammunition research would be used. He recalls researching the Columbine school shooting but did not remember which other shootings he researched.

Around the time that he was researching firearms, Mr. Holmes thought about using various incendiary devices for diversion purposes. Specifically, he wanted to divert the police to his apartment to delay their response to the movie theater in order for him to have more time to kill people at the theater.

The incendiary devices included the following:

1. firework shells filled with gunpowder
2. pickle jars filled with napalm and gunpowder
3. 7-Up bottles filled with gasoline
4. 2 small propane tanks

He spread on the floor of his apartment about 500 grams of ammonium chloride powder in order to delay law enforcement entrance into his apartment and because it also potentially would provide a smoke screen. Mr. Holmes attempted to combine glycerin and potassium permanganate via a trip wire mechanism for creating sparks.

Many of the components of the incendiary devices were purchased by Mr. Holmes during July 3, 14, 2012. He had not tested out the incendiary device system because he did not have a site to do such testing. He thought there was about a 25% chance that the system would work. This system was designed by him and not based on specific ideas from various websites.

During June and July Mr. Holmes "case[d] the place [i.e., Century 16 Theater]." This involved sitting through a movie in nine different theaters over a two-month period of time. Mr. Holmes stated he chose this movie theater due to its isolation, proximity and size. He eventually planned to start at theater 10 or 9 and later chose theater 9 because the show in theater 10 was not starting until 12:15 PM and basically was being used for overflow purposes. These theaters were chosen as primary targets related to the limited number of exits, "excellent spatial

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 5 of 69

approach, most moviegoers take right path and medium-size.” He indicated that he had not made any plans regarding whether he would go into any other theaters after he started shooting.

The timing of the shooting was related to the premier showing of the movie “Dark Knight Rises” because Mr. Holmes knew it was going to be a popular movie and that the theater would be full. He said he had little knowledge regarding the contents of the movie although he had seen trailers. The police investigation indicated that Mr. Holmes bought his ticket for this movie on July 7, 2012. Mr. Holmes reported buying three different tickets over a 2 to 3 week period of time because he was attempting to get a ticket in theater 9. However, all of the theater tickets he bought were for theater 8. When he arrived at the movie theater on July 20 around midnight, he used his ticket to enter theater 9 since no one was checking tickets.

During July 19, 2012 Mr. Holmes took various pictures of himself on his iPhone. The decision to take these photos was precipitated by receiving black contact lenses that he had ordered about one month earlier. He initially stated he did not remember the reason for ordering the lenses and did not know the reason for taking these pictures. Mr. Holmes later stated that sometime during June 2012 he went online to look at special effect contact lenses. He chose the black contact lenses, called possession lenses, “as a way to differentiate myself from my normal self... .” He reported the appeal of these lenses was a feeling “like I’m possessed... just felt right... possessed in some manner like I had to go through with it... .” He stated that the pictures included poses of “sticking my tongue out... holding a gun... wearing my body armor... .” He thought that they would “look good to whoever viewed them... I don’t know why... .”

Mr. Holmes dyed his hair red sometime after June 11, 2012. He stated he did not know why he dyed his hair red although he reported it had nothing to do with the “Joker” or a fellow classmate and friend having previously dyed his hair red. When asked to speculate why he dyed his hair, Mr. Holmes stated “to differentiate myself from who I normally was... because I was not my normal self... .”

Questions were asked to Mr. Holmes regarding his attempts to physically and mentally differentiate himself from his “normal self” via dying his hair red, black eye contacts and not studying (which will be described further in the sections entitled “The Notebook” and “University of Colorado Denver/ Anschutz Medical Campus”). When asked why he felt the need to differentiate these parts of him, he replied “because the physical attributes are tied to the mental... .” He described this as a way of protecting his normal self because the “other me did everything... .” He thinks that this protection worked because “I can blame it on the possessed James... .” When asked how he was protecting his “normal self,” Mr. Holmes stated that he was making sure “I was distinct from my crazy self.” He reported being unable to state why this was important to him.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 6 of 69

There was not a history of recurrent gaps in the recall of everyday events, important personal information, and/or traumatic events that are inconsistent with everyday forgetting. Symptoms of depersonalization (e.g., experiences of detachment, distorted sense of self, emotional and/or physical numbing) did appear to be present during the time surrounding the alleged crimes. Mr. Holmes did not think he had difficulties from June-July 2012 in telling the difference between his "normal self" and this "other self."

Mr. Holmes arrived at the theater complex about midnight on July 20, 2012, which was 10 minutes later than he had originally planned because it took him longer to put together various incendiary devices at his apartment. He parked his car near the exit door of theater 9. Mr. Holmes told me that upon entering the theater he was wearing Kelyar Chaps (bullet resistant clothing) under his pants and a groin guard. After entering the theater through the front entrance, he briefly sat down in the front of the theater for a minute or two before leaving the theater during the previews via an exit door by pretending to have received a phone call. He stated that he pretended to have a phone call in order to not appear suspicious to others, which could have precipitated intervention by a security guard. He propped the exit door open by using a tablecloth holder that he had previously purchased online about one month earlier.

Mr. Holmes called the University of Colorado at Denver (Anschutz Campus) student mental health emergency hotline from his car at the theater at 12:30 AM (10 minutes before re-entering the theater). "I called for one last chance to turn back... I didn't hear anything [for about 10 seconds]... I hung up... ." He was not sure who he would have asked to talk to or what he would have said. A police report indicated that the operator stated there was only silence on the other end of the line, which was consistent with Mr. Holmes' report that he did not say anything on the phone. When asked in a later interview why he wanted one "last chance to turn back," Mr. Holmes replied I don't know... doubts I guess... ."

By his car he put on a ballistic 3A jacket (protects from handgun fire) and an arm protector on one arm, a belt with ammunition (250 rounds for his handgun and six rounds for the shotgun) and a tactical vest that held 400 rounds of AR 15 ammo. Mr. Holmes also put on a gas mask and helmet in addition to arming himself with a Glock pistol, AR 15 and a Remington 12 gauge shotgun. During this time Mr. Holmes put on a wireless headphone in order to listen to techno music because he did not want to hear anything during the shooting "so it wouldn't be personal." He turned up the volume to its maximum level.

When asked why he did not want it to be personal, Mr. Holmes stated "so there would not be a connection between me and the victim... I wanted it to be generalized-[it] being a crowd or group of people... then it would not be like I was actually murdering somebody-if no personal interaction... just random people... ."

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 7 of 69

Mr. Holmes stated he did not make eye contact with any of his victims related, in part, because he was wearing a gas mask. He also reported not saying anything during the shooting.

Mr. Holmes stated that he wore armor to protect him from getting shot, which would have prevented him from killing more people. He reported difficulties in answering the question regarding why it was so important to kill so many people. "[If] I could get to kill everybody in the world that would put an end to the question of why people needed to be alive in the first place... that was the question I wanted to answer ever since I was a kid... I was at rock-bottom... things couldn't get any worse...."

I reviewed with Mr. Holmes selected excerpts from the report by Raquel Gur, M.D. There appeared to be at least one significant discrepancy in the history obtained by Dr. Gur as compared to the history I obtained from Mr. Holmes regarding the shooting. Specifically, Dr. Gur reported the following:

He said he ended up choosing a movie theater because he liked movies, in addition to strategy computer games, where he excelled. He thought he would wound some, but didn't know he would kill...

When asked to explain the discrepancy between these two histories, Mr. Holmes initially stated that things change with time. When pressed further, he was unable to provide an explanation for this difference.

Dr. Gur's report indicates that Mr. Holmes described experiencing a "call for action" that was directly related to his shooting spree. Although Mr. Holmes did tell me that talking with another person (as will be described in the section entitled "the Gmail Chat") led to him feeling the need to take "action" he made it clear that he has not used the phrase "call for action."

During the shooting, Mr. Holmes predominately fired on a random basis. He did fire six rounds at people running toward an exit in order to make sure other people did not follow. He initially used tear gas for "crowd control." He emptied his loaded shotgun of five or six rounds, which he had chosen because it was optimal in that setting for killing people. He stated that the AR 15, which was capable of shooting 100 rounds, became jammed after 15 rounds. (However, the police reports indicated that sixty-five (65) .223 shell casings were found in the theater). He stated he then fired about 10 rounds via his Glock. (The police reports indicated five .40-caliber shell casings were found). Mr. Holmes said he was about 10 feet from the exit door during the shooting and then walked towards the aisle in an attempt to fix the jammed AR 15, which was unsuccessful. He then walked out of the exit to his car.

At his car, Mr. Holmes put the AR 15 on the ground and the handgun on the top of his car. He put down his weapons so "I would not get shot." He initially described such actions as being instinctual. He clarified in

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 8 of 69

another interview that he essentially did an assessment which indicated he was outnumbered by the police and that was the best available option for him at that time. Mr. Holmes then removed his tool belt, which had been used for holding ammunition, and his headphones. He watched the police investigate the area surrounding the emergency door of theater 8 and was shortly thereafter arrested. He did not attempt to escape related to his assessment that it would not be successful due to the police having already arrived and anticipated difficulties driving away while he was still dressed in his armor.

Mr. Holmes also had "road stars" in his car, which are tire puncturing devices, that he had previously purchased online that could have been used if had an opportunity to drive away from the crime scene. The road stars could have been used by him if a car chase had ensued.

He reported feeling empty in mood (i.e., lack of feelings) and thought immediately after the shooting.

Excerpts from the preliminary hearing transcript included the following:

Officers Jason Oviatt and Jason Sweeney made the initial police contact with Mr. Holmes very near the back entrance of Theater 9 at the Century 16 Theater during the early morning hours of July 20, 2012. Mr. Holmes was still wearing a gas mask in addition to his other protective garments (e.g., ballistic chaps or pants, helmet). He was described as being completely compliant with the officer's directions. His pupils were reported to be widely dilated. A semi-automatic handgun was on the roof of Mr. Holmes' car and a magazine with ammunition fell out of one of his pockets. Other items removed from Mr. Holmes included a magazine carrier with nine magazines containing live rounds, a rifle case in his car and a green colored plastic doorstop. Another handgun was found in the passenger-door map pocket of Mr. Holmes' car. An assault rifle was found near the theater emergency exit door.

There was a green plastic doorstop attached to the emergency exit door.

Mr. Holmes informed Officer Blue, without any prompting from the officer, that there were improvised explosive devices at Mr. Holmes' house.

His hair was dyed orange at that time.

Detective Matthew Ingui testified that a witness described seeing the shooter in the lower corner in dark clothing walking up and down the right aisle and shooting randomly, hearing the shots from all around.

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 9 of 69

Fifteen (15) live rounds of 40-caliber handgun rounds, five .40-caliber shell casings, 209 live rounds of .223 ammo, sixty-five (65) .223 shell casings and six shotgun shells or hulls were found at the crime scene along with two canisters of tear gas.

Mr. Holmes reported that he told the officer about the bombs at his apartment in response to someone asking him "if there were bombs at the movie theater... I said no-just at my apartment..." He said that he told them about this "because the diversion thing was over..."

Attachment 4 provides excerpts from the transcript of the preliminary hearing testimony by Special Agent Garrett Gumbinner regarding his interview of Mr. Holmes that was precipitated by his disclosure regarding the improvised explosive devices at his apartment.

At Mr. Holmes' apartment, law enforcement identified a booby trap and various devices/substances designed to cause an explosion, fire and/or smoke. Six-inch firework shells, homemade thermite, homemade napalm, glycerin, gasoline and oil were among the substances/objects found in his apartment. A stereo in the dumpster or near the dumpster of 1690 Paris Street (the location of Mr. Holmes' apartment) was also found.

After Mr. Holmes was arrested and during the initial interview by detectives, he was read his Miranda rights. Mr. Holmes requested an attorney because "that's what you're supposed to do." He knew he was in trouble because "I shot a lot of people".

During the interview with the detectives, before his Miranda rights were read to him, he asked whether any children had been hurt. Mr. Holmes told me that this question was prompted by seeing some sort of sign about children in the police station. He reported being concerned whether any children had been hurt because "children were very innocent..." He learned during the next day when watching the news that he had killed a six-year-old girl. Mr. Holmes reported feeling sad about this loss.

Mr. Holmes did not use any alcohol or street drugs during the time immediately surrounding the shooting during July 20, 2012. He took a Vicodin about one hour before the shooting for pain relief purposes in anticipation of getting injured at the crime scene.

THE GMAIL CHAT

A transcript of an online Gmail chat session March 25, 2012 between Mr. Holmes and his female friend at that time, Ms. D. was reviewed. It included the following:

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 10 of 69

Ms. D.: ... do what you feel like doing, it's a Sunday afternoon

Mr. Holmes: Well what I feel like doing is evil so can't do that.

Ms. D.: what do you feel like doing?

Mr. Holmes: Video games are the next best thing through escapism

Ms. D.: what is so evil that you want to do?

Mr. Holmes: Kill people of course. That is why I live in the future.

Ms. D: killing people is too much effort. You'll end up locked up [...] most people are not worth what might happen to you coz of the act

Mr. Holmes: That's why you kill many people

Subsequent questions are asked by Ms. D. regarding his reasons for wanting to kill others, which results in an exchange initiated by Mr. Holmes about "human capital."

During my examination of Mr. Holmes, I obtained more information from him regarding the concept of "human capital." He indicated that he was referring to "the concept of worth-how much a person's time is worth... e.g., a surgeon's time is worth more than a janitor's time... ." In the chat session he wrote "but life is priceless... you take away life and your human capital is limitless... ." He further indicated that having human capital would enable him to have a more meaningful life.

Mr. Holmes explained that it is more important for a killer to kill more than just one person because it increases the worth of the person doing the killing in a mathematical way. I asked questions that attempted to provide clarification of Mr. Holmes' method of measuring a person's worth. He stated that it included the following factors:

1. number of people killed
2. your own perceptions of what a life is worth
3. your contribution to society (e.g., in a meaningful way and positive way)

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 11 of 69

Other excerpts from this chat session included the following:

Ms. D: how would you have a more meaningful life by killing people?

Mr. Holmes: Because if there is a meaning to life, and you take that away from other people you have prevented their purpose

Ms. D: someone else will fulfill the purpose then
it doesn't help you
it may satisfy you but it doesn't help you fulfill your purpose

Mr. Holmes: It still makes my life more meaningful

Ms. D. subsequently essentially indicated that she does not understand his thinking or concept of "human capital." Additional excerpts included the following:

Ms. D.: If you want to kill people, why don't you kill me and Ben and other people who are around you and have wronged you?

Mr. Holmes: Destruction may make it more negative which is just as suitable in terms of meaning
I told you I can't do that

Ms. D.: why?

Mr. Holmes: I would be caught and could not kill more people, I would also lose the rest of my life. Those experiences you speak of would be gone. That is why I won't kill until my life is nearly over.

The chat then includes exchanges concerning the meaning of death. Mr. Holmes explained to me that "before life and after life is the same thing..."

The chat ends as follows:

Mr. Holmes: I am not inherently evil ... my outlook on destroying life is plan B. I also found a purpose for "good"

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 12 of 69

Ms. D.: I know you are not inherently evil

Mr. Holmes indicated during this psychiatric examination that his plan A was to “live a happy life.” However, he felt that there was no point in plan A because life was not meaningful to him.

Mr. Holmes reported that he continues to hold his beliefs about human worth, killing other people and increasing one’s own worth. However, he said he has learned that he was wrong in his belief prior to the shooting that increasing one’s worth in this manner would rid oneself of depression. He stated his depression is rooted in having a purpose and he does not have a purpose in life.

I also discussed with Mr. Holmes issues relevant to the concepts of right and wrong in the context of his statement during the chat session that what he was thinking about was evil. He said he thought killing people at that time was evil because it was against the law. With regards to killing friends, it was not right because they were real people in contrast to people he did not know who were described as just being “crowd people.”

Mr. Holmes stated that children were worth more than other people “because they have the rest of their life to live.” He did not think it was right to kill children even though they had more worth than adults. He thought it was alright to kill adults but could not explain his reasoning regarding this belief in the context of believing it was not right to kill children.

When asked why he had not previously killed people (since it would have increased his worth based on this conceptualization), he replied “because of fear... fear of consequences - jail, prison, death penalty... .”

When asked what changed that led to his killing many people, Mr. Holmes stated “I lost the fear... while I was in treatment with Fenton... .” Although Mr. Holmes had difficulty providing an accurate timeline, it was clear that he had “lost the fear” by at least early May 2012, which coincided with the period of time when he was experiencing what he called “dysphoric mania.” In response to how he felt about losing this fear (e.g., did it make him feel better since now he could have more self-worth), he replied “I just continued along... I was indifferent about it....” He did not inform Dr. Fenton about this change because “she would’ve locked me up... I would not be able to kill people... would not have been able to get out of this depression and increase my worth... .”

Mr. Holmes had difficulties answering my questions that attempted to clarify issues relevant to losing “the fear.” Over the course of the psychiatric examination he was able to better clarify some of these issues. He had previously been fearful of the consequences he would face if he killed people (i.e., he would be killed or be

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 13 of 69

incarcerated on a long-term basis). Once this fear was gone, although the same consequences were present, Mr. Holmes perceived them from a different perspective. As a result of feeling so bad, the potential consequence of losing his life did not appear to Mr. Holmes as being much worse than how he felt at that time. A similar perception was present relative to facing long-term incarceration. The other factor from his perspective was his belief that his worth would be increased and he would feel better as a result.

Around the same time he reported being very depressed and having "hit rock-bottom." The intensity of his depression was due to having "lost my purpose in life." Mr. Holmes described the contributing factors to this loss to be the "breakup with [my girlfriend], poor lab rotations and poor overall graduate school [experiences]."

Ms. D was the first person that Mr. Holmes ever talked to about his concept of worth and other human beings. He stated that talking about it with another person made his thoughts "more real... because somebody else knew about it... because it existed outside of my thoughts..." He stated that having spoken these thoughts out loud eventually led to an action regarding these thoughts but could not provide an explanation of how this process occurred.

Attachment 5 provides the complete transcript of this "chat session."

THE "BAD NEWS" TEXT

Ms. HA was interviewed during July 20, 2012. The police report included the following:

On July 8th, HA texted Holmes and asked if he went back to California or was he still in town. [HA] got back a reply where Holmes said he had "dysphoric mania." Holmes indicated HA should stay clear of him and that he was in a bad place. HA asked Holmes if he was OK. HA stated Holmes replied that the flood gates were open and HA should stay clear of him.

This texting actually occurred during July 9, 2012. Attachment 6 provides a transcript of the exact texting message, which included Mr. Holmes texting HA the following:

It's in your best interests to avoid me, am bad news bears

Mr. Holmes indicated that his reference to the flood gates was referring to his emotional state at the time that he was implementing plans for the shooting.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 14 of 69

MATCH.COM/ADULT FRIEND FINDER

Sometime after April 16, 2012 Mr. Holmes paid enrollment fees for match.com and adult friend finder. He estimated that he logged into each of these sites greater than 10 times. The purpose of joining the sites was to find a new relationship. He made profiles on each of the sites, which included pictures of him and a dating headline that asked "will you visit me in prison?" He used the save function for potential matches but did not send invites to any of these potential matches. He did not receive any invites from match.com but did receive several from adult friend finder, but did not respond due to feeling nervous. Mr. Holmes was very vague in providing information specific to the "will you visit me in prison?" question. He provided an incorrect birthdate on adult friend finder in an attempt to prevent his personal information used by others.

Mr. Holmes has received numerous (i.e., 100's) letters from women offering support and wanting to establish a relationship with him since his incarceration. He perceived these letters to be due to his profile posting on the above sites, which is extremely unlikely.

THE NOTEBOOK

A notebook was written by Mr. Holmes to explain "why I did what I did... started writing it after I got out of treatment... after failing exams... wrote it intermittently... once or twice per week... so that psychiatrists could treat people like me effectively... [by listing] symptoms..."

As will be summarized in a later section of this report, Mr. Holmes was receiving psychiatric treatment through the student health services at the University of Colorado at Denver (Anschutz Campus) from March 21 to June 11, 2012. Mr. Holmes described difficulties explaining his symptoms to his psychiatrist, Lynne Fenton, M.D. for a number of reasons that included him "not being a communicative person." He also perceived Dr. Fenton did not try to communicate with him because "she had already prescribed the drugs..." However, he did acknowledge that she attempted to elicit his feelings and symptoms from him. His difficulties in communication were due to "that is part of who I am..." The notebook was his attempt to put in writing what Dr. Fenton did not ask about and what he perceived he could not tell her about.

Subjects that Mr. Holmes thought he could not talk to Dr. Fenton about included "that I was buying weapons... that I thought I was crazy ([because] killing people was crazy)... that I wanted to be locked up... specific details of the plan..." He felt that he could not talk about these subjects with her because "she locked me up... then I can't do it... I'd still be depressed..."

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 15 of 69

Mr. Holmes mailed the notebook to Dr. Fenton during the evening of July 19, 2013. He knew that she would not receive this package until after the shooting. When asked why he mailed the notebook to Dr. Fenton, he replied "because she had been my primary psychiatrist... she said she'd be available..." When asked what he thought her reaction would be to receiving the notebook, Mr. Holmes stated "I didn't think about her reaction [to receiving it]."

Mr. Holmes' notebook (page 54) included the following information relevant to his psychiatric treatment through the student health services:

Prevent building false sense of rapport. Speak truthfully and deflected incriminating questions. Oddly, they don't pursue or delve further into harmful omissions. Attempt to see if can pass exams as myself and not by fear. Fail. I was fear incarnate. Love gone, motivation directed to hate and obsessions, which didn't disappear for whatever reason with the drugs. No consequence, no fear, alone, isolated, no work for distractions, no reason to seek self-actualization. Embrace the hatred, a dark k/night rises.

He stated that the above was written about one week before the shooting.

The contents of his chat session with Ms. D (see Attachment 5) was very similar to the contents on pages 27-29 (entitled "Insights into the Mind of Madness") of the notebook, which only became apparent after detailed questioning of Mr. Holmes re: the notebook. Mr. Holmes had struggled for many years (i.e., since the age of 10) regarding the meaning of life and death. He reported this struggle for him was related to "finding a purpose... something that is meaningful to do..." When asked why he thought other people did not have similar struggles for such a long period of time, Mr. Holmes replied "because my mind is different..."

Around March 2012 Mr. Holmes reported becoming more depressed related to his relationship difficulties with his former girlfriend and problems in his graduate school studies. Symptoms of depression included depressed mood (rated by Mr. Holmes as a 9 on a scale of 0 to 10, with 10 being the most severe depression), a sleep disturbance (trouble going to sleep), decreased energy level, decreased sexual drive, feelings of helplessness, hopelessness and worthlessness, and loss of interest in activities that used to be important to him such as schoolwork.

Mr. Holmes then began developing theories about the worth of people in response to feeling worthless in order to decrease his feelings of worthlessness. His thinking regarding the worth of persons became delusional, which were partially evident during his chat with Ms. D and in pages 27-29 of his notebook. In his notebook he attempted to convey that by killing people he could increase his worth. Although not in his notebook, Mr. Holmes was thinking about killing people both to increase his worth and to alleviate his depression. He was

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 16 of 69

aware at that time that this thinking was “abnormal... off the beaten path...” as evidenced by the notebook title of this section being “Insights into the Mind of Madness.”

His level of depression decreased to a “5” after he began taking steps to implement his plan for the shooting.

About a week after the shooting, Mr. Holmes believed that his worth was increased as a result of the shooting. He still maintains that belief. Mr. Holmes is aware that other people think that his worth has decreased related to the shooting “since it is against society’s norms.” He thought that society’s norms did not impact his perception regarding his worth because “there is no right or wrong.” When asked what he meant by right or wrong, Mr. Holmes stated “things are relative... they are not absolute...” He was unable to explain further what he meant by this explanation.

Regarding pages 28-29 of the notebook, Mr. Holmes interpreted these writings to focus on the question of “what is the meaning of life... If you destroy all life then there is no question to be asked...”

Page 30 of the notebook summarizes Mr. Holmes’ options in dealing with the “problem” (i.e., the meaning of life and not having a purpose). The notebook includes the following:

Alternatives to death.

1. Ignore the problem.
If the problem or question doesn’t exist then the solution is irrelevant. Didn’t work. Forms of expression tried included reading, television and alcohol.
2. Delay the problem. Live in the moment without concern for answering the problem at present. Didn’t work. Pursuit knowledge to increase the capacity for answering the question with improved cognitive function.
3. Pawn the problem. If one can answer the question themselves, get someone else to answer it. Didn’t work. Everyone else didn’t know the solution either.
4. Love. Hate. Despite knowing death is false and suboptimal response, I can’t find a working alternative. If all of Life is dead, then the questions-

Why should life exist?
What is the purpose of living?
Are then 0, irrelevant.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 17 of 69

Mr. Holmes reported that ignoring the problem did not work based on many years of trying to do so. Delaying the problem was also unsuccessful. His interest in neuroscience, which initially developed during his high school years, was in part based on his perception since middle school that he was different from other people. Specifically, he felt different in social aspects (e.g., "initiating conversation [has always been] difficult to do") and due to his chronic homicidal thinking. He was hoping that learning about neuroscience would help him to improve himself both in the context of his communication skills and learning in general.

He subsequently was admitted to the University of California at Riverside on a full scholarship, where he was in the honors program. He excelled academically, enjoyed school, but stated that his studies did not help him at that time to improve himself.

Mr. Holmes subsequently applied to top tier graduate school where he wanted to pursue a Ph.D. in neurosciences. However, was only interviewed at one school, UC Irvine, which did not go well related to his difficulty connecting with any of the staff.

Mr. Holmes returned to live with his parents following graduation and after about six months he obtained a job as a pill coater for Marical in Vista California, where he remained employed for three months. Mr. Holmes was eventually accepted at the University of Colorado at Denver.

It became apparent to him during his third rotation at the University of Colorado at Denver around April 2012 that the knowledge gained in graduate school would not help him improve his communication skills or decrease his chronic homicidal thinking.

Page 31 of the notebook described his "Self Diagnosis of Broken Mind" to include dysphoric mania. "I got really seriously depressed... once it stopped I get really manic..." Other symptoms included racing thoughts, high energy level and decreased need for sleep (e.g., six hours). These episodes would last one or two days with about one week between episodes. He described experiencing 3-4 such episodes, which all occurred after he began taking an antidepressant medication, sertraline, around March 2012.

Among the many symptoms listed in the notebook included the following:

This obsession to kill. Since I was a kid. With age became more and more realistic. Started as the entire world with nuclear bombs. Then shifted to the biological agent that destroys the mind. Most recently serial murder via a cell phone stun gun & folding knife in national forests. And finally, the last escape, mass murder at the movies. First obsession onset >10 years ago. So anyways, that's my mind. It is broken. I tried to fix it. I made it my sole conviction but using something that's broken to fix itself proved

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 18 of 69

insurmountable. Neurosciences seem like the way to go but it didn't pan out. In order to rehabilitate the broken mind my soul must be eviscerated. I could not sacrifice my soul to have a "normal" mind. Despite my biological shortcomings I have fought and fought. Always defending against pre-determination and the fallibility of man. There is one more battle to fight with life. To face death, embrace a long-standing hatred of mankind and overcome all fear certain death.

Pages 48-52 of the notebook described Mr. Holmes' thinking relative to his options regarding targets, methods, and venue. He chose "mass murder/spree (maximum casualties, easily performed with firearms although primitive in nature. No fear of consequences, being caught 99% of times)."

His plan had now become "realistic" and he had decided he was going to kill people although he was only 75% sure that he was going to do it. He was planning to do a mass murder versus a single murder because - "back to all those [self-]worth calculations [we discussed] in the beginning. I wanted to get better-beyond the depression."

When asked why he killed people, Mr. Holmes replied that he does not have an answer. When asked a variety of different structured questions and scenarios, he stated that he thought by killing many people he had a 50-50 chance that it would work and make him not feel worthless and feel better. Mr. Holmes was clear that he knew such actions were against the law but he thought at the time that it was "okay to do it... that's why I did it... thought I'd get arrested or die... that is what happens to people who kill people... I didn't think of prison as a consequence... because I was so depressed that nothing mattered..."

Mr. Holmes stated that he would now not kill people for similar reasons because "it doesn't work." If killing a person or persons would make him feel better and not worthless, he stated he would again do so and would think that it was okay to do even though he knew it was legally wrong. He had difficulty explaining why he thought such actions would not be wrong from his perspective. However, he did state that "nobody has a purpose or meaning-why does it matter if they die then?"

When asked whether he has any regrets regarding his actions, he replied "yes and no." He stated yes "because I didn't get better and jail is not a very good place to be." He stated no because "I increased my worth." When asked if he had any regrets regarding the impact on other people, he replied he did because "killed other people... it took away their fundamental right to live... I would want that kind of choice..." When I pointed out to him that he initially did not include other people in his regrets, he stated it was because "I don't know them."

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 19 of 69

Having chronic suicidal thinking that preceded his chronic homicidal thinking was described by Mr. Holmes. "I usually transferred these [suicidal]'s thoughts into the homicidal thinking..." He described one suicide attempt around the age of 10 by cutting his wrists, which he indicated was a cry for help. He denied any other suicidal attempts. He reported that jumping off his bed in the jail during November 2012 was not a suicide attempt but in response to visual hallucinations.

He has thought of a variety of ways killing himself that have included strangulation, overdose and jumping in front of the car. He thinks he would attempt to kill himself if given the opportunity. He stated he has not tried to kill himself in the past due to his fear of the involved pain.

Mr. Holmes stated he was not concerned about the death penalty because "there is no reason to live." He feels bored because "there's nothing to do that is worthwhile and meaningful." Mr. Holmes states that his depression is again at an 8/10 level.

Pages 52-53 summarize aspects of Mr. Holmes' prior mental health treatment. It included the following:

Anxiety and depression both serotonergic system anyway though. No effect when needed. First appearance of mania occurs, not good mania. Anxiety and fear disappears. No more fear, no more fear of failure. Fear of failure drove determination to improve, better and succeed in life. No fear of consequences. Primary drove reversion to hatred of mankind. Intense aversion of people, cause unknown. Began long ago, suppressed by greater fear of others. No more fear, hatred unchecked. Start small. Buy stun gun and folding knife. Research firearms laws and mental illness. Buy handguns. Committed- Shotgun, AR-15, and handgun. Wildcard: explosives. Simplest and least suspicious: gasoline and oil. Acquire remote detonation system and body armor, practicing shooting at Byers Canyon rifle range. Can't tell the mind rapist's plan. If plan is disclosed both "normal" life and ideal enactment on hatred failed.

Mr. Holmes said "if I told them then I would be locked up and could not carry out the mission [i.e., the shooting]. I had to complete it in order to not suicide." Mr. Holmes explained that the "mind rapist" was "the psychiatrist." His anger towards psychiatry was apparent in the above writing and was consistent with other references made by him during the examination, such as the field of mental health had failed him.

Appendix III provides a partial transcription of entries written by Mr. Holmes in the notebook with a *Metzner comment* section that summarizes various responses by Mr. Holmes to some of my questions regarding various entries, many of which have been incorporated into this section of the report.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 20 of 69

PAST MEDICAL HISTORY

Current medications included risperidone, Cogentin, Lexapro and tetracycline. He began taking risperidone during November 2012 in order to “calm me down and prevent hallucinations... .” Mr. Holmes indicated that this medication has been helpful.

He first experienced visual hallucinations during November 2012 which ended shortly after his hospitalization at the Denver Health Medical Center (DHMC) during November 2012. He denied a history of auditory hallucinations, which was not consistent with records from DHMC.

Mr. Holmes denied a history of any current or past medical problems. His mother reported that he was diagnosed as having mononucleosis during December 2011.

Mr. Holmes said he had experienced grandiose thinking since at least age 10. “[I thought] I could do something that would kill everybody in the world... didn’t know why I was having [these thoughts]... .” The frequency of such thoughts was generally on a monthly basis although they occurred more frequently with stress.

Mr. Holmes sought mental health treatment through the Student Health Center at the University of Colorado (Anschutz Campus) during March 2012 due to a lifelong problem with public speaking. “I was just anxious and nervous... I wanted to improve my public speaking skills... .” The precipitant for his self-referral was the beginning of his end-of-rotation talks in graduate school. “I just finished one [talk]... got negative feedback... I called them up after that... .”

Information was obtained from Mr. Holmes relevant to his treatment with Dr. Fenton. “It mostly was just finding out what medication to give... seeing the side effects and effectiveness... saw her about once every two weeks... turned out to be not helpful... didn’t think it was helpful at the time... I was still depressed... .”

Mr. Holmes thought that the treatment might have been helpful had he been prescribed antipsychotic medication. He stated that Dr. Fenton’s supervisor, Dr. Feinstein, talked to him “about antipsychotic medication that they wanted to put me on... I said it was too late because I had already failed out of graduate school... I would have not have insurance-was unable able to pay \$80 per hour [for psychotherapy]... they said [the insurance] could be continued in the summer... but [I thought] the [insurance] problem would still be there [when the summer ended].”

Questions were asked to Mr. Holmes regarding his understanding of psychosis. He indicated that psychosis

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 21 of 69

included "irrational behavior." He thought that he was psychotic when at Denver Health Medical Center because he had an out of mind experience that involved "looking down at my own treatment." He thought that he might have been psychotic at the time of the shooting because "looking back I can see myself in the third person." He did not have such an experience at the time of the shooting.

Drinking up to 4 to 5 beers every two weeks was reported by Mr. Holmes. There was no history of alcohol abuse or treatment. He has had minimal experience with the use of marijuana. There was not a history of street drug or prescription drug abuse.

Vegetative symptoms of depression were absent at the time of my examination of Mr. Holmes. Mr. Holmes has gained about 30 pounds during the past year. He continues to feel very depressed.

Mr. Holmes reported a long history of trichotillomania (hair-pulling disorder). The essential feature of this disorder is the recurrent pulling out of one's own hair that leads to hair loss although it may not be clearly visible. He reported that he did not experience feelings of embarrassment and shame related to his hair pulling behavior. However, he did attempt to avoid other people knowing about it because "there was no reason for them to know." His hair pulling behavior started in high school and was precipitated by stress. Mr. Holmes described such behaviors as being a distraction from stress.

UNIVERSITY OF COLORADO DENVER/ ANSCHUTZ MEDICAL CAMPUS

Records from the University of Colorado Denver/ Anschutz Medical Campus were reviewed. The June 17, 2013 neuropsychiatric report written by Raquel Gur, M.D., Ph.D. provided a useful summary of these records as follows (with additional "*Metzner comments*" based on my examination):

Mr. Holmes made an appointment at Student Health University of Colorado and was seen by Margaret Roath, MSW on Friday, March 16, 2012. On Monday, March 19, 2012, Ms. Roath emailed Lynne Fenton, M.D. "I saw a student late Friday who I hope you would be able to see, and soon if possible. He is the most anxious guy I have seen and has symptoms of OCD. But most concerning is that he has thoughts of killing people, though I do not think he is dangerous. He said he did not want to tell me everything he is experiencing as I might have to report. The reason I think it might be best for you to see him as I think it might be best to keep him in our system. What do you think? I am leaving right now to go have some work done on my car - should be back about noon or 12:30." This is followed by an email that early afternoon noting, "His name is James Holmes and he may email you because he has such trouble talking on the phone." The notes indicate, "He said it was very hard to come in, problems concentrating, anxiety

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 22 of 69

around people and public speaking. He has trichotillomania. He says he wants to kill other people. It was very hard to interview him as he would just stare and take a long time to answer.”

Metzner comments: Information was obtained from Margaret Roath, M.S.W. by telephone during August 1, 2013. Mr. Holmes, without prompting, told Ms. Roath that “he had trichotillomania... had thoughts of wanting to hurt other people but never had hurt anybody and never would...” Mr. Holmes’ chief complaint was his significant anxiety during public speaking. He described becoming short of breath and very anxious during such times he had such symptoms during interview with Ms. Roath in addition to having significant difficulty answering questions without long periods of hesitation. Ms. Roath discussed a referral to Dr. Fenton and possible use of medications with Mr. Holmes. He was very receptive to these recommendations because he thought that he needed medications.

On March 21, 2012 Dr. Fenton saw Mr. Holmes for intake evaluation. The notes indicate “anxiety, ruminative thoughts. 2 weeks relationship problems. Girlfriend broke up and came back, decrease in mood and energy. Occasional insomnia, Eating - fine, Cognitive - decrease focus past 2 weeks”. Further notes include “Increased stress, girlfriend problems - OCD symptoms, worst they have been. Past history is noted for “5th grade ‘got glasses’ – realized he wanted to ‘overcome biology’ in all other ways...” Solution to “biological problem” would be to eliminate problem- “homicide”, but can’t kill everyone so not an effective solution.

Metzner comments: “Biological shortcomings” described by Mr. Holmes during my examination included difficulty communicating, depression, anxiety and OCD (obsessive-compulsive disorder). He was unable to provide an explanation how homicide would have solved these problems for him.

Dr. Fenton’s March 21, 2012 progress note included the following:

Denies any suicidal ideation. No specific plans or targets. Thinks of this 3-4 times a day. Distracts self with TV and movies. Other symptoms: orderly time of departure, prefers repetition, no washing/germ phobia, no panic.” some odd thought processes...fear of public speaking. Explored homicidal thinking-ruminations, but not entirely ego dystonic. Denies plan or target & denies suicidal ideation. Appears not currently dangerous but warrants further understanding & following. Assessment: social phobia,? psychotic level thinking, schizoid personality disorder? Plan: Sertraline 50 mg/day (plan to increase to 100-200) Klonopin (0.25 mg po b.i.d.) consider an antipsychotic, would use Seroquel for anxiolytic properties, follow-up in a week.

During the March 27, 2012 visit, Klonopin was discontinued and he was started on propranolol 10 mg twice a day [prn], sertraline 100 mg/day was continued and Seroquel was discussed.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 23 of 69

Metzner comment: The Klonopin had been discontinued because it was not helping with Mr. Holmes anxiety. Mr. Holmes was worried about the sedative effect of Seroquel, which was the reason it was not prescribed.

In the next appointment on April 3, 2012 it was noted that Mr. Holmes reported that propranolol interfered with memory during lab meeting presentation and the dose was decreased to 5 mg twice a day.

On April 17, 2012, Sertraline was increased to 150 mg daily as no changes were noted. Following the termination by Mr. Holmes of the friendship with his girlfriend, increased obsessive thoughts were noted "Doing ok but increased 'obsessive thoughts regarding women (one of 3 types of thoughts- male, female, all. Won't give any details. Won't answer regarding plans, homicidal ideation. No suicidal ideation). Dr. Fenton noted "Angry that I won't tell him my philosophical ideas of purpose of life. 'I've told you all mine. Are you just a pill pusher?' Can give no [advice] for treatment other than "learn a new philosophy of life." Her assessment indicated "Psychotic level of thinking- guarded, paranoid, hostile thoughts he won't elaborate on. Very tentative therapeutic relationship- is taking same meds but reluctantly. Is coming in for appts. Seems to be functioning at work." Diagnostic formulations considered were:

Schizotypal personality disorder +/- frank psychotic disorder

Rule out OCD- obsessive thoughts, but don't seem to be ego-dystonic. No apparent rituals.

Social phobia vs. a manifestation of his psychotic level thinking.

Safety- No evidence of imminent threat (I'm worried about homicidal ideation >> suicidal ideation in this patient) though he is very guarded and doesn't reveal much.

Plan- try to maintain alliance to allow further evaluation and perhaps influence him to try an antipsychotic. At this point, would try for risperidone as more potent/less sedating than Seroquel. Meanwhile, increase Sertraline to 150 mg and continue Propranolol at 10mg 2x day.

In the follow-up appointment on May 1, 2012, Dr. Fenton "Asked if it would be ok to have another doc join us for an eval. He's worried it will be to "lock him up." Asked him various ways how he sees his problem, what he'd like to do about homicidal ideation thoughts, etc. but never gives a coherent answer."

Metzner comment: Dr. Fenton's May 1, 2012 progress note also included the following:

My lab experiment not working. Says he will have to make up some bullshit. Comps in June and he will have to pick lab. 2nd lab told him not to bother applying—"not a good fit"... Relationships [with] others- usually lasts about 4 months-then "I stop talking to them"

This session also addressed some issues re: his former girlfriend and some violent thinking.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 24 of 69

On May 31, 2012 Mr. Holmes reported that he "get addicted to games" Diablo 3- 100 hrs past two weeks. Not studying for prelims. Has read Nietzsche, Kaczynski, Tylenol terrorist. Hate "sheeple" and shepherds."

Metzner comment: During this session Mr. Holmes told Doctors Fenton and Feinstein that "most people are sheeple," which was a condensation of sheep and people. This was said to indicate that "people are followers." Mr. Holmes explained during my examination of him that he uses this term to refer to "people without meaning."

Dr. Fenton's progress note also included the following:

Introduced the idea that patient may be very angry/troubled. Does not have a sense of what others think of him. RF worked from mentalization standpoint and transference. Patient agrees to come back and talk more. RF proposes talk and perhaps another med [antipsychotic]. Hypothesis- anger from bullying? RF said to patient- couldn't really prevent suicide/homicide in long run if person is intent on it. Answers why he wanted to go into [psychiatry] (one-sided conversations) and his values (help people))

[Note: the above is the end of excerpts from Dr. Gur's report]

Metzner comment: Mr. Holmes denies a history of ever having been bullied.

Dr. Fenton's documentation re: her June 11, 2012 appointment with Mr. Holmes included the following:

Appointment Date: 06/11/2012 3:58:21 PM

Note Date: 06/12/2012 4:39:02 PM

First year Neurosciences grad student returns today for scheduled follow-up visit with Dr. Feinstein and myself. After I ask how his comp exam went, he reports he failed it. Test was last Thursday, he found out Saturday. As usual, he seems inappropriately nonchalant about this. Says he doesn't really like the program anyway and that he doesn't plan to retake the test. Thinks he'll quit the program and look for a job. Knowing his history of anger and homicidal ideation (towards seemingly most of the human race) we proceed to assess his level of dangerousness. He actually seems not angry at the grad school, and perhaps a bit relieved to be leaving the program. Neither does he appear suicidal or even depressed. However, he continues to make hostile comments to both of us and seems more paranoid than on previous visits. For example, when asked if he is aware that some of his comments and demeanor may frighten or concern others, he says "well Fenton is clearly afraid of me - that's why she asked you here to protect her or something. And then that one time she locked the door and had a conspicuous package behind her chair." But he also maintains that other see him as "normal".

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 25 of 69

Regarding specific stressors that might increase his level of dangerousness: he stated he had no student loan debt and had in fact about \$10K of savings that would last for a while. He planned to stay in Colorado "because my lease goes until November. I signed a contract and I probably won't break that" and that he'd look for a job. Thought that his parents would help support him if need be. Said he had told one friend in the program that he had failed (because she asked him) and that he planned to tell his parents. He did not seem too concerned about their reaction. "I told them a while ago I might not stay in the program. They will support whatever my decision is."

We restated that we were very concerned about James and thought that he would benefit from a medication like risperidone and continued psychotherapy. He said his insurance was going to end and we said that would not be a barrier. He saw no point in getting treatment if he wasn't going to continue with the grad program. He did pause to consider Dr. Feinstein's question about "what about getting help for your life" but restated he wasn't interested.

After about 20 minutes, James said he had to leave to go talk to his grad school advisor and got up and left without thanks, goodbye or other parting remarks, as per his usual demeanor. Significant worries remained about the dangerousness of this student, particularly the potential for violence against others given:

1. His long-standing fantasies of killing as many people as possible.
2. His caginess in discussing any details regarding methods, targets, timing.
3. His refusal to give us permission to contact anyone who could give collateral info or speak on his behalf.
4. The unclear timeline of his mental health status and past history. Has he always been this odd and angry or is this new, suggesting a psychotic break, substance-related psychosis or medical illness.

Due to the above concerns, Dr. Fenton activated the BETA (threat assessment) team to investigate further and help formulate a plan. Her assessment included the following:

At this point, it appears that James has schizoid personality disorder and is intermittently functioning at a psychotic level. His ability to mentalize about others' states of mind is very impaired and he may be on the autism spectrum. He may be shifting insidiously into a frank psychotic disorder such as schizophrenia, though does not have the more rapid worsening of functioning typical of most psychotic breaks. His fear/hatred of humans has markedly impaired him – though he seems very intelligent it appears he will drop out of grad school program due to his impaired interactions.

Does not currently meet criteria for a mental health hold. He is not gravely disabled and has no evidence of suicidal ideation. Longstanding homicidal ideation but denies any specific targets and there is no

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 26 of 69

current evidence that he is angry at the grad school (or anyone else) for his failure. He has made many hostile remarks to myself and Dr. Feinstein, but no threats. This is similar behavior to what his mother describes. No evidence of past violent acts. No evidence of substance abuse, though no drug testing has been done.

BETA team, patient's mother, director and advisor in NS grad program all notified of essential concerns and have my contact information (and campus police info) should anything come up. Student MH Service will be happy to assist James should he request treatment, even if his insurance has expired.

DIAGNOSIS AND SYMPTOMS

Schizoid Personality Disorder 301.20

r/o Asperger's Disorder 299.80

r/o Schizophreniform Disorder 295.40

Attachment 7 provides a copy of Dr. Fenton's complete June 12, 2013 progress note.

Information was obtained from Mr. Holmes regarding his treatment with Dr. Fenton. He had hoped that the treatment would give him an alternative to acting on his homicidal thoughts. He frequently was vague and needed structure in answering questions relevant to the nature of the questions/assessment made by Dr. Fenton regarding to his chronic homicidal thinking. "I told her I wanted to replace homicidal ideation with something else... I told her once... She didn't say anything..."

Mr. Holmes indicated that he had asked Dr. Fenton on several occasions whether she was going to lock him up in the context of his chronic homicidal thinking. He thought that Dr. Feinstein was in one of the sessions with Dr. Fenton when he asked about being locked up. Mr. Holmes stated that his questions, relevant to whether he would be locked up, occurred after he started making plans to act on his homicidal thinking. "I was asking them, in a way, to lock me up by asking them if they were going to lock me up." He was not surprised that he was not locked up because "I didn't tell them outright I had a plan and what I was going to do."

Mr. Holmes stated that Dr. Fenton did ask him whether he had any specific person mind in the context of his homicidal thinking. He would tell her "no-just people in general." When asked if he had a plan he would reply "yeah... but I said it wasn't a realistic plan because I did not have a plan... [and] that involved the whole world... but that was before I started buying stuff... I [then] told her it got to be more realistic..." He did not remember his response to any follow-up questions Dr. Fenton would have made to such statements. He stated "I don't remember what I said or if I didn't give an answer..." He described Dr. Fenton becoming concerned as evidenced by her seeming more nervous around him. It was during this time that he began to buy weapons and pick out the location of the shooting.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 27 of 69

Two sessions with both Dr. Fenton and Dr. Feinstein in the room were described by Mr. Holmes as involving psychotherapy because "Dr. Feinstein would ask me questions." He stated his sessions with Dr. Fenton and Feinstein lasted about 30 minutes each." He described most of his sessions with Dr. Fenton to be 5-15 minutes in duration and the interaction being medication focused.

Retrospectively, he thought that psychotherapy would have been helpful to him. He indicated that Dr. Feinstein was the person who talked to him about psychotherapy. He stated that he had not previously talked with Dr. Fenton about psychotherapy. He did not think that he has ever had psychotherapy in the past.

INFORMATION FROM LYNNE FENTON, M.D. AND ROBERT FEINSTEIN, M.D.

Information was obtained via telephone with Lynne Fenton, M.D. and Robert Feinstein, M.D. on August 9, 2013.

The discovery information indicated Robert Feinstein, M.D. told law enforcement officials that he had important information which could be conveyed to them if he obtained proper authorization to do so. However, Dr. Feinstein told me this statement was made in the context of issues related to a bomb threat at an outpatient clinic at the University and Dr. Feinstein's general knowledge of Mr. Holmes via his treatment through the student health services. It was not in reference to any specific threats made by Mr. Holmes relevant to the shooting.

In response to a very specific question re: her communications with Sukumar Vijayaraghavan, Ph.D., Dr. Fenton was clear that she had not communicated in any way with Dr. Vijayaraghavan information to the effect that Mr. Holmes had told her since he could not make his mark on the world in science that he could blow up people and become famous (referenced in an interview in the discovery documents).

Mr. Holmes informed Dr. Fenton that he would like to kill people and that he thinks about killing people. Follow-up questions by Dr. Fenton would usually elicit no other relevant information, no response, or Mr. Holmes would say something off-topic. At times he would state that he would not say anything further because "you'd lock me up [in a psychiatric hospital]."

Mr. Holmes's presentation was generally characterized by very short statements, smirks and stares. He also described wanting to "overcome biology by homicide... but you have to kill everyone."

During the session on March 27, 2013 Dr. Fenton specifically talked with Mr. Holmes about the use of an

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 28 of 69

antipsychotic, Seroquel. However, he declined a trial with this medication due to his concern about sedation.

Dr. Fenton stated that her sessions with Mr. Holmes became essentially medication management sessions despite her attempts to engage him in verbal therapy. She scheduled one-hour sessions with him, which were shortened due to his lack of engagement.

During the last two sessions with Mr. Holmes, which were attended by both Dr. Fenton and Dr. Feinstein, the use of antipsychotic medications was again offered to him. It was explained to him that he and they were troubled by his homicidal thinking and were concerned that he might be having a nervous breakdown. He gave a definite "no" to such a trial and stated that there was no reason to do so because he was dropping out of graduate school. Even when asked about what he was going to do about the rest of his life, he declined further treatment.

Mr. Holmes had told Doctors Fenton and Feinstein that he was playing lots of videogames and was not preparing for his exams. Mr. Holmes told them that "[I] was prepared enough... [I] studied this way often... [I] was not worried about it... I know what I am doing... done this before... I'll be fine... ." These statements were made by Mr. Holmes in a somewhat arrogant manner.

Mr. Holmes had never discussed "dysphoric mania" with Dr. Fenton or Dr. Feinstein. Sertraline had been initially prescribed by Dr. Fenton during the session of March 21, 2012 for symptoms of obsessive-compulsive disorder and social phobia (i.e., anxiety), rather than for symptoms of depression, since depressive symptoms had not been reported by Mr. Holmes. Propranolol was prescribed for anxiety. These medications were subsequently adjusted in follow-up visits with Dr. Fenton. During May 1, 2012 Mr. Holmes reported feeling calmer and talking more easily with people. Manic-like symptoms were neither observed nor reported by Mr. Holmes to Dr. Fenton.

During my examination of Mr. Holmes, he was surprised to learn that sertraline had not been prescribed for symptoms of depression and that Doctors Fenton and Feinstein were not aware of his depressive symptoms and how bad he was feeling about himself. He stated that on one occasion he told one or both of them, in response to a question, that he was being treated for depression.

Mr. Holmes never talked with either Dr. Feinstein or Dr. Fenton about how bad he felt about himself. Dr. Feinstein indicated that "we got the arrogant [presentation of] him."

As documented in her April 17, 2012 progress note, Dr. Fenton described Mr. Holmes as getting angry when

JAMES EAGAN HOLMES

100936

B12/13/1987 F

08/04/2013

RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2

150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 29 of 69

she did not directly answer his question about her philosophy of life.

Mr. Holmes never threatened either Dr. Fenton or Dr. Feinstein.

A psychotic disorder was considered in their differential diagnosis related to his intermittent odd answers and comments. For example, when asked during an early interview questions about his childhood, he recalled the fifth grade when he got eyeglasses. His comments regarding the need to overcome biology had a strong flavor of illogical thinking. In addition to his history of trichotillomania, he described compulsive behaviors after eating. Mr. Holmes described a compulsive need to wash dishes, which were used during meals, soon after eating. He displayed an angry and hateful perception of humanity to Dr. Fenton that had been present for a very long time. However, attempts to obtain further clarification regarding these perceptions were unsuccessful. There was a hint of paranoid thinking related to a box that Mr. Holmes observed on one occasion in Dr. Fenton's office.

The last two sessions of his treatment was described by Dr. Feinstein to have had more of a feel of psychotherapy sessions compared to his previous sessions due to his willingness to increase his participation in answering questions. He appeared to feel relieved about dropping out of school and described plans of obtaining a job.

Dr. Fenton attempted to clarify with Mr. Holmes what he wanted to obtain from mental health treatment but was unable to do so.

Page 31 of the notebook (see Appendix III) summarized new symptoms experienced by Mr. Holmes during May-July 2012. They included the following:

1. Catatonia. Developed recently, often lasts for 3-5 hours in the middle of the day. If present in morning and I know it isn't particularly bad, can goad myself to move by thinking "Bambi get up, you must get up." [June 2012, lasted about two weeks, frequency ~ 2 times per week]
2. Brief periods of invincibility, actions are in hyperspeed. Developed in last three months, occurs typically three or four days a week lasting all day with possible interludes of catatonia.[May-July 2012]
3. Tiredness most of time for about an hour, onset unknown.
4. Difficulty in concentrating or focusing on anything longer than 15 minutes. Created a learning strategy of studying 15 minutes then watching TV and repeat. Very effective but only in isolation.[May-July 2012]

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 30 of 69

Unfortunately, Mr. Holmes did not effectively communicate these symptoms to Dr. Fenton based on information obtained from both Dr. Fenton and Mr. Holmes. In addition, he experienced other chronic symptoms that are also summarized in his notebook.

The previously referenced writing on page 54 of the notebook (see section entitled "The Notebook") was indicative of Mr. Holmes not being very cooperative in answering questions posed by his treating and consulting psychiatrists, Doctors Fenton and Feinstein.

INFORMATION OBTAINED FROM JONATHAN WOODCOCK, M.D.

During July 6, 2013 I spoke by telephone with Jonathan Woodcock M.D., regarding his limited two-hour psychiatric consultation re: Mr. Holmes at the request of defense counsel that occurred 3-4 days following the alleged crimes. The major purpose of this consultation was for safety purposes and mental status screening (e.g., psychotic symptoms present?) purposes. Dr. Woodcock, who is both a neurologist and a psychiatrist, was instructed by defense counsel not to ask questions specific to the alleged crimes.

Dr. Woodcock described the most striking clinical manifestations demonstrated by Mr. Holmes to include the flatness of his affect and dissociation of affect. For example, midway through the interview Mr. Holmes appeared to be uncomfortable and possibly a little angry. At that point, Dr. Woodcock asked him how he felt. Mr. Holmes was reported to have "looked at me with disdain... [he said he was] bored." Dr. Woodcock indicated Mr. Holmes' dissociation of affect was profound throughout the interview. He appeared to be generally without any sense of angst, conflict or regret regarding his actions. However, affect was demonstrated by Mr. Holmes when asked about the impact of his actions on his family. He appeared to demonstrate a genuine sense of regret concerning the effect it would have on his family. He appeared to intellectualize and dissociate his affect when asked to talk about the impact of his actions on the families of the victims.

Dr. Woodcock said that "he talked a lot about his history of suicidal ideation and homicidal ideation that he had for many years. It was the preoccupation of his life... consumed by suicidal ideation and how to deal with it." It was Dr. Woodcock's assessment that Mr. Holmes' long-standing homicidal thinking appeared to be a way of dealing with his chronic suicidal thinking. His chronic preoccupation with suicidal thinking was described as a very difficult struggle for him. Mr. Holmes had reportedly covered up the intensity of his suicidal and homicidal thinking from everyone in his life. His suicidal fantasies were very uncomfortable for him and he described a significant struggle with them. Mr. Holmes' homicidal preoccupation appeared to be a means of redirecting his thoughts and attention away from suicide.

JAMES EAGAN HOLMES

100936

B12/13/1987 F

08/04/2013

RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 31 of 69

During this interview, Mr. Holmes was described as being coherent and oriented. He appeared to understand his legal situation. He denied the presence of hallucinations. He appeared very reluctant to discuss the presence of possible delusional thinking. His answers to questions were not spontaneous but clearly thought through before speaking. Dr. Woodcock thought that Mr. Holmes was probably "filtering a lot [of his answers]."

Mr. Holmes talked about having a Plan A, which involved killing himself and a Plan B, which involved killing others and then killing himself.

His presentation was consistent with a major psychiatric disorder, most likely a schizoaffective disorder although his presentation was clearly unusual in the context of his very flat affect and his dissociation of affect.

Dr. Woodcock hypothesized that Mr. Holmes experienced a significant clinical decompensation, which had made it very difficult for him to prepare for his preliminary examinations in graduate school. He thought that Mr. Holmes had given up on resisting his compulsion to kill himself and to kill other people, which resulted in him becoming consumed by the planning for the actions that occurred during July 20, 2012.

It was hypothesized by Dr. Woodcock that something happened in his relationship with Dr. Fenton and via the consultation by Dr. Feinstein that impacted Mr. Holmes. Mr. Holmes perceived that the prescribed medications made him symptomatically worse.

ARAPAHOE COUNTY JAIL MEDICAL RECORDS

A July 26, 2012 note dictated by Erwin Mozer, M.D. included the following:

In my telephone discussion with Dr. Woodcock 7/22/12, he informed me after a three-hour interview with his patient, that he considered him to have a psychotic diagnosis (e.g. thought disorder) possibly schizoaffective or bipolar type and likely required antipsychotic medications. We discussed those antipsychotics which are on the formulary, and he considered using risperidone. However, he was waiting to confirm that he has established a doctor-patient relationship with his patient and plan to prescribe (through me) on 7/30/12 when he reappeared at the jail to evaluate the patient again. He did not feel that the patient required placement on the suicide watch at this time and felt that his current location (in the infirmary monitored by camera) is sufficient. He noted what he considered be some features of psychosis in this patient, namely, "affective blocking (he wasn't "in touch") and referential thinking. He noted that the patient has had ("long-standing suicidal and homicidal ideation, and that currently there was more homicidality than suicidality. At the request of administration, I was asked to contact Dr. Woodcock again, but was unable to reach him on 7/25/12.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 32 of 69

Elizabeth Sather, Psy.D. spoke with Mr. Holmes briefly during July 26, 2012 at 2126 hrs. Her note included the following:

S: Explained the role of this writer, to check and see how he is faring, and to see if any mental health intervention is needed at this time. Inmate appeared confused and stated that he has his "own psychiatrist" who can serve both roles of attending to court issues and his current mental functioning. He also stated that his understanding is that his psychiatrist would communicate with jail staff regarding any of inmate's current needs. This writer affirmed that this had been the initial plan but that this writer had recently been asked by jail staff to do an internal evaluation as well. This writer informed inmate that the purpose of the meeting this evening was to check on how he was doing now in his cell and to see if he needed anything from the mental health staff. This writer then paused for inmate to offer any feedback. Inmate did not offer a response. This writer attempted to clarify with inmate whether he did not want to talk with this writer just this evening, or not at all. To this, inmate replied, "well, thanks for checking on me. I think one psychiatrist is enough." This writer thanked inmate for being cooperative, and ended the conversation by exiting the cell.

O: When this writer arrived at inmate cell door, inmate was laying on his back on his mattress, reading a book with his arms elevated to hold the book. His legs were also elevated, with his lower legs resting against the wall. When this writer entered the cell and made an introduction, inmate sat up immediately and moved toward the end of the mattress near the door, as if to stand up, softly saying, "so I guess it is mandatory?" When this writer explained that he was not required to meet, inmate sat back on mattress. Inmate maintained eye contact throughout the brief conversation, with eyebrows raised and eyes fixed directly on this writer. He appeared puzzled by the purpose of the meeting, but was lucid, logical, and able to track the conversation appropriately. Rate and tone of speech were within normal limits. Soft-spoken and cooperative.

A: unable to form diagnosis as evaluation was not completed.

During June 25, 2013 I obtained information from Erwin Mozer, M.D. relevant to his clinical contacts with Mr. Holmes during his incarceration at the Arapahoe County Jail. Dr. Mozer's psychiatric assessment of Mr. Holmes was very limited due to legal issues. Dr. Mozer's assessments were essentially limited to assessing relevant safety issues during Mr. Holmes' incarceration. During November 2012 Mr. Holmes began not eating due to becoming paranoid that his food was being poisoned. Mr. Holmes stated that he had been moved to another cell and started receiving a sack lunch that had been labeled with a S.S., which he interpreted as referring to the Gestapo. He now thinks that S.S. was an abbreviation for suicide sack lunch. He subsequently required hospitalization at the Denver Health Medical Center due to an apparent delirium that appeared to have been metabolically caused by dehydration and electrolyte abnormalities. At that time he was also started on an antipsychotic medication, Risperidone , an antidepressant medication, Lexapro and Cogentin for helping to

JAMES EAGAN HOLMES

100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 33 of 69

manage side effects from the Risperidone . Mr. Holmes was continuing to receive those medications at the time that this information was obtained from Dr. Mozer.

Mr. Holmes was described by Dr. Mozer as exhibiting a significantly flat affect, not connecting interpersonally with anyone at the jail and apparently not wanting to do so. Very little spontaneity had been demonstrated by Mr. Holmes. Despite having the opportunity to have recreational time outside of his cell in the infirmary, he had rarely exercised such an option.

Information was obtained from Elizabeth Sather, Psy.D. by telephone during July 2, 2013. For reasons similar to those referenced by Dr. Mozer, Dr. Sather's clinical involvement with Mr. Holmes was generally limited to brief monthly checks to attempt to assess how he was doing within the facility (i.e., assessing his level functioning) and for assessments relevant to safety issues.

Dr. Sather had at least two clinical contacts with Mr. Holmes during November 2012 due to his self-injurious behaviors and ideation. This was around the time prior to his transfer to Denver Health Medical Center (DHMC), which will be summarized in the next section. He was observed by a deputy to be jumping off of his bunk around that time. Mr. Holmes told me that he was likely trying to hurt himself but not to kill himself. During this period of time he also demonstrated overt psychotic thinking. Specifically, Mr. Holmes stated that he thought that during the previous week he had been in a puzzle game that apparently somehow involved Peter Pan in a green vest. It was Dr. Sather's impression that such thinking represented psychotic thinking in contrast to malingering. In fact, she was about to initiate a process to transfer him to the Colorado Mental Health Institute-Pueblo for further evaluation/treatment. However, this process was not carried out because he was subsequently transferred to DHMC.

While at DHMC, Mr. Holmes was reported to have made bizarre comments about pulling away from people and drinking their blood. When he was back at the Arapahoe County Jail, Mr. Holmes did not remember making such statements but did remember having such thoughts.

Mr. Holmes was apparently unable to provide Dr. Sather with an explanation for his reasons that he stopped eating during the days prior to his admission to DHMC.

Throughout his incarceration, at the Arapahoe County Jail Mr. Holmes has demonstrated a very flat affect. In addition, his appearance was remarkable for pupil dilatation and usually looking very alarmed. He generally stays in his cell most of the time and was reported not to have made any connections with other people (inmates

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 34 of 69

or staff) at the jail and seem to have no interest in doing so. There have been two incidents of him lunging at a nurse for reasons that were unclear. He subsequently reported no memory of these events.

Attempting to converse with Mr. Holmes was described as a very difficult process due to his obvious difficulty in communicating with people. He frequently appears very confused when asked even simple questions. His difficulty in communicating appeared to be due to a thought disorder and he reportedly had a very autistic-like quality.

DENVER HEALTH MEDICAL CENTER

Mr. Holmes was initially evaluated at DHMC during November 13, 2012. The reasons for this assessment were well summarized in the Action Care Ambulance records as follows:

H: NURSING STAFF INFORMED EMS THAT PT, TRIED TO HURT HIMSELF 2 DAYS AGO BY FALLING BACKWARDS FROM STANDING POSITION, AS OBSERVED BY SECURITY FOOTAGE. PT, CAUGHT HIMSELF MID-FALL AND DID NOT STRIKE HEAD, PT. THEN PROCEEDED TO STAND ON BED THAT WAS APPROX. 2 FEET FROM GROUND AND FELL IN THE SAME FASHION WITH SAME PROTECTIVE REFLEX OBSERVED. STAFF DENIES LOC BUT STATE THE PT STARTED TO BEHAVE ERRATIC AND NOT HIS BASELINE COHERENT SELF, PT. BECOMES COMBATIVE WITH STAFF WHEN AGITATED WITH ROUTINE ASSESSMENTS. PT. WAS PLACED IN PROTECTIVE ROOM WITH PADDED WALLS DUE TO SUICIDAL TENDENCIES DISPLAYED. PT, PROCEEDED TO STRIKE HEAD ON WALLS AND SELF ABUSIVE ACTIVITIES STOPPED THAT DAY. WITH PT, BEHAVIOR STILL ALTERED TODAY, JAIL DOCTOR REQUESTED PT, BE TRANSPORTED TO DENVER HEALTH FOR CT SCAN OF HEAD, PT, HAS NO KNOWN MEDICAL HX, MEDICATIONS, DR ALLERGIES.

A: PT WAS FOUND AMBULATORY IN SUICIDE GOWN WITH HANDCUFFS SECURING WRISTS TOGETHER AND SHACKLES SECURING ANKLES TOGETHER. PT, IS AAOX1 TO PERSON ONLY AND NON-VERBAL WITH THE EXCEPTION OF YES/NO ANSWERS AND EPISODES OF INCOHERENT SPEECH. PT. WAS ABLE TO REPEAT PHRASE WITH NO NOTED SLURRED SPEECH PT, CAN SMILE WHEN PROMPTED WITH NO NOTED FACIAL DROOP, PT. CANNOT FOLLOW COMMANDS TO PERFORM GRIP TEST, AND HANDCUFFS PREVENT ASSESSMENT OF PRONATOR DRIFT. HEAD HAS OLD APPEARING BASEBALL SIZED CONTUSION OVER THE CENTER OF HIS FRONTAL REGION. PT HAS NO PAINFUL RESPONSE UPON PALPATION OF ENTIRE HEAD WITH NO NOTED CREPITUS OR ADDITIONAL DEFORMITIES, PUPILS ARE PEARLA AT 5MM DILATION. NECK IS MIDLINE AND INTACT WITH NO JVD, TD OR TENDERNESS NOTED. CHEST HAS BILATERAL RISE AND FALL WITH NO SOB AND IS SPEAKING IN FULL SENTENCES. CHEST HAS NO

JAMES EAGAN HOLMES

100936

B12/13/1987 F

08/04/2013

RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 35 of 69

INSTABILITY OR DEFORMITIES UPON VISUALIZATION AND PALPATION. ABO IS SOFT NONTENDER WITH NO RIGIDITY, GUARDING OR DISTENSION. EXTREMITIES ARE ATRAUMATIC WITH NO NOTED NEURAL DEFICITS. CMS INTACT X4. SKIN IS ACYANOTIC, AFEBRILE/DRY. PT WAS PLACED ON PULSE OXIMETRY AND CARDIAC MONITOR 3 LEAD WITH SINUS TACHYCARDIA PRESENT. IV ACCESS WAS ESTABLISHED BY PARAMEDIC HERR VIA 18G IV IN THE RAC. PT RECEIVED 500CC NS FLUID BOLUS DUE TO TACHYCARDIA AND PRIOR DEHYDRATION REPORTED BY JAIL RN. PT. TACHYCARDIA IMPROVED FROM 136 BPM TO 92 BPM AFTER FLUID BOLUS AND DECREASE IN AGITATION. BLOOD LABS WERE DRAWN FROM IV SITE. GLUCOMETER READING WAS TAKEN FROM IV SITE WITH 110MG/OL ...

T: PT, WAS BROUGHT STRAIGHT TO CT SCAN... AFTER NEGATIVE HEAD CT FINDINGS DENVER HEALTH PHYSICIAN REQUESTED PT TRANSPORT BACK TO JAIL AFTER CONSULT WITH JAIL PHYSICIAN. PT WAS RETURNED TO JAIL.

Mr. Holmes was admitted to the DHMC during November 15, 2012. Information was obtained from Rachel Davis, M.D. during July 3, 2013 by telephone. Dr. Davis did the admission psychiatric evaluation of Mr. Holmes. About 1.5 hours prior to her assessment, Mr. Holmes had received Haldol 5 mg IM. Dr. Davis described Mr. Holmes as being very disorganized and "definitely psychotic... he had odd body postures... gave random answers to questions... sticking his finger up his anus-smearing feces..." Her admission note included the following:

24-year-old male brought in by police from jail to CCMF who presents with altered mental status. Patient has fever, [metabolic disturbances]. Psychiatry was consulted to assess altered mental status, self-harming behavior, disorganization and to make med recommendations... Per notes from jail, patient has been engaging in increasing bizarre, disorganized and self-harming behaviors. He has intermittently been refusing to wear clothing or eat/drink. He was noted to be licking the walls, defecating on the floor, smearing feces. The patient was noted to eat paper. He was recently seen at DHMC for a CT head S/P standing on bed in jail while facing backwards and jumping off bed onto his back, sustaining a head injury... He has also been banging his head against the wall as well as ramming towards the wall and head butting it. Patient was noted to be talking to himself in jail and told people he was not sure if they were real or not... On exam, the patient was disorganized, appeared to be depressed as well is responding to internal stimuli. When asked why he has not been eating/drinking, he said "I don't know what the juice is" and "I was in a box without any juice and couldn't reach it." When asked why he didn't need yesterday, he said "w was yesterday, how long was yesterday"... He complained of his thoughts not making sense and needing "to be on line with what other people think"...

When asked why he was in jail, he said "because I pulled away from the people I knew" and "I drank

JAMES EAGAN HOLMES

100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 36 of 69

their blood." He said "I took the blood that was not mine to take" and "it was unfair." He said "I was selfish." The patient denies wanting to commit suicide, so he can "help people that take things from other people." Per the police in the room, the patient was markedly different after receiving the IM Haldol. Prior to the Haldol, he was repeating nonsensical phrases such as "shadow point" over and over. They also said he was more engaged and organized after receiving the Haldol...

Impression: Patient presents as psychotic with catatonic features. He has been engaging in bizarre behavior, has a disorganized thought process at times, perseverating on food/drink. He appeared to be responding to internal stimuli and endorsed auditory hallucinations. Catatonic features include selective mutism, rigid posturing at times, echolalia. The etiology of psychotic symptoms is unclear at this point and requires further medical workup and psychiatric evaluation... [Mr. Holmes was noted to have a positive response to Haldol and Ativan]. Diagnostic impression: Psychosis NOS. Dehydration, tachycardia and leukocytosis

Soft limb restraints were required upon admission due to Mr. Holmes' disorientation, aggressiveness, grabbing behaviors and obvious confusion. These restraints were two point restraints by the second day of his hospitalization. He was noted to pull at his IV if he was not restrained. By November 17, 2012 restraints were removed for medical reasons since the staff thought they were no longer needed to prevent him from injuring himself such as pulling out his IV, although restraints were continued by correctional officers due to security regulations.

A November 16, 2012 note by Jennifer Fraser, M.D. indicated that Mr. Holmes did not know where he was. Electrolyte imbalance and urinary retention were present. Psychotic symptoms continued to be present. A November 16, 2012 psychiatric progress note co-signed by J. Craig Holland, M.D. documented that Mr. Holmes stated that "he had not been eating for a few days because it made him sick and that the voices sometimes told him not to eat." He continued to demonstrate poor insight and judgment. Risperidone was prescribed for acute agitation/psychosis. This progress note also included the following information:

[Patient] reports he is in a "shadow-box" and that voices tell him to "get water." Patient also reports when asked about self-harm that he has "bitten his arm for food" before; when asked what kind of food, patient reported "proteinaceous."

Initial assessment was psychosis not otherwise specified and hyponatremia, delirium resolving.

Urinary retention was no longer present by November 17, 2012. His metabolic abnormalities were beginning to resolve at that time. Normal laboratory results included liver function tests and thyroid stimulating hormone. During November 18, 2012 his acute delirium was improving and he seemed to be responding to the correction

JAMES EAGAN HOLMES

100936

B12/13/1987 F

08/04/2013

RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 37 of 69

of electrolytes and dehydration. His risperidone was again increased to 2 mg po qd. His leukocytosis had resolved and he remained afebrile.

A November 18, 2012 psychiatry consult attending note by Elizabeth Lowdermilk, M.D. indicated that the repeat CT scan was preliminarily read as being without any acute intracranial abnormality. When asked if he knew why he was in the hospital, Mr. Holmes "said he fell and hit his head. Described feeling 'woozy' for approximately the day prior to falling." When asked, Mr. Holmes continued to report the presence of auditory hallucinations, which included command hallucinations (e.g., voices telling him to get up and walk around). Since he was in restraints at that time, further information relevant to these command hallucinations was not obtained. He was alert to the month and year but not to the exact date or day of the week. His mental status had significantly improved as compared to prior examinations. His presentation was consistent with psychosis NOS and resolving delirium. Risperidone was increased to 3 mg po qd.

Dr. Lowdermilk's clinical assessment was that Mr. Holmes was experiencing both a psychotic disorder and a delirium related to his metabolic imbalance. In addition to the normal CT scan, a lumbar puncture was also within normal limits. His behavior was very consistent with a mental disorder associated with psychotic features, which responded to antipsychotic medications.

During the evening of November 19, 2012 an attempt was made to remove Mr. Holmes from restraints due to the clinical impression that restraints were making him clinically worse. However, his lower extremities were placed back in restraints after he used them to "flip [the] blanket over head and [effectively] obscure observation of patient." Mr. Holmes reported that "he was trying to 'hide from the shadows.'"

Philippe Weintraub, M.D., evaluated Mr. Holmes during November 19, 2012. He was noted to have significantly clinically improved and to have his IV discontinued. He continued to demonstrate memory problems. The November 19, 2012 progress note co-signed by Dr. Weintraub included the following:

When interviewed this morning, patient is alert and oriented to month, year, election results, and current location and type of facility that DHMC is. Patient reports that "voices" recently started around the time he hit head and reports that the voices are occurring much less frequently and that at the time of interview he is not hearing any. Patient does not recall ever being treated with psychiatric medications while at correctional facility. He reports his moods have been "all over the place" in jail. Patient reports medications have been helpful. Patient did require restraints on lower extremities last evening after using them to flip blanket over head and effectively obscuring observation of patient. Patient reports he was trying to "hide from the shadows." Patient denies current thoughts of self-harm or harm to others. Denies visual hallucinations. Reports he has been well treated at this facility and that he is not concerned about

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 38 of 69

anyone hurting him. Patient is able state that he is unsure what questions he should answer given legal proceedings.

Information was obtained from Dr. Weintraub by phone during July 8, 2013. Similar to information obtained from the other attending psychiatrists at DHMC, Dr. Weintraub's clinical assessment was that Mr. Holmes was experiencing both a psychotic disorder and a delirium related to his metabolic imbalance.

Dr. Holland co-signed a progress note during November 20, 2012 documenting that Mr. Holmes "no longer has visual hallucinations and that the auditory hallucinations have decreased to hearing minimal 'shadow voices' after other people talk." He was noted to have clinically improved and reported that the medications were very helpful in "keeping him relaxed and calm" and that he wants to "keep the hallucinations away." He was also noted to have been appropriate since the restraints had been removed.

Information was obtained from Dr. Holland via a telephone conversation during July 8, 2013. He indicated that the documentation regarding the presence or absence of visual hallucinations in the DHMC record was "soft." His clinical assessment was consistent with the information already summarized in this section. It should be noted that none of the psychiatrists at DHMC who assessed Mr. Holmes thought that he was malingering.

A discharge summary, dictated by Jennifer Fraser, M.D., included the following information:

ADMIT DATE: 11/15/2012

DISCHARGE DATE: 11/20/2012

ATTENDING NAME: Dr. Jennifer Fraser

DISCHARGE DIAGNOSES:

1. Acute delirium.
2. Psychosis, NOS.
3. Hypermnatremia.
4. Hypokalemia.
5. Hypophosphatemia.
6. Leukocytosis.
7. Urinary retention.

INVASIVE PROCEDURES: None.

PERTINENT IMAGING:

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 39 of 69

- 1) Chest x-ray dated 11/15/2012 that demonstrated no acute cardiopulmonary disease.
- 2) CT head on 11/18/2012 that demonstrated no fracture, hemorrhage, mass, midline shift, or evidence of territorial infarction.

BRIEF H AND P: This is a 24-year-old male who was brought in to the emergency department from jail with increased alteration in mental status and refusal to eat and drink times several days. There had been noted self-harm behavior. Please see Initial H and P for full details.

HOSPITAL COURSE BY PROBLEM:

1) Acute delirium: With concerns for self-harm behavior. Psychiatry was consulted and followed along during his stay. Laboratory values, at the time of admission, were consistent with starvation electrolyte disturbances with hypernatremia, hypokalemia, and an anion gap metabolic acidosis. A urinalysis was checked and demonstrated no infection but did have 3+ ketones consistent with starvation ketosis. The patient was managed medically with D5LR and D5 normal saline drip that improved his sodium to within normal limits as well as received potassium supplementation. His lytes were monitored daily until they normalized at the time of discharge. Evaluation for underlying causes included urinalysis and chest x-ray, that demonstrated no infection. There was no meningismus on exam and no LP was performed. RPR and HIV were negative. TSH, B12 and Folate were within normal limits. His mental status had improved significantly at the time of discharge, at which time he was alert and oriented x3, requiring no additional IV medications or restraints 24 hours prior to discharge.

2) Psychosis, NOS: The patient initially complained of auditory and visual hallucinations as well as self-injuring thoughts and behaviors. He was followed by psychiatry and was started on an antipsychotic regimen which initially included Haldol, Ativan, and benzotropine for extrapyramidal symptoms. This eventually was adjusted to Risperidone 1 mg q. a.m. and 2 mg q hs. with 0.5 mg p.r.n. for agitation. The benzotropine was thought to possibly be related to urinary retention. Therefore, it was discontinued and the patient was started on p.r.n. Benadryl. At the time of discharge, the patient denied suicidal or homicidal ideation. He was oriented to place, self and time. He will continue to be followed by psychiatry at the time of transfer.

3) Acute urinary retention: Thought secondary to benzotropine. This was discontinued. The patient is now able to urinate normally at the time of discharge.

4) Hypernatremia: Thought likely hypovolemic hypernatremia secondary to poor p.o. Intake. This resolved with aggressive IV fluid rehydration. The patient's sodium has now been within normal limits for greater than 48 hours and the patient is taking adequate p.o.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 40 of 69

- 5) Hypokalemia: Also thought secondary, to poor p.o. intake. This has also been corrected with supplementation and maintenance of p.o. intake.
- 6) Anion gap metabolic acidosis: Secondary to starvation ketosis, confirmed by urinalysis. This resolved with D5W drip and has remained dosed as the patient is eating.
- 7) Leukocytosis: The patient had an initial elevated white blood cell count that resolved the morning following admission. He had no evidence of infection with a negative UA and negative chest x-ray. Had no meningismus on exam and, therefore, no further evaluation for infection was performed. His white blood cell count remained normal and the patient remained afebrile throughout the remainder of his stay.
- 8) Hypophosphatemia: Secondary to poor p.a. Intake. This was monitored closely for v and remained within normal limits for greater than 48 hours prior to transfer.
- 9) DVT prophylaxis: The patient was placed on subcutaneous heparin during his stay.

MEDICATIONS: Please see medication reconciliation.

MEDICATION CHANGES: The patient was started on Risperidone 1mg PO every morning and 2mg every evening, benadryl 25mg PO every 6 hours as needed and Ativan 1mg PO every .6 hours as needed for agitation.

DISPOSITION, AND FOLLOW UP PLAN: The patient will be discharged to jail In fair condition, He will continue to be followed by psychiatry at that time He is discharged on a regular diet and instructed to seek medical attention with further fevers, Chills, significant decreased p.o. Intake, further hallucinations or delusions, or other concerns.

FAMILY SERVICES AGENCY (SALINAS, CALIFORNIA)

Mr. and Ms. Holmes and their 8 year-old son, James, and 3 year-old daughter, Chris, participated in 7 family sessions from January 19 until March 7, 1996. His parents described him as being very irritable and not wanting to engage with his younger sister, who wanted to be very involved with him. They thought that this treatment was not helpful.

The intake note included the following:

Jimmy, 8 yo ... no in-school problems. Peer respect? Non-verbal. Throws things. Oppositional. Physically active. Appears to create sensory input if it's otherwise missing. Provisional diagnosis-

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 41 of 69

oppositional defiant disorder.

The discharge note stated the following:

Worked with family around disciplinary structure, etc. per character skills program.

Mother stated that goals were largely achieved.

Mr. Holmes reported that he did not remember this treatment.

TREATMENT WITH MEL LIPSEY

After the family moved back to San Diego, they participated in the family treatment with Mel Lipsey related, in part, to Mr. Holmes not making friends. Diagnoses were listed as adjustment disorder with mixed disturbance of emotions/conduct and adjustment disorder, depressed mood. This treatment lasted for about one year and was thought at the time by his parents to have been helpful. Mr. Holmes did not think this treatment was helpful and indicated he did not remember the reasons for the treatment.

FAMILY HISTORY

Sources of information utilized in obtaining Mr. Holmes' family history included review of past psychiatric records, a document entitled "James Eagan Social History" provided by the attorneys (i.e., Office of the Public Defender) for Mr. Holmes, and an August 8, 2013, telephone conversation with Mr. Holmes' parents, Robert and Arlene Holmes.

Mr. Holmes was born in San Diego, California on 12/13/1987. His younger sister, Chris Holmes, was born 12/26/1992. The family moved to a new house in San Diego on Prairie Dog Avenue when Mr. Holmes was about one year old. During 1995, the family, which now included his sister, moved to Salinas, California.

Before their moved to Salinas, California, Mr. Holmes was described by his parents as having issues with temper tantrums. However, such issues were resolved by the time he started kindergarten.

His family moved rather suddenly from Salinas back to San Diego related to his mother wanting to be living closer to her family and the quality of the school system in the Salinas area. Mr. Holmes finished the final two weeks of his 6th grade school year at an elementary school in San Diego. His parents described this move to have been difficult for him, which apparently contributed to his increasing social isolation. It was difficult for

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 42 of 69

him to leave his friends in Salinas and make new friends in San Diego. However, Mr. Holmes stated that he did make new friends in San Diego but was unable to reconnect with his former friends in San Diego.

Mr. Holmes' family began to notice that he was becoming introverted when he was in the sixth grade. This perception was consistent with information provided by Mr. Holmes. This was also the beginning of his difficulties in speaking with other people.

His mother reported that Mr. Holmes generally preferred to play video games on the computer in contrast to socializing with friends. He eventually became involved in playing "free to play" massive multiplayer online role playing games (MMORPG) on the family computer, taking up large amounts of his free time and further reducing his face-to-face social interaction with others. Mr. Holmes was good at these games and liked them a lot because it was "an escape from reality... you control the hero and live out hero's life... ." He also communicated with other players online via chatting, which he found to be a comfortable communication technique for him.

His parents described their son as calmer and happier during his high school years as compared to his middle school years. He was in agreement with this assessment, which he thought was due to becoming focused on his studies. Mr. Holmes reported that he had 4 to 5 close friends during his high school years.

In Salinas and in San Diego, Mr. Holmes played soccer. He was on the soccer team during his freshman year and later played soccer in recreational leagues. He also ran cross-country during his second year of high school but stopped due to the training involved in this sport.

During his college years Mr. Holmes continued to be involved in family outings although much less frequently due to living in Riverside, California.

His father, who is 62 years old, was described as being "energetic, nice and kind." He works as a senior scientist in software credit card fraud analysis. Mr. Holmes described always having a good relationship with his father.

His mother, who is 57 years old, was described in a similar manner. She works as a nurse. Mr. Holmes also reported a good relationship with his mother. He thought he was somewhat closer to his mother than his father.

His relationship with his younger sister was characterized by sibling rivalry although he reports that they like each other.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 43 of 69

Mr. Holmes described his parents' marriage as being excellent. Fond memories regarding his childhood years were reported by Mr. Holmes. There was not a history of physical or sexual abuse.

FAMILY PSYCHIATRIC HISTORY

There was a positive family history of psychiatric illness. His father's fraternal sister was reported to have schizophrenia, which apparently became apparent during her 20's. Records indicate that Mr. Holmes' paternal grandfather had a psychiatric history. Between 1984 and 1990 he was hospitalized numerous times at the Community Hospital of the Monterey Peninsula with "disabling obsessive-compulsive disorder."

His mother's father was hospitalized twice for psychiatric reasons related to the presence of a mental disorder associated with psychotic features. Symptoms included persecutory delusions and grandiose thinking.

INTERPERSONAL RELATIONSHIP HISTORY

Mr. Holmes reported that he is always had close friends. He had maintained some contact with several of his friends from his college years.

His first dating experience occurred during his college years. He reported being too nervous to date during high school.

Mr. Holmes longest relationship was with a graduate student for about six months while attending UC-Denver. He described this relationship as having been enjoyable. She initiated the ending of the relationship around February 2012. "She did not see a future with me..." The ending of relationship was not unexpected because she had been growing distant. Mr. Holmes reported that they got back together for several months about 2 to 4 weeks later before he ended the relationship.

EDUCATIONAL HISTORY

Mr. Holmes was reported to have been an above average student during his elementary school years with regular attendance and lack of behavioral problems at school. His parents described him as having been well liked by teachers. Mr. Holmes stated he got along with his classmates during his school years.

Mr. Holmes did very well academically at Westview High School in San Diego, where he graduated during 2006 with a GPA of 3.77. His rank was 82nd in his class of 531. No disciplinary problems were reported.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 44 of 69

Some of his high school teachers interviewed by staff from the Office of the State Public Defender reported provided the following information (as excerpted from a summary prepared of the Office of the State Public Defender):

In high school, James worked hard to avoid attention. He maintained good grades and did not get into trouble. Teachers who remember him state that he worked hard to avoid attention. [His cross country coach] stated that he never talked to anyone or introduced himself to anyone. She reported that he appeared detached and awkward in social settings and that he was selectively mute. She described him as "near the group but never in it."

The above referenced summary also included the following information:

In undergraduate school at University of California, Riverside, [Mr. Holmes'] fellow students reported that he often preferred to keep to himself. He engaged in social gatherings that others in the dorm participated in but only after receiving much encouragement from everyone. A fellow student described James as having a "spacing out stare" more often than she could remember. She stated that he appeared this way so much that he would look "sleepy." A former roommate stated that James was a "loner" and liked to go off by himself. He stated that James was usually quiet and did not like to socialize...

Mr. Holmes attended the University of California at Riverside in the fall of 2006 and enrolled in the honors program. Mr. Holmes lived in a dormitory during his first year and in a four-person apartment during his second and third years on campus. During his last year he lived by himself in an off-campus apartment. Mr. Holmes continued to play soccer in an intramural league.

He initially was going to obtain a Bachelor of Arts degree in Neuroscience but changed his focus to Bachelor of Science in 2009 when he began to consider applying to graduate schools. He graduated with a Bachelor of Science in Neuroscience degree in the spring of 2010 with a cumulative GPA of 3.949. His GRE scores in 2009 were as follows: Verbal – 710; Quantitative – 800; Analytical Writing – 4.0.

After graduating from UC-Riverside, Mr. Holmes applied to many top tier neuroscience schools in 2009 but was rejected by all of them. He then moved home to San Diego to live with his parents. His family reports that he slept all day, watched television and failed to show motivation towards anything until they strongly encouraged him to find a job. In speaking with me, Mr. Holmes minimized his lack of motivation and indicated that he did not sleep as much as was reported by his parents. At their strong encouragement he began to apply to graduate schools that his parents felt he would have an easier time gaining admission.

JAMES EAGAN HOLMES

100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 45 of 69

He applied to the University of Iowa, University of Illinois Urbana-Champaign, University of Alabama Birmingham, Kansas State University, Texas A&M, and University of Colorado Denver. James was accepted to two of the schools he applied to, the University of Illinois and the University of Colorado. Reports from discovery indicate that he presented as "bizarre, disconnected, and aloof" with a "global lack of affect" when interviewing at the University of Iowa. His record, according to professor and research psychologist Dr. Mark S. Blumberg, would have made him a "slam dunk," but based on his interview, Dr. Blumberg emailed the admissions team to not admit James "under any circumstances." Others on the admissions team stated, "I agree with [Dr. Blumberg], don't admit."

Mr. Holmes was offered admission to the University of Illinois at Urbana-Champaign and to the University of Colorado at Denver (UCD). He accepted the admission offer to the University of Colorado.

University of Colorado at Denver

The neuroscience program at UCD started in June 2011 and required him to participate in a core group of classes that included first year graduate students from other disciplines. He was also required to rotate through 3 research labs of his choosing in search of a lab that might be a good fit for him to work in for the remaining years of his enrollment in the program. A total of six students had been accepted to the neuroscience program, but for the first year he participated in lectures and small classes with all new graduate students from the various disciplines.

Mr. Holmes was described by his parents as initially being very positive about his future following his move to Colorado. For example, he was talking about eventually living in the Stapleton area. However, after a period of time (i.e., after Christmas according to Mr. Holmes) he did not want to follow his initial plan that included living in Stapleton.

During June 2011, Mr. Holmes reported to his parents really liking his first graduate school advisor. However, Mr. Holmes reported to me feeling indifferent about him.

During December 2011 he returned home during Christmas break but was very ill. He eventually was diagnosed with mononucleosis.

Mr. Holmes reportedly performed merely satisfactorily overall in his lecture classes. His GPA for Fall of 2011 was 3.368. He did not receive grades or GPA points for three of his Spring 2012 semester classes. (Mr. Holmes reported that "this was news to me"). His cumulative GPA for the school year was 3.413, significantly poorer than in past academic endeavors.

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 46 of 69

The following summary was provided by the Office of the Public Defender with Metzner comments that summarize Mr. Holmes response to me regarding various aspects of the summary:

Mr. Holmes struggled in all his research lab rotations. Research assistants reported that James appeared disinterested or distracted from his work and they stated that he had difficulty performing the processes he needed to perform for the experiments. Assistants described him as leaving the lab in the middle of experiments to go home, not following through with experiments, and lacking motivation. He did not complete the experiments that were assigned to him by the end of his rotation ... James presented information and results based on literature from the previous 20 years, rather than explaining results he received in his experiments. Dr. Klug and his lab mates described his presentation as "awkward" containing jokes that fell flat on the audience and cartoons inserted into the PowerPoint.

Metzner comments: Mr. Holmes stated that the above summary was not an accurate description of his performance. He stated that he was interested but probably appeared disinterested related to his reserved style. He stated that he did not leave the laboratory in the middle of experiments and did follow through with experiments. He thought that the discrepancy between the summary and his perception of events was related to the school's retrospective assessment].

In his second lab rotation which was in the lab of Mark Dell'Acqua, Ph.D. Mr. Holmes was reportedly difficult to engage and had had little in the way of social interaction with the research assistants. He often only responded to inquiries with one-word answers, and that when they tried to explain the processes for conducting experiments in the lab it appeared as if things were "not computing." His demeanor was described as "flat," "definitely socially awkward and made some people uncomfortable," and "disinterested." His end of rotation presentation was similarly awkward with jokes that were "off" or "ill-timed" and it was explained to him at the end that the lab was not an option for him to join based on his performance.

Metzner comment: Mr. Holmes indicated the above summary was accurate.

Mr. Holmes struggled further in his third lab rotation, with Curt Freed, Ph.D. Dr. Freed reported that he felt that James eventually made some progress but not the progress he should have made. James also was receiving help from Dr. Sukumar Vijayaraghavan who had been assigned to follow James through all of his rotations to supervise his progress and assist him when needed. Dr. Vijayaraghavan stated that he worked with James to eliminate his "idiosyncrasies," referring to his awkward joking behaviors. Dr. Freed indicated that his rotation presentation went fairly well.

Metzner comment: Mr. Holmes indicated the above summary was accurate.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 47 of 69

Mr. Holmes' preliminary oral exams were administered on June 7, 2012. A panel of three professors asked James questions and rated him on his understanding of the concepts and verbal answers. James did not pass the preliminary oral exams. Professors report that James was "unable to get from A to G in a timely, organized manner" in his answers. They stated that they were concerned that he might not have more than a superficial knowledge of the material or that he simply knew the words to use without understanding the concepts. They stated that he performed poorly uniformly, not on one particular portion or topic. Dr. Vijayaraghavan indicated that the professors who administered the exam came to him because they did not know what to do as no one had failed the preliminary oral exam before. Dr. Vijayaraghavan and the panel decided that they would allow James to retake the exam but on this occasion they would give him the topics and subjects from which they would ask questions. Dr. Vijayaraghavan stated that James was not kicked out of the program and that the University works very hard to keep its students. Dr. Vijayaraghavan offered to James that he would be allowed to take an easier version of the exam but on June 11, James indicated in an email that he would prefer to resign from the program. He reported that James did not appear mad or defensive when told that he had not passed the exam. His resignation paperwork was never completed as he did not get the requisite signatures asked of him.

This summary was consistent with information reviewed in the discovery information provided to me by the Office of the District Attorney.

During his interviews with me, Mr. Holmes stated that he did not study at all for his preliminary oral examinations. "I got this belief that I needed to do it on my own-without studying-that studying was a result of anxiety... I kind of figured that the medicated me was who I really was... so if I studied for the test it would just be the fearful me doing the test... ." He thought at the time that he had a 50-50 chance of passing the test without studying.

During the preliminary oral examination it became apparent to him that he would not pass and he was not surprised that he failed. He felt morose because he had lost his career path. Mr. Holmes stated that his examiners were stoic during the oral examination process. He was informed by his advisor, Dr. Vijayaraghavan about one week later that he had not passed the examination. He was told he could retake the test or leave the program. "I chose to leave... don't know why... I failed so I had to leave... ."

Mr. Holmes thought that a factor in his good academic history prior to graduate school was an unconscious motive to study a lot both for academic purposes but also as a diversion to the distress caused by his inner turmoil (e.g., chronic homicidal thinking, difficulties in communicating, etc.) summarized elsewhere in this report. However, due to the nature of the coursework in graduate school, which included public speaking, he was not so successful academically which contributed to his increased inner turmoil.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 48 of 69

LEGAL HISTORY

Mr. Holmes legal history was characterized by one prior speeding ticket.

RELIGIOUS HISTORY

Mr. Holmes reports that he has always been an agnostic (i.e., "you believe what you want to believe") although he was raised as a Presbyterian and Lutheran.

OCCUPATIONAL HISTORY

Mr. Holmes' employment history consists of essentially a variety different summer jobs. During one summer in high school he worked as a grocery bagger. During the summer of 2006 he worked as an intern at the Salk Institute for Biological Studies as a computer programmer. Other jobs included being a camp counselor at a school for underprivileged children, a Dean's fellow at UC Riverside in a research project involving hummingbirds, and on a full-time basis at Marical, where he coated pills.

MENTAL STATUS EXAMINATION

Mr. James Holmes is a 25-year-old single Caucasian man who was neatly dressed in hospital clothing, alert and oriented in all three spheres. Memory testing demonstrated a capacity to recall the past four presidents, spell the word "world" forward and backward, and recall three out of three objects after five minutes. His memory for many of the events leading to the alleged crimes was difficult to assess because he frequently would initially report not remembering specific events but with repeated structure and urging from me, Mr. Holmes would provide some information relevant to the question asked. For example, when talking about his depression that led to his conceptualizing human worth, he initially was unable to provide an approximate chronology regarding the onset of the depression. By my referencing his chat session with his girlfriend and the date that he initially was seen by Dr. Fenton, he was able to provide an approximate chronology to this question. Another example was his vagueness in answering questions specific to the circumstances surrounding the decision to dye his hair (e.g., why did you dye your hair red?). His initial answer was that he did not know or did not remember.

Concentration was intermittently, but not frequently, impaired during the various interviews with me. Mr. Holmes described himself is becoming "spaced out" when he gets bored. Serial sevens subtractions were adequate.

JAMES EAGAN HOLMES

100936

B12/13/1987 F

08/04/2013

RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 49 of 69

Affect was generally flat throughout the interviews. Mr. Holmes expressed very little anxiety, conflict or regret regarding the shootings. He did smile, at times, during his interactions with staff when not being interviewed by me or when watching a humorous movie.

Similarity and proverb testing demonstrated some concrete thinking. In response to the proverb that "the tongue is the enemy of the neck," he replied "they are two separate things." During the first interview, he was unable to abstractly interpret the proverb "people in glass houses should not throw stones." However, during the last interview he was able to provide an appropriate abstract interpretation. Mr. Holmes assumed that letters sent to him since his arrest from many females not known by him were in response to his adult friend finder and match.com postings, which was likely an example of his concrete thinking.

Verbal behavior demonstrated frequent difficulties in answering questions in a direct manner. He frequently would answer questions with vague answers, which he acknowledged was similar to the "deflection" process he described in his notebook that he had used with Drs. Fenton and Feinstein. Spontaneity in his speech was absent. The content of his speech was sparse. Flight of ideas (i.e., a nearly continuous flow of rapid speech that jumps from topic to topic, usually based on discernible associations, distractions, or plays on words) was absent. A thought disorder (i.e., disorganized thinking as evidenced by poverty of speech and illogicality) was present as evidenced by his psychotic thinking re: human worth and transference of worth by killing others. He continues to believe that worth can be transferred by killing although he recognizes others do not share this perception as he does. His perception results from his mental illness and is not just a different value system unrelated to mental illness.

Mr. Holmes did not recall a history of auditory hallucinations although records from DHMC described him to have experienced auditory hallucinations. He experienced visual hallucinations during November 2012. Thought withdrawal (the perception that other people can take thoughts or feelings from one's mind) was present during the same period of time. Thought insertion (the perception that other people can insert thoughts or feelings into one's mind) and thought broadcasting (the perception that one's thoughts or feelings are being broadcast on the radio or TV) were absent. Thought withdrawal was not present during this examination. Paranoid thinking has been present in the past. For example, he perceived the FBI was following him during the time his homicidal thinking became "more realistic." Paranoid thinking was also present during November 2012. Mr. Holmes thought that his food was being poisoned which precipitated him not eating as previously summarized.

Psychomotor behavior was hypoactive (i.e., less than normally active). No evidence of manic-like symptoms was present.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 50 of 69

Intelligence was above average. His level of insight re: the nature of his illness was poor as demonstrated by his perceptions re: the impact of his acts on others.

Mr. Holmes appeared to make efforts in cooperating with me throughout the psychiatric examination. He was cordial in a distant sense in his interactions with me. His level of interest in the examination process ranged from being bored to appearing to be interested in the process.

Mr. Holmes continues to have chronic homicidal thinking very similar to the homicidal thinking that had been present for most of his life (i.e., vague method and targets). His suicidal thinking has become more prominent with a plan and method (strangulation by a sheet). He states that being on constant observation and the pain associated with strangulation are barriers to him currently committing suicide.

PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TEST RESULTS

Psychological and neuropsychological testing of Mr. Holmes was obtained via consultation from B. Thomas Gray, Ph.D. and Rose Mancuso, Ph.D. Their report included the following:

Results of previous (April 2013) neuropsychological testing by Dr. Hanlon indicated that Mr. Holmes possessed "notably advanced" intellectual functioning and displayed variability among cognitive domains but generally normal neurocognitive functioning overall. Results of current neuropsychological testing were largely consistent with the April 2013 test findings. The current profile did yield evidence of subtle neuropsychological dysfunction [redacted] for Mr. Holmes, based on his demographic norm group. However, in [redacted]: First, relative to the average individual from the general population (i.e., not someone in Mr. Holmes' demographic group with advanced education), the large majority [redacted] and are not reflective of any basic impairment in the ability to pay attention, reason, use language, remember, or problem-solve. Second, it is important to emphasize that Mr. Holmes was maintained on antipsychotic medication at the time of this evaluation, as well as at the time of Dr. Hanlon's evaluation in April of 2013. It is very possible, and perhaps quite likely, that his neuropsychological functioning would be differentially worse if he was experiencing active psychotic symptoms that were not controlled with medication.

Mr. Holmes' [redacted] significant psychological disturbance, which is particularly noteworthy given that he has been receiving psychiatric medications for several months. Most prominent in [redacted] of a complex illness including marked depressive symptoms accompanied by a good deal of anxiety, a proneness to psychoticism and to obsessive-compulsive behaviors, and perhaps also somatization. This situation was further complicated by notable perceptual distortions reflective of very poor reality testing abilities. The possibility of personality pathology involving

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 51 of 69

narcissism was also present.

In reviewing some of his MMPI-2 responses with him, Mr. Holmes provided information that suggested a progressive development of psychiatric symptoms. He indicated that he has always had episodes during which he "zone[s] out sometimes." By the time he started high school he had become quite anxious and also suspicious of others and their motives. As an undergraduate student those same feelings of paranoia continued, and he also began experiencing somatic symptoms. While in graduate school his anxiety reportedly became increasingly problematic and he became increasingly depressed. He also acknowledged heightened paranoia during his time in graduate school. It is noteworthy that he generally tended to minimize his experiences involving more severe symptoms, particularly those indicative of psychosis.

Several possibilities emerge diagnostically. There is good evidence to indicate the presence of a depressive illness, and also psychotic symptoms. Inadequate data are available to determine whether this would best be categorized as independent conditions (e.g., schizophrenia together with major depression), or a mood disorder with psychotic features, or a schizoaffective illness. Regardless, the clinical picture is complicated further by considerable anxiety and by possible personality pathology. Although he reported experiencing some consequences as a result of his use of alcohol, there is insufficient information to warrant a substance use diagnosis.

It must be pointed out that Mr. Holmes has clearly and consistently reported ongoing suicidal thinking. There are no known instances of overtly suicidal behavior other than that which occurred in November 2012 while he was housed at ACDF. However, it is quite possible that thoughts of killing himself will increase as the stresses of the adjudicative process and potential lengthy incarceration accrue. It is strongly recommended that he be routinely monitored for such ideation, and that appropriate preventive steps be taken.

Appendix IV is a copy of the complete CMHI-P psychological and neuropsychological evaluation report.

Competency to Stand Trial

Mr. Holmes demonstrated an adequate understanding of the roles of the various courtroom participants (e.g., his attorneys, the district attorneys, judge, jury and witnesses). His understanding of the charges against him was also adequate. He also understood the nature and implications of the various pleas available to him. The above assessment was consistent with Mr. Holmes' assessment using the Evaluation of Competency to Stand Trial – Revised (ECST-R) (see Appendix IV).

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 52 of 69

SUMMARY AND OPINION

Mr. James Holmes is a 25-year-old single Caucasian man who was psychiatrically evaluated in order to address the legal issues of sanity, competency to proceed, and mitigating factors, if any, related to a mental disease or defect.

It is very clear that Mr. Holmes suffers from a chronic (i.e. persistent) and serious mental illness associated with psychotic features (e.g., delusions, hallucinations and disordered thinking). Symptoms of his mental illness have included the following:

1. delusions (a false belief based on incorrect inference about external reality that is firmly held despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary),
2. hallucinations (perception-like experiences with the clarity and impact of a true perception but without the external stimulation of the relevant sensory organ),
3. catatonic behavior (marked decrease in reactivity to the environment) by history,
4. negative symptoms which include the following:
 - a. diminished emotional expression,
 - b. avolition (decrease in motivated, self-initiated, purposeful activities),
 - c. alogia (diminished speech output),
 - d. anhedonia (decreased ability to experience pleasure from positive stimuli),
 - e. asociality (lack of interest in social interactions),
5. a markedly decrease in his level of functioning occurred (e.g., as evidenced by his failure to achieve expected level of academic performance in graduate school),
6. depressive symptomatology that includes feelings of worthlessness, helplessness, and hopelessness,
7. manic-like symptoms by history,
8. obsessive-compulsive behaviors that include hair pulling (trichotillomania) and numerous somatic concerns,
9. chronic anxiety, especially when around people and during public speaking,
10. chronic suicidal thinking, and
11. chronic homicidal thinking.

Mr. Holmes' presentation was consistent with the differential diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, social anxiety disorder, trichotillomania and obsessive-compulsive disorder. In

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 53 of 69

addition, Mr. Holmes has recovered from a delirium secondary to starvation resulting in metabolic abnormalities, which was successfully treated at the DHMC during November 2012.

My examination also considered the possibility that Mr. Holmes was malingering, experiencing a dissociative disorder, and/or met criteria for a personality disorder.

It is my opinion that malingering has been ruled out (i.e., he has not been malingering) based on consistencies demonstrated in his presentation over time as documented in numerous records that have already been referenced. Psychological testing was consistent with malingering not being present.

Mr. Holmes does not meet criteria for a dissociative disorder although he has experienced depersonalization (e.g., perceptions of unreal self, emotional numbing).

It is very likely that prior to the onset of his serious mental illness, Mr. Holmes met criteria for a schizotypal personality disorder (premorbid). Symptoms included a pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood that included excessive social anxiety, odd or eccentric behavior and constricted affect.

I think his most likely current diagnoses are as follows:

1. Schizoaffective disorder, first episode, currently in acute episode, bipolar type, with a history of catatonia
2. Trichotillomania
3. Social Anxiety Disorder
4. Status-post delirium secondary to metabolic problems due to starvation.

His prognosis is very guarded although he has not yet had an adequate trial of treatment. He is in need of long term inpatient psychiatric treatment

Regardless of his specific diagnoses, it is very clear that Mr. Holmes has experienced a chronic mental illness associated with psychotic features. My assessment that Mr. Holmes has a persistent and serious mental illness is based on my psychiatric examination of him, which included obtaining relevant information from other mental health professionals who had evaluated and/or treated him for clinical purposes (nine psychiatrists, one psychologist, and one psychiatric social worker), discussion with nursing and security staff at CMHIP-P regarding their constant observation and interactions with Mr. Holmes during his hospitalization, my multiple

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 54 of 69

interviews of him that totaled over 25 hours in duration, review of comprehensive psychological and neuropsychological testing results, and close to 100 hours reviewing the extensive discovery data provided to me by both the Office of the District Attorney and the Office of the Public Defender.

This case is unique in many aspects, which includes the comprehensiveness of the scope of the investigations that were performed separately and independently at the direction of the district attorneys and public defenders involved in this case and the Aurora Police Department (with valuable assistance from many other law enforcement agencies). The notebook written by Mr. Holmes during June and July 2012 provided a very unusual opportunity to better understand his state of mind during the time leading up to the alleged crimes. The information resulting from the police work provided very important timelines in the context of firearms and other relevant purchases by Mr. Holmes in addition to obtaining documentation pertinent to "chats" and texts involving Mr. Holmes. Information provided to me by both the district attorneys and the public defenders regarding his educational history was also very informative.

Based on all of the above, it is very clear to me that the tragic and horrible shooting spree during July 20, 2012 was a direct result of Mr. Holmes' chronic psychotic mental illness. In other words, but for his mental illness, these crimes would not have occurred.

However, the issue of whether Mr. Holmes met the criteria for legal insanity at the time of the commission of the alleged acts is a very difficult assessment for several different reasons, which include the following:

1. difficulties obtaining information from Mr. Holmes related to some very long-standing symptoms of his illness (e.g., alogia and poor communication skills), that made it difficult for him to provide me with important data about his state of mind during July 20, 2012,
2. his reluctance to answer certain questions independent of his symptoms described above, and
3. the time that has elapsed since the alleged crime.

There is no question that Mr. Holmes at the time of the commission of the alleged acts was capable of distinguishing right from wrong, in the context of legal right from wrong, with respect to those acts. The difficult question is whether he was incapable of distinguishing right from wrong, as measured by a societal standard of morality (in contrast to a purely personal and subjective standard of morality) due to a mental disease or defect, even though he was aware that the conduct in question is criminal.

There are several key factors to consider in making such an assessment. They include the following:

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 55 of 69

1. Mr. Holmes' chronic, nonspecific homicidal thinking.
2. Mr. Holmes' extreme social awkwardness and long-standing interpersonal relationship problems.
3. The significance of having his first intimate relationship and the subsequent loss of this relationship.
4. Mr. Holmes' delusional beliefs involving worth and human capital.
5. The content of his March 25, 2012 chat session with his now former girlfriend, which included the reasons for not acting on his homicidal thinking.
6. Mr. Holmes' course of psychiatric treatment through the Student Health Services at the University of Colorado at Denver (Anschutz Campus).
7. Mr. Holmes' reported "dysphoric mania" that was associated with his losing his fear of consequences for acting on his homicidal thinking.
8. Mr. Holmes' self-reported severe depression associated with not caring about potential consequences if he acted on his homicidal thinking.
9. His ambivalence regarding his planned actions as evidenced by his statements to Doctors Fenton and Feinstein regarding his concern about being locked up.
10. Mr. Holmes' decision to write the notebook prior to the alleged crimes in order to help psychiatrists treat people like him effectively in the future.
11. The contents of Mr. Holmes' notebook.
12. His gradual awareness that pursuing knowledge through graduate school in neurosciences would not provide him with answers to questions that had caused him long-standing intrapsychic distress.
13. The academic difficulties experienced by Mr. Holmes, which eventually culminated in his not passing the preliminary oral examinations and dropping out of graduate school.
14. The text message to HA during July 9, 2012.
15. The phone call made by Mr. Holmes to the student mental health emergency hotline at 12:30 AM on July 20, 2012.
16. Mr. Holmes' actions immediately following the shooting.
17. Mr. Holmes' concern whether any children had been hurt immediately after the alleged crimes.
18. A significant discrepancy in the history provided by Mr. Holmes regarding the alleged crimes (i.e. the history provided to Dr. Gur is different than the history provided to me regarding the intent of the shooting)

It is important to note that Mr. Holmes' delusional beliefs about his worth and about human capital, which are outlined during the March 2012 chat session, were essentially unchanged during the time leading up to the alleged crimes as referenced in his notebook. The narrow and difficult question to answer is what changed that resulted in Mr. Holmes acting on these homicidal thoughts and delusional beliefs. Possibilities include the following:

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 56 of 69

1. Mr. Holmes always believed it was morally wrong to kill people despite his delusional beliefs. He had not acted on these beliefs due to his fear of the legal consequences.

However, Mr. Holmes became so depressed and in such psychic pain that he thought the legal consequences of such an act could not be any worse than how he was currently feeling and that committing such an act would make him feel better as a result of increasing his worth, which would outweigh the legal consequences of killing other people despite knowing that such an act was both morally and legally wrong.

2. Mr. Holmes previously believed it was morally wrong to kill people in the context of his delusional beliefs. His delusional beliefs changed in a way that made him now think that killing people was morally right despite obviously knowing it was legally wrong.
3. Mr. Holmes always believed that it was morally right to kill others in the context of his delusional beliefs but previously did not act on these beliefs due to his fear of the legal consequences.

However, Mr. Holmes became so depressed and in such psychic pain that he thought the legal consequences of such an act could not be any worse than how he was currently feeling and that committing such an act would make him feel better as a result of increasing his worth, which would outweigh the legal consequences of killing other people.

Based on my psychiatric examination, which included careful consideration of key factors, it is my professional opinion that Mr. Holmes always had the capability to understand that, if he acted on his beliefs regarding human worth and killing, it would be both legally and morally wrong to do so. Some examples of having this capacity were demonstrated by Mr. Holmes in the following circumstances:

1. The content of his March 25, 2012 chat session with his now former girlfriend, which included the reasons for not acting on his homicidal thinking.
2. His ambivalence regarding his planned actions as evidenced by his statements to Doctors Fenton and Feinstein regarding his concern about being locked up.
3. Mr. Holmes' decision to write the notebook prior to the alleged crimes in order to help psychiatrists treat people like him effectively in the future.
4. The text message to HA during July 9, 2012.
5. The phone call made by Mr. Holmes to the student mental health emergency hotline at 12:30 AM on July 20, 2012.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 57 of 69

6. Mr. Holmes' actions immediately following the shooting.
7. Mr. Holmes' concern whether any children had been hurt immediately after the alleged crimes.

Mr. Holmes attempted to block, ignore and/or decrease his capacity to tell the difference between right from wrong with respect to the acts in question by choosing victims that he did not know and minimizing any form of "personal" contact with them during the shooting such as turning up the volume of his headset prior to the shooting. His attempts to differentiate his "other self" from his "normal self" were likely another example of such a process.

It is my professional opinion that Mr. James Holmes was not so diseased or defective in mind at the time of the commission of the acts as to be incapable of distinguishing right from wrong with respect to those acts.

It is also my opinion that Mr. Holmes did not suffer from a condition of mind caused by mental disease or defect that prevented him from forming the culpable mental states that are the essential elements of the crimes for which he has been charged.

It is, therefore, my opinion that Mr. Holmes met the criteria for legal sanity at the time of the commission of the alleged acts.

It is my opinion Mr. Holmes does not have a mental disability or developmental disability that prevents him from having sufficient present ability to consult with the his lawyer with a reasonable degree of rational understanding in order to assist in his defense or prevents him from having a rational and factual understanding of the criminal proceedings. It is, therefore, my opinion that Mr. Holmes meets the criteria for legal competency to proceed.

In my professional opinion, there are clear mitigating factors that are directly related to Mr. Holmes' serious mental illness. I think it is very clear, but for the presence of his mental illness associated with psychotic features, the shooting would not have occurred. Although it is my opinion that he does not meet criteria for legal insanity, it is also very clear that his appreciation of the wrongfulness of his actions were significantly impaired (from a clinical perspective) as a result of his psychotic thinking. His depression and psychosis was a cause of substantial duress to him, which contributed to decision to implement the planned shootings.

Sincerely,*



JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 58 of 69

Jeffrey L. Metzner, M.D.

Consultant, Colorado Mental Health Institute at Pueblo

Diplomate, American Board of Psychiatry and Neurology, Inc.

*This report was dictated via the use of voice software, which may explain the presence of any typographical errors.

ADDITIONAL INFORMATION

Appendix I

Appendix II

Appendix III

Appendix IV

Attachment 1

Attachment 2

Attachment 3

Attachment 4

Attachment 5

Attachment 6

Attachment 7

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 59 of 69

Appendix I

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

**Office of the District Attorney, 18th Judicial District
MEDIA LOG: LIST OF MEDIA DISCS FOR THIS CASE**

DEFENDANT: James Holmes Case #: 12CR1522
****DISCS RECEIVED THROUGH 06/07/13****

Disc #	Description
Discovery Disc 1 of 3 (2 copies)	Scanned Discovery in case
Discovery Disc 2 of 3 (2 copies)	Scanned Discovery in case
Discovery Disc 3 of 3 (2 copies)	Scanned Discovery in case through page 45,152
DVD1	Interview with Jason Sweeney 07/20/12
DVD2	Interview with Jason Oviatt 07/20/12
DVD3	Interview with James Holmes 07/20/12
DVD4	Audio Files: Interviews with Alejandra Cardona and David Duarte 07/20/12
DVD5	Interview with Mariah Coler 07/22/12
DVD6	Security Video from Gander Mountain #421, Thornton CO, 06/07/12 (788010-12-0072 #000008)
DVD7	Photos & Video: Disposal Operation 36001 E Quincy
DVD8	Bass Pro Video of Holmes 07/06/12 (788010-12-0072)
DVD9	AMC Highlands Ranch Suspicious Person at Movie 07/13/12 time: 1158-1201
DVD10	APD Crime Lab disc: Photos – Gateway HS witnesses, witnesses at hospital, suspect, crime scene Audio interviews – witnesses at Gateway HS
DVD11	APD Crime Lab disc: Photos – victims/witnesses at hospital, vehicles in theater parking lot, aerial photos of outside of theater, evidence outside of theater, evidence inside of theater, inside of patrol vehicles, autopsies, witnesses on scene, computer equipment in APD lab Audio interviews – witnesses
DVD12	APD Crime Lab disc: Photos – victims/witnesses at hospital, victim clothing, witnesses on scene, vehicles in parking lot, evidence in theater 9 (before and after processing) Audio interviews – CU medical staff (1), various witnesses
DVD13	APD Crime Lab disc: Photos – victim clothing, evidence inside theater Audio interviews – witnesses
DVD14	APD Crime Lab disc: Photos – victim clothing, victims/witnesses at hospital, witnesses on scene, aerial photos of inside theater Audio interviews – witnesses
DVD16	APD Crime Lab disc: Photos – 1690 Paris St #5, van in parking lot, inside of suspect apt, CU building

<i>Disc #</i>	<i>Description</i>
	and lab, suspect presentation at CU 05/17/12, victims/witnesses at hospital, victim clothing, suspect vehicle, Audio interviews – witnesses Video- suspect presentation at CU 05/17/12
DVD17	Interview with James Holmes – Coban Copy
DVD18	Interview with Officer Oviatt – Coban Copy
DVD19	Interview with Officer Sweeney – Coban Copy
DVD20	Arapahoe County jail: booking and sally port 07/20/12, 05:08:35 – 05:32:00 PM Video pulled 07/25/12 by Deputy Kraus, #01070, disc 1
DVD21	Arapahoe County jail: MC1 & Hallways 07/20/12, 07:30:25 – 11:59:59 PM Video pulled 07/25/12 by Deputy Kraus, #01070, disc 2
DVD22	Arapahoe County jail: med to bk, then bk to med 07/21/12, 08:08:35 – 05:32:00 PM Video pulled 07/26/12 by Deputy Kraus, #01070, disc 3
DVD23	Arapahoe County jail: MC2 & MC4 07/21/12: 07:19:48 PM, 11:29:10 PM Video pulled 07/25/12 by Deputy Kraus, #01070, disc 4
DVD24	Arapahoe County jail: Med Bk, Bk Med 07/21/12: 09:23 – 09:36 Video pulled 07/26/12 by Deputy Kraus, #01070, disc 5
DVD25	Arapahoe County jail: MC1 07/21/12: 00:00 – 23:59 Video pulled 07/26/12 by Deputy Kraus, #01070, disc 6
DVD26	Arapahoe County jail: MC1, M4, M5 07/22/12: 07:52 – 08:15 Video pulled 07/27/12 by Deputy Kraus, #01070, disc 7
DVD27	Arapahoe County jail: MC1, M5, M1 out, M1 in, C1, B2 07/22/12: 10:30 – 12:22 Video pulled 07/27/12 by Deputy Kraus, #01070, disc 8
DVD28	Arapahoe County jail: MC1, MC2 07/22/12: 13:16-13:55 Video pulled 07/27/12 by Deputy Kraus, #01070, disc 9
DVD29	Arapahoe County jail: MC1 07/22/12: 00:00-23:59 Video pulled 07/27/12 by Deputy Kraus, #01070, disc 10
DVD30	Arapahoe County jail: MC1, MC2 07/22/12: 21:47 – 22:55 Video pulled 07/27/12 by Deputy Kraus, #01070, disc 11
DVD31	Arapahoe County jail: MC1 07/23/12: 00:00 – 23:59 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 12
DVD32	Arapahoe County jail: MC1 07/23/12: 0900: 10:05 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 13
DVD33	Arapahoe County jail: MC1, MC2 07/23/12: 11:11 – 12:00 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 14
DVD34	Arapahoe County jail: MC1, MC2 07/23/12: 22:07 – 22:47 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 15
DVD35	Arapahoe County jail: MC1 07/24/12: 00:00 – 23:59 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 16
DVD36	Arapahoe County jail: MC1 to Pod 5 07/24/12: 09:29 – 12:28 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 17
DVD37	Arapahoe County jail: MC1, MC2 07/24/12: 13:15 – 14:12 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 18
DVD38	Arapahoe County jail: MC1, MC2 07/24/12: 22:07 – 22:53 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 19
DVD39	Arapahoe County jail: MC1 07/25/12: 00:00 – 23:59

<i>Disc #</i>	<i>Description</i>
	Video pulled 07/31/12 by Deputy Kraus, #01070, disc 20
DVD40	Arapahoe County jail: MC1, MC2 07/25/12: 08:00 – 09:00 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 21
DVD41	Arapahoe County jail: MC1, MC2 07/25/12: 21:08 – 22:11 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 22
DVD42	Arapahoe County jail: MC1 to Pod5 07/25/12: 11:20 – 14:07 Video pulled 07/31/12 by Deputy Kraus, #01070, disc 23
DVD43	Video from mail room robot at CU
DVD44	Video from CU PD
DVD45	Video from University Hospital mail room #1 (with Intellex player)
DVD46	Video from University Hospital mail room #2
DVD47	Crime Scene Video
DVD48	REDACTED DVD15 – photos/audio from APD Crime Lab (1 photo redacted)
DVD49	FBI Bomb Squad Photos: Suspect Apt
DVD50	Theater Surveillance: Top DVR 0001 to 0200, 07/20/12
DVD51	Theater Surveillance: Top DVR 2200 to 0001, 07/19/12 – 07/20/12
DVD52	Theater Surveillance: Bottom DVR 2200 to 0001, 07/20/12
DVD53	Theater Surveillance: Top DVR 0200 to 0400, 07/20/12
DVD54	Theater Surveillance: Top DVR 1200 to 1400, 07/19/12
DVD55	Theater Surveillance: Top DVR 1400 to 1600, 07/19/12
DVD56	Theater Surveillance: Top DVR 1600 to 1800, 07/19/12
DVD57	Theater Surveillance: Top DVR 1800 to 2000, 07/19/12
DVD58	Theater Surveillance: Top DVR 2000 to 2200, 07/19/12
DVD59	Theater Surveillance: Bottom DVR 2000 to 2200, 07/19/12
DVD60	Theater Surveillance: Bottom DVR 1800 to 2000, 07/19/12
DVD61	Theater Surveillance: Bottom DVR 1600 to 1800, 07/19/12
DVD62	Theater Surveillance: Bottom DVR 1400 to 1600, 07/19/12
DVD63	Theater Surveillance: Bottom DVR 1200 to 1400, 07/19/12
DVD64	Theater Surveillance: Bottom DVR 0200 to 0400, 07/20/12
DVD65	Theater Surveillance: Bottom DVR 0032 to 0100
DVD66	Theater Surveillance: Bottom DVR 0001 to approx 0200, 07/20/12
DVD67	Disc containing APD Crime Lab Examination of defendant iPhone and Computers
DVD68	Arapahoe County jail: video surveillance of Defendant on 07/26/12, disc 24
DVD69	Arapahoe County jail: video surveillance of Defendant on 07/26/12, disc 25
DVD70	Arapahoe County jail: video surveillance of Defendant on 07/26/12, disc 26
DVD71	Arapahoe County jail: video surveillance of Defendant on 07/26/12, disc 27
DVD72	Arapahoe County jail: video surveillance of Defendant on 07/26/12, disc 28
DVD73	Arapahoe County jail: video surveillance of Defendant on 07/27/12, disc 29
DVD74	Arapahoe County jail: video surveillance of Defendant on 07/27/12, disc 30
DVD75	Arapahoe County jail: video surveillance of Defendant on 07/27/12, disc 31
DVD76	Arapahoe County jail: video surveillance of Defendant on 07/27/12, disc 32
DVD77	Arapahoe County jail: video surveillance of Defendant on 07/28/12, disc 33
DVD78	Arapahoe County jail: video surveillance of Defendant on 07/28/12, disc 34
DVD79	Arapahoe County jail: video surveillance of Defendant on 07/28/12, disc 35
DVD80	Arapahoe County jail: video surveillance of Defendant on 07/29/12, disc 36
DVD81	Arapahoe County jail: video surveillance of Defendant on 07/29/12, disc 37

<i>Disc #</i>	<i>Description</i>
DVD128	Arapahoe County jail: video surveillance of Defendant on 08/11/12, disc 84
DVD129	Arapahoe County jail: video surveillance of Defendant on 08/11/12, disc 85
DVD130	Arapahoe County jail: video surveillance of Defendant on 08/11/12, disc 86
DVD131	Arapahoe County jail: video surveillance of Defendant on 08/12/12, disc 87
DVD132	Arapahoe County jail: video surveillance of Defendant on 08/12/12, disc 88
DVD133	Arapahoe County jail: video surveillance of Defendant on 08/12/12, disc 89
DVD134	Arapahoe County jail: video surveillance of Defendant on 08/13/12, disc 90
DVD135	Arapahoe County jail: video surveillance of Defendant on 08/14/12, disc 91
DVD136	Arapahoe County jail: video surveillance of Defendant on 08/14/12, disc 92
DVD137	Arapahoe County jail: video surveillance of Defendant on 08/14/12, disc 93
DVD138	Arapahoe County jail: video surveillance of Defendant on 08/14/12, disc 94
DVD139	Arapahoe County jail: video surveillance of Defendant on 08/15/12, disc 95
DVD140	Arapahoe County jail: video surveillance of Defendant on 08/15/12, disc 96
DVD141	Arapahoe County jail: video surveillance of Defendant on 08/15/12, disc 97
DVD142	Arapahoe County jail: video surveillance of Defendant on 08/15/12, disc 98
DVD143	Arapahoe County jail: video surveillance of Defendant on 08/15/12, disc 99
DVD144	Arapahoe County jail: video surveillance of Defendant on 08/16/12, disc 100
DVD145	Arapahoe County jail: video surveillance of Defendant on 08/16/12, disc 101
DVD146	Arapahoe County jail: video surveillance of Defendant on 08/16/12, disc 102
DVD147	Arapahoe County jail: video surveillance of Defendant on 08/16/12, disc 103
DVD148	Arapahoe County jail: video surveillance of Defendant on 08/17/12, disc 104
DVD149	Arapahoe County jail: video surveillance of Defendant on 08/17/12, disc 105
DVD150	Arapahoe County jail: video surveillance of Defendant on 08/17/12, disc 106
DVD151	Arapahoe County jail: video surveillance of Defendant on 08/17/12, disc 107
DVD152	Arapahoe County jail: video surveillance of Defendant on 08/17/12, disc 108
DVD153	Arapahoe County jail: video surveillance of Defendant on 08/18/12, disc 109
DVD154	Arapahoe County jail: video surveillance of Defendant on 08/18/12, disc 110
DVD155	Arapahoe County jail: video surveillance of Defendant on 08/18/12, disc 111
DVD156	Arapahoe County jail: video surveillance of Defendant on 08/19/12, disc 112
DVD157	Arapahoe County jail: video surveillance of Defendant on 08/19/12, disc 113
DVD158	Arapahoe County jail: video surveillance of Defendant on 08/19/12, disc 114
DVD159	Arapahoe County jail: video surveillance of Defendant on 08/20/12, disc 115
DVD160	Arapahoe County jail: video surveillance of Defendant on 08/20/12, disc 116
DVD161	Arapahoe County jail: video surveillance of Defendant on 08/20/12, disc 117
DVD162	Arapahoe County jail: video surveillance of Defendant on 08/21/12, disc 118
DVD163	Arapahoe County jail: video surveillance of Defendant on 08/21/12, disc 119
DVD164	Arapahoe County jail: video surveillance of Defendant on 08/21/12, disc 120
DVD165	Arapahoe County jail: video surveillance of Defendant on 08/21/12, disc 121
DVD166	Arapahoe County jail: video surveillance of Defendant on 08/22/12, disc 122
DVD167	Arapahoe County jail: video surveillance of Defendant on 08/22/12, disc 123
DVD168	Arapahoe County jail: video surveillance of Defendant on 08/22/12, disc 124
DVD169	Arapahoe County jail: video surveillance of Defendant on 08/23/12, disc 125
DVD170	Arapahoe County jail: video surveillance of Defendant on 08/23/12, disc 126
DVD171	Arapahoe County jail: video surveillance of Defendant on 08/23/12, disc 127
DVD172	FBI Photos: Theater 9 and Outside of Theater by T. Payne
DVD173	FBI Photos: Theater 8 by T. Payne

Disc #	Description
DVD174	FBI Photos: Theater 8
DVD175	Bomb Robot Video Disc 1 of 4: Aurora Apt. Segments 1-4
DVD176	Bomb Robot Video Disc 2 of 4: Aurora Apt. Segments 5-12
DVD177	Bomb Robot Video Disc 3 of 4: Aurora Apt. Segment 13 and Mailroom Segments 1 and 2
DVD178	Bomb Robot Video Disc 4 of 4: "Aurora Shooting for Sheriff"
DVD179	James Holmes in interview room: 07/20/12, total time 4:48:28
DVD180	Records: James Holmes hotmail.com account
DVD181	Interview: Tori Everhart 07/24/12
DVD182	Interview: Gargi Datta with Det. Hansen & Agent Phelps, 08/23/12
DVD183	ERT Photos: 1690 Paris St Apt 10, photos by SA Carle Schlaff (257 photos)
DVD184	Ben Garcia Gmail Chat 08/24/12
DVD185	Adams County Sheriff Bomb Squad photos and video
DVD186	Interview: Pierce O'Farrill
DVD187	Interviews: Maria Carbonell, Anna Padilla, Armando Padilla
DVD188	Arapahoe County jail: video surveillance of Defendant on 08/24/12, disc 128
DVD189	Arapahoe County jail: video surveillance of Defendant on 08/24/12, disc 129
DVD190	Arapahoe County jail: video surveillance of Defendant on 08/24/12, disc 130
DVD191	Arapahoe County jail: video surveillance of Defendant on 08/25/12, disc 131
DVD192	Arapahoe County jail: video surveillance of Defendant on 08/25/12, disc 132
DVD193	Arapahoe County jail: video surveillance of Defendant on 08/25/12, disc 133
DVD194	Arapahoe County jail: video surveillance of Defendant on 08/26/12, disc 134
DVD195	Arapahoe County jail: video surveillance of Defendant on 08/26/12, disc 135
DVD196	Arapahoe County jail: video surveillance of Defendant on 08/26/12, disc 136
DVD197	Arapahoe County jail: video surveillance of Defendant on 08/27/12, disc 137
DVD198	Arapahoe County jail: video surveillance of Defendant on 08/27/12, disc 138
DVD199	Arapahoe County jail: video surveillance of Defendant on 08/27/12, disc 139
DVD200	Arapahoe County jail: video surveillance of Defendant on 08/28/12, disc 140
DVD201	Arapahoe County jail: video surveillance of Defendant on 08/28/12, disc 141
DVD202	Arapahoe County jail: video surveillance of Defendant on 08/28/12, disc 142
DVD203	Arapahoe County jail: video surveillance of Defendant on 08/29/12, disc 143
DVD204	Arapahoe County jail: video surveillance of Defendant on 08/29/12, disc 144
DVD205	Arapahoe County jail: video surveillance of Defendant on 08/29/12, disc 145
DVD206	Arapahoe County jail: video surveillance of Defendant on 08/29/12, disc 146
DVD207	Arapahoe County jail: video surveillance of Defendant on 08/30/12, disc 147
DVD208	Arapahoe County jail: video surveillance of Defendant on 08/30/12, disc 148
DVD209	Arapahoe County jail: video surveillance of Defendant on 08/31/12, disc 149
DVD210	Arapahoe County jail: video surveillance of Defendant on 08/30/12, disc 150
DVD211	Coroner Photos on DVD (from Arapahoe County Coroner)
DVD212	Gander Mountain video and photos from 07/01/12
DVD213	Copy of disc sent to Pathways Church
DVD214	Interview: Ben Garcia at APD
DVD215	University of Colorado Emails for James Holmes: Emails Pursuant to Court Order
DVD216	Cell phone download: Gargi Datta's I Phone
DVD217	Arapahoe County Sheriff Bomb Robot Camera Video
DVD218	Holmes emails released by CU (CORA Requests) on 12/05/12 (1 of 2)

<i>Disc #</i>	<i>Description</i>
DVD219	Holmes emails released by CU (CORA Requests) on 12/05/12 (2 of 2)
DVD220	Interview of Ty Dickens by Denver PD Det. R. Ford
DVD221	Holmes Web History: Screen Shots, From FBI
DVD222	CU Hospital Surveillance: Ambulance Bay Fixed 1 of 3
DVD223	CU Hospital Surveillance: Ambulance Bay Fixed 2 of 3
DVD224	CU Hospital Surveillance: Ambulance Bay Fixed 3 of 3
DVD225	CU Hospital Surveillance: Ambulance Bay Entry
DVD226	CU Hospital Surveillance: Ambulance Bay PTZ
DVD227	CU Hospital Surveillance: Aviglon Player System and Videos
DVD228	Arapahoe County jail: video surveillance of Defendant on 11/13/12 Use of Force
DVD229	Arapahoe County jail: video surveillance of Defendant on 11/14/12 Use of Force
DVD230	Crime Scene Video from Denver Police Dept.
DVD231	Video from ACSO: copy of video disk, tag 63005, recording of robot/car 07/20/12
DVD232	Video from ACSO: copy of video disk, tag 63075, jail surveillance video (MCI and hallways) 07/20/12
DVD233	Video from ACSO: copy of video disk, tag 63074, jail surveillance video (booking and sally port) 07/20/12
DVD234	High School Video by Holmes, Bird and Others (Inv. Eliassen)
DVD235	APD Crime Lab Disc: Assets Added AFTER 08/08/12
DVD236	Update Presentation with all edits as of 04/09/13 from APD
DVD237	Interview: Kelsee Sidebottom
BLU-RAY1	Cell phone download: Ben Garcia's iPhone
BLU-RAY2	Cell phone download REVISED: Ben Garcia's iPhone
CD1	James Holmes Second Interview, received 08/08/12
CD2	Interviews with Jacqueline Bishop and Brenton Lowak 07/20/12
CD3	911 Calls
CD4	Interviews by Det. S. Robertson
CD5	Interview: Karl Ulrich Bayer, Univ Professor 07/25/12
CD6	Interviews: Muniriah Gravelly & Jasmine Kennedy at Children's Hospital
CD7	Photos of injuries to Jasmine Kennedy at Children's Hospital
CD8	Photos: Cardona & Duarte / email, Craigslist
CD9	Interview: Kaylyn Juranek at Gateway HS (Det. R. J. Wilson)
CD10	Photos: Juranek Injury (2 photos)
CD11	Interviews: Michael White, McKayla Hicks, Amanda Hernandez, Juan Gonzales
CD12	Photos: victims/witnesses at Gateway HS (PT2)
CD13	Interviews by Det. Steve Conner (APD)
CD14	Interview: Dr. Vijayaraghavan (Det. Hinton) 07/20/12
CD15	Interview: Hillary Allen (Inv. Betts)
CD16	Misc. Photos and Audio through 07/22/12 (Det. Frederickson)
CD17	Photos: Injuries to Hailee Hensky & Stephen Barton (Det. Hardin) 07/20/12
CD18	Adult Friend Finder: Classic Jimbo Profile
CD21	ATF Disc: photos taken of stun gun by SA Messner 07/20/12

<i>Disc #</i>	<i>Description</i>
CD22	Interview: BPS Employee Dennis Renes 07/24/12
CD23	Photo: Bass Pro Shops DVR Label 07/23/12
CD24	Photo: Product and Label from Bass Pro Shops 07/20/12
CD25	CU Officer Whitten's voicemails
CD26	CU Suspicious Package Dispatch Recording
CD27	Interview: Professor Sukumer (by Sgt. Wesner) 07/22/12
CD28	Interview: Lynn Whitten (by Sgt. Wesner) 07/21/12
CD29	Interview: Lauren Ellis (Det. Perry & Det. Wilson) 07/22/12
CD30	Misc. Photos and Audio through 08/01/12 (Det. Frederickson)
CD31	UPS Delivery Records
CD32	Gas Mask Photos By Gallegos
CD33	Interview: Kimber Avra
CD34	Interview: Katie Medley
CD35	Interview: Bobbi Goldner
CD36	Interview: Corbin Dates
CD37	Interview: Earl Bickel
CD38	Photos: Earl Bickel
CD39	Interview: Victor Hava
CD40	Interview: Donald Lader
CD41	Interview: Professor Angie Ribera 07/21/12
CD42	Interview: Professor Curt Freed 07/21/12
CD43	Interview: Professor Mark Dell Acqua 07/22/12
CD44	FBI Photos: CU Package
CD45	FBI Photos and Video: Suspect Apt by FBI Bomb Tech Gooderman
CD46	Discovery from ATF & Postal Inspector: Timeline, Reports, Color Photos, Spreadsheet
CD47	Theater Surveillance: Top DVR 0001 to approx 0034
CD48	Theater Surveillance: Top DVR 0034 to 0130, 07/30/12
CD49	FBI Photos: From Casebook on trash dumpster 07/20/12
CD50	Phone call to CU 07/20/12
CD51	Century 16 Blue Prints
CD52	Fed Ex Ground Package System Inc. Records
CD53	FBI Photos: Theaters 1-4 and 10-16
CD54	FBI Casebook - Century 16 Theaters 07/20/12, 84 pages
CD55	FBI Report: Century 16 Theaters 8 and 9
CD56	FBI Casebook: Century 16 Theaters 07/21/12, 46 pages
CD57	FBI Photos and Casebook: Paris St Apt 07/21/12
CD58	Interview: Erick Novo and Det. Prince, 07/20/12
CD59	APD Property Sheets with Item Numbers (2135 items total)
CD60	Interview with Chris Russell 07/25/12
CD61	Interview with Bass Pro Employee Brian Pennington 07/26/12
CD62	Interview with Mariah Coler 07/22/12
CD63	Interview with Isaac Garcia 07/21/12
CD64	Interview with Stephanie Davies 07/20/12
CD65	Interview with Tuong Nguyen 07/20/12
CD66	Interview with Marques Dunklin 07/20/12

<i>Disc #</i>	<i>Description</i>
CD67	Interview with Osmin Mercado 07/20/12
CD68	Interview with Isiah Bow 07/20/12
CD69	Interview with Alfred Herrador 07/20/12
CD70	Interview with Brianna Dozier 07/20/12
CD71	Interview with Joseph Soto 07/20/12
CD72	Interview with Michael Lord 07/20/12
CD73	Interview with Reeseena Cowan 07/20/12
CD74	Interview with Bridget Doyle 07/27/12
CD75	Interview with Charles Patrick 07/24/12
CD76	Interview with Tara Bahl 07/20/12
CD77	Interviews: with Det. Wolf on 07/20/12
CD78	Misc photos and audio through 08/21/12: Det. Todd Frederickson
CD79	Joseph Heck: DPD Jail, 07/23/12
CD80	Vicki McLain phone message 07/22/12
CD81	Surveillance Video: Best Buy 07/18/12 18:36:50 – 18:37:01, recovered by TFO Otto
CD82	Surveillance video and stills: Target 07/14/12, recovered by TFO W. Gallegos
CD83	CU Presentation by Suspect on 05/17/12 converted to MPEG format by Cammie Kennedy
CD84	Dispatch: Traffic stop of James Holmes in Winter Park on 07/02/12 at 1410 hours
CD85	EBay Pay Pal Records 08/15/12
CD86	Records: DSherlockB@gmail.com , Re: 63115-248202
CD87	Records: ClassicJimbo@gmail.com , Re: 63115-248204
CD88	Alex Espinoza 09/27/12
CD89	Chemya Brown-George
CD90	William Oswald
CD91	Ethan Rodriguez
CD92	Michael White
CD93	Jerel Sangster
CD94	Cynthia Kalam
CD95	Firefighter Robert Kominek Station 5
CD96	Firefighter Kelly Stewart Station 8
CD97	Firefighter Emma Lee Moore Station 8
CD98	Fire Station Engineer Mark Cottrell
CD99	Coroner File Photos (emailed from Coroner's Office)
CD100	Coroner File Photo Disc I
CD101	Coroner File Photos Disc II
CD102	Coroner File Photos Disc III
CD103	Audio Interviews from Det.A. Reed: Caitlin Peddicord, Stefan Nikodemski, Devon Suits, Henry Miranda, Savanah Hopkins, Jenalise Danise, Ana Garcia
CD104	King Soopers Info for Holmes
CD105	Voicemail from Dorothy Price-Hill 09/28/12
CD106	Color Photos and Documents from Scanned Discovery 10/12/12
CD107	Video/Photos from cell phone of Alexander Vanacore
CD108	Audio Interview: Desira Keys 10/10/12
CD109	911 – Noise Disturbance Call #1 1690 Paris Street

<i>Disc #</i>	<i>Description</i>
CD110	911 – Noise Disturbance Call #2 1690 Paris Street
CD111	Photos: 1690 Paris St #6, 10/08/12
CD112	Audio Interview: Fire Capt. Robert Foos, Station 5
CD113	Audio Interview: Firefighter Nick Chase, Station 6
CD114	Disc Containing Arapahoe County Sheriff Office Reports
CD115	Photos of text messages (from H. Allen's phone) between J. Holmes and H. Allen
CD116	Audio Interview: Hannah Scarborough (CU Student)
CD117	Photos by Deputy Lukens: Package at CU Campus 07/23/12
CD118	Audio Interviews: Diego Restrepo 08/28/12, William Sather 08/27/12, Emir Alvarado 08/31/12, Hillary Allen 08/29/12, and Ryan Lumba (with photos) 08/22/12
CD119	Audio Interview: Ivan Romo
CD120	Steven Unruh on the Tom Martino Show 10/16/12
CD121	Interview: Steven Unruh in Arapahoe County Jail 10/18/12
CD122	University of Colorado Emails for James Holmes: Production Log Pursuant to Court Order
CD123	Hillary Allen cell phone download
CD124	Medical Records from Univ. of Colo Hospital: Ryan Lumba
CD125	Interview: Gargi Datta 11/29/12
CD126	9 News Story
CD127	Photos: Fed Ex Office (Inv. Heylin)
CD128	Photos: Liquor Stores & Zephyr Lounge (Inv. Heylin)
CD129	Medical Records from Univ of Colo Hospital: Ethan Rohrs
CD130	Medical Records from Univ of Colo Hospital: Jamie Rohrs
CD131	Medical Records from Univ of Colo Hospital: Pierce O'Farrill
CD132	Medical Records from Univ of Colo Hospital: Patricia Legarreta
CD133	Medical Records from Univ of Colo Hospital: Yousef Gharbi
CD134	Medical Records from Univ of Colo Hospital: Farrah Soudani
CD135	Medical Records from Univ of Colo Hospital: Dion Roseborough
CD136	Medical Records from Univ of Colo Hospital: Jansen Young
CD137	Voicemail message: to Inv. Knight from Troy Southern 01/10/13
CD138	Medical Records from Univ. of Colo Hospital: Katie Medley
CD139	Medical Records from Univ. of Colo. Hospital: Anggiat Mora
CD140	Medical Records from Univ. of Colo. Hospital: Prodea Patria
CD141	Medical Records from Univ. of Colo. Hospital: Nickelas Gallup
CD142	Medical Records from Univ. of Colo. Hospital: Alleen Young
CD143	Medical Records from Univ. of Colo. Hospital: Rita Paulina
CD144	Audio Interview: Julio Molina, 09/20/12
CD145	Property Sheets with Item Numbers Through X-329, 01/15/13
CD146	Photos of defendant vehicle search by Borquez 08/03/12
CD147	FBI Casebook in PDF Format: 1690 Paris St, Apt. 10
CD148	Holmes Witness Evidence Chart, 01/23/2013
CD149	Holmes Web History Spreadsheet, from FBI
CD150	Medical Records from Univ. of Colo. Hospital: Caleb Medley
CD151	Photos of Farrah Soudani
CD152	Videos of CU Hospital Surveillance: Mpg and Mp4 Formats

<i>Disc #</i>	<i>Description</i>
CD153	Federal Express Video Surveillance: 07/03/12
CD154	Audio of Troy Southern and Inv. Mike Knight
CD155	Voicemail message from Troy Southern to Inv. Kelly Eliassen, 01/15/13
CD156	Ben Garcia interview with Inv. Heylin 01/17/13
CD157	Photo of victims' x-rays from scanned discovery 02/11/13
CD158	Medical records: Lauren Ellis
CD159	License Plate Reader Data: Officer Sheldon Irons
CD160	Voicemail from Kevin Purfield 02-11-13
CD161	Voicemails from Kevin Purfield: 02-12-13 to DA's Office, 02-25-13 to Caren Teves
CD162	Medical Records: Michael White Jr.
CD163	Power Point Presentation: Chief Oates 09/20/12
CD164	Power Point Presentation: Chief Oates 02/06/13
CD165	Power Point Presentation: Chief Oates 02/16/13
CD166	Photos from Inv. Mike Heylin 02/04/13: Camp Max Straus in California
CD167	Arapahoe County jail: video surveillance of Defendant on 11/11/12
CD168	Inmate Mail Spreadsheets (From APD)
CD169	Latent Print File/Reports from Sandra Wiese (APD)
CD170	Stills and Video: Red Light Violation (Holmes) on 07/10/12
CD171	Dispatch: Denver Police Dept.
CD172	911 Call: Denver Police Dept.
CD173	Photos: from Denver Police Dept
CD174	ACSO Photos: Patrol Car
CD175	DMV Photos of Victims (from APD)
CD176	California Photos 02/25/13
CD177	Bruce Hubschmitt interview
CD178	Shaan AAbaan interview
CD179	Nicholas Spiess interview
CD180	Matt Christopher interview
CD181	Maurie Scruggs interview
CD182	Tom Oliver interview
CD183	Chett Youkel interview
CD184	Claudia Varios interview
CD185	Adolph Belver interview
CD186	David Muldanado interview
CD187	Gabriel Menchaca interview
CD188	James Posteraro interview
CD189	James Bird interview
CD190	Steve Armacost interview
CD191	Bruce Steel interview
CD192	Stephanie Vandierby interview
CD193	Bob McHeffey interview
CD194	Terri Ackernan interview
CD195	CBI Discovery Disc, Discovery 03/2013
CD196	Medical Records: David Williams
CD197	Medical Records: Bonnie Pourciau

<i>Disc #</i>	<i>Description</i>
CD198	Voicemail: Troy Southern 03/28/13
CD199	Color Photos from Scanned Discovery 04/19/13
CD200	Spreadsheet from APD: "VCC Lead Sheet"
CD201	Verizon Records 858-449-7348
CD202	Disc From ATF Re: ATF Report 74 – Tear Gas Grenade website pages and video demonstration
CD203	Color Photos Received in Discovery 04-25-13
CD204	Photos: FBI Dallas Photo Unit
CD205	Littleton Police Dept Dispatch 1 of 3
CD206	Littleton Police Dept Dispatch 2 of 3
CD207	Littleton Police Dept Dispatch 3 of 3
CD208	Thornton Police Dept Dispatch
CD209	Castle Rock Police Dept Dispatch
CD210	Boulder Police Dept Dispatch
CD211	Glendale Police Dept Dispatch
CD212	Englewood Police Dept Dispatch
CD213	Parker Police Dept Dispatch
CD214	FBI – color photos of City of Aurora Employees
CD215	Westminster phone/radio for Aurora Theater Shooting
CD216	Jefferson County Dispatch
CD217	Colorado State Patrol Dispatch
CD218	Arvada Police Department Dispatch
CD219	Phone interview: Anthony Cooper (Inv. Eliassen)
CD220	Interviews 1 of 2: University of Illinois (Inv. Eliassen)
CD221	Interviews 2 of 2: University of Illinois (Inv. Eliassen)
CD222	Photos: University of Illinois (Inv. Eliassen)
CD223	Broomfield Police Dept Dispatch
CD224	Aurora Dept of Public Safety Communications Disc 1 of 8 Received 06/05/13
CD225	Aurora Dept of Public Safety Communications Disc 2 of 8 Received 06/05/13
CD226	Aurora Dept of Public Safety Communications Disc 3 of 8 Received 06/05/13
CD227	Aurora Dept of Public Safety Communications Disc 4 of 8 Received 06/05/13
CD228	Aurora Dept of Public Safety Communications Disc 5 of 8 Received 06/05/13
CD229	Aurora Dept of Public Safety Communications Disc 6 of 8 Received 06/05/13
CD230	Aurora Dept of Public Safety Communications Disc 7 of 8 Received 06/05/13
CD231	Aurora Dept of Public Safety Communications Disc 8 of 8 Received 06/05/13
CD232	CIAC Videos obtained by media sources
CD233	CIAC-1VCC Disc: Law Enforcement Online Virtual Command Center Disc: Aurora Mall Shooting (CIAC) 07/20/12 – 12/07/12
CD234	Update Presentation with all edits as of 05/21/13 from APD

**** The following Discs have NOT been provided because the original discs were returned to the Court. These discs are no longer in possession of the Office Of The District Attorney: DVD15, CD19, CD20.**

The Above-Referenced Discs Hand-Delivered to a representative of the Colorado Mental Health Institute on _____:

Representative Name and Title (Printed):

Signature: _____

Date: _____

Identification Verified: _____

Investigator name:

Signature: _____

Date: _____

Re: People v. Holmes, 12CR1522

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 60 of 69

Appendix II

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

**JAMES HOLMES 12CR1522
DISCOVERY INDEX OF DOCUMENTS (PARTIAL LIST)**

Page No.	Description of Documents
1-7	Warrantless Arrest Warrant (unsigned by Judge) and Warrantless Arrest Affidavit: signed by Det. Appel and Sgt. Fyles 07/20/12
8-1303	Reports from first responders and written statements for victims
1655-1689	FBI Report: Interview with Gargi Datta <ul style="list-style-type: none"> • Interview in India with FBI Agent Rachel Pifer, 07/26/12 • Includes report on interview, instant messages of conversations between Datta/Holmes, and FBI questionnaire completed by Datta regarding her observations on Holmes
2807-3011	Additional reports from first responders (officers)
2909-2915	APD Report: Det. Joseph Betts <ul style="list-style-type: none"> • Follow-up interviews with various people including Hillary Allen
6075-6078	APD Report: Det. Craig Appel <ul style="list-style-type: none"> • Interview with suspect Holmes at APD with FBI Agent Garrett Gumbinner, 07/20/12 (audio recorded); start of interview 3:45 p.m., end of interview 4:22 p.m.
7237	ATF Timeline: Holmes Acquisition of Firearms, Ammunition, Accessories and Explosives or Incendiary Parts
7238-7239	ATF Timeline – written format: Holmes Acquisition of Firearms, Ammunition, Accessories and Explosive or Incendiary Parts
13219-13221	APD Report: Det Appel <ul style="list-style-type: none"> • Interview with Hillary Allen with Det. Todd Frederickson on 08/29/12
13230-13243	APD Report: Det. Charles Mehl <ul style="list-style-type: none"> • assisted in attempted interview of suspect Holmes • interviewed Officer Jason Sweeney and Jason Oviatt
1655-1689	FBI Report: Interview with Gargi Datta <ul style="list-style-type: none"> • Interview in India with FBI Agent Rachel Pifer, 07/26/12 • Includes report on interview, instant messages of conversations between Datta/Holmes, and FBI questionnaire completed by Datta regarding her observations on Holmes
17723	FBI Report: Interview with Ben Garcia <ul style="list-style-type: none"> • Interview at APD with FBI Agent James Colyer, 08/23/12
17724	FBI Report: Interview with Ben Garcia <ul style="list-style-type: none"> • Interview at Denver FBI Officer with FBI Agent James Colyer, 08/24/12 • Email chats (Gmail account) provided to FBI from Garcia on this date; additional consent to search iPhone 4S – attempt to locate message on the phone but could not be completed (no way to download info from this type of phone)
24360-24362	RMRCFL Report: Findings from phone of Ben Garcia <ul style="list-style-type: none"> • Report date 09/13/12 • RMRCFL Examiner: FE Eric Black
26488-26503	APD Report: Det. Appel

	<ul style="list-style-type: none"> Investigation on case; spoke with Jason Sweeney and Jason Oviatt about arrest, behavior and statements from Holmes, observed evidence inside and outside of theater 9
29391-29394	FBI Report: SA Garrett Gumbinner and Miles Gooderham <ul style="list-style-type: none"> assisted in investigating suspect vehicle at scene at theater; assisted in render-safe procedures and with bomb robot in defendant apt assisted in interview of defendant at APD regarding explosives in his apt
29395-29399	APD Report: Det. Appel <ul style="list-style-type: none"> Interview with Ben Garcia with FBI Agent Colyer at APD, 08/23/12
30906-30913	ATF Chart printed from CD148: Timeline in Excel Spreadsheet format
32333-32358	Transcript of Interview: James Holmes, Garrett Gumbinner and Craig Appel

<i>Disc #</i>	<i>Description</i>
DVD1	Interview with Jason Sweeney 07/20/12
DVD2	Interview with Jason Oviatt 07/20/12
DVD3	Interview with James Holmes 07/20/12 (video in black and white)
DVD10	APD Crime Lab disc: Photos – Gateway HS witnesses, witnesses at hospital, suspect at time of arrest, crime scene Audio interviews – witnesses at Gateway HS
DVD16	APD Crime Lab disc: Photos – 1690 Paris St #5, van in parking lot, inside of suspect apt, CU building and lab, suspect presentation video and photos at CU 05/17/12, victims/witnesses at hospital, victim clothing, suspect vehicle, Audio interviews – witnesses Video- suspect presentation at CU 05/17/12
DVD17	Interview with James Holmes – Coban Copy (video in color)
DVD18	Interview with Officer Oviatt – Coban Copy
DVD19	Interview with Officer Sweeney – Coban Copy
DVD20	Arapahoe County jail: booking and sally port 07/20/12, 05:08:35 – 05:32:00 PM Video pulled 07/25/12 by Deputy Kraus, #01070, disc 1
DVD21	Arapahoe County jail: MC1 & Hallways 07/20/12, 07:30:25 – 11:59:59 PM Video pulled 07/25/12 by Deputy Kraus, #01070, disc 2
DVD47	Crime Scene Video
DVD51	Theater Surveillance: Top DVR 2200 to 0001, 07/19/12 – 07/20/12
DVD52	Theater Surveillance: Bottom DVR 2200 to 0001, 07/20/12
DVD67	Disc containing APD Crime Lab Examination of defendant iPhone and Computers
DVD179	James Holmes in interview room: 07/20/12, total time 4:48:28
DVD182	Interview: Gargi Datta with Det. Hansen & Agent Phelps, 08/23/12
DVD183	ERT Photos: 1690 Paris St Apt 10, photos by SA Carle Schlaff (257 photos)
DVD184	Ben Garcia Gmail Chat 08/24/12
DVD214	Interview: Ben Garcia at APD
DVD216	Cell phone download: Gargi Datta's I Phone
DVD228	Arapahoe County jail: video surveillance of Defendant on 11/13/12 Use of Force

<i>Disc #</i>	<i>Description</i>
DVD229	Arapahoe County jail: video surveillance of Defendant on 11/14/12 Use of Force
DVD230	Crime Scene Video from Denver Police Dept.
DVD232	Video from ACSO: copy of video disk, tag 63075, jail surveillance video (MCI and hallways) 07/20/12
DVD233	Video from ACSO: copy of video disk, tag 63074, jail surveillance video (booking and sally port) 07/20/12
DVD235	APD Crime Lab Disc: Assets Added AFTER 08/08/12; photos of suspect at time of obtaining non-testimonial evidence
BLU-RAY1	Cell phone download: Ben Garcia's iPhone
BLU-RAY2	Cell phone download REVISED: Ben Garcia's iPhone
CD1	James Holmes Second Interview, received 08/08/12
CD3	911 Calls
CD15	Interview: Hillary Allen (Inv. Betts)
CD44	FBI Photos: CU Package
CD45	FBI Photos and Video: Suspect Apt by FBI Bomb Tech Gooderman
CD46	Discovery from ATF & Postal Inspector: Timeline, Reports, Color Photos, Spreadsheet
CD48	Theater Surveillance: Top DVR 0034 to 0130, 07/30/12
CD50	Phone call to CU 07/20/12
CD83	CU Presentation by Suspect on 05/17/12 converted to MPEG format by Cammie Kennedy
CD115	Photos of text messages (from H. Allen's phone) between J. Holmes and H. Allen
CD118	Audio Interviews: Diego Restrepo 08/28/12, William Sather 08/27/12, Emir Alvarado 08/31/12, Hillary Allen 08/29/12, and Ryan Lumba (with photos) 08/22/12
CD123	Hillary Allen cell phone download
CD125	Interview: Gargi Datta 11/29/12
CD146	Photos of defendant vehicle search by Borquez 08/03/12
CD156	Ben Garcia interview with Inv. Heylin 01/17/13

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 61 of 69

Appendix III

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

Appendix III

The Notebook

This appendix contains transcriptions of excerpt from the notebook written by Mr. Holmes.

Note: Sentences in brackets are not in the notebook but are based on information provided by Mr. Holmes during my psychiatric examination of him re: various portions of the notebook

Page ?

The Questions

What is the meaning of Life?

What is the meaning of death?

Symbol: 0 1 infinity

Metzner comment: Mr. Holmes named this symbol "ultrception," which represented "an alternate concept or idea... ." He stated he did not remember much about his thinking around the symbol at the time although he was trying to find a purpose to life or reason to live.

Page

To Goober, Chrissy, Bobbo Love yuhs

Metzner comment: Goober is a term of endearment he has used since young adulthood to reference his mother. He wrote the above to "say I love them in case I died."

Page 27

Insights into the Mind of Madness!

What is equal equal to?

*All men are created equal.

All men are uncreated equal

[Stick figures] no affiliation [with the #1 under each figure]

Equal =1

1 (Distinct measurable value) death

[Stick figures] no affiliation [with the #0 under each figure]

=?

1 or 11 or-9

Regardless, value of murder [does not equal] to the dead. Equal [is not equal] 1

[A stick figure] [2 series of 10 0s in quotes]

Equal=00

00 (priceless/unlimited value) good

Another series of zeros in quotes

=?

00 or 0 or -00 Murder value may be = to dead. Equal may = priceless*similar reasoning, Equal = 00 (unequal value evil) may be possible

Equal =0 (valueless No value no difference from death)

=0

Two other sets of zeros. Murder value certainly = to dead. Equal by definition no value

Metzner comment: The "no affiliation" reference indicates that none of the people have anything to do with each other. The above writing was done in order to "get to the worth of a person's value... 1 means [they are] worth something-they have a value. 0 means they are dead and have no value.

=?

1 or 11 or -9

meant that you could add to a person's value or not. Add the 10 people who died to your value or if a negative perception subtract from your value.

"A person's self-worth can change with murder-can increase or decrease or stay the same."

Mr. Holmes indicated that this page was dealing with an explanation of self-worth-"when you're depressed you do not feel valuable."

At the present time and at the time of the shooting he was aware that murdering people meant "intentionally killing somebody."

Page 28

Equal = 0 No value

Equal may = 00 ultimate good

Equal may =-00 ultimate evil

Can a person have both no value AND be ultimately good AND/OR ultimately evil?
in value *unknown

What does the value of a person even matter?

*Justice

People are ultimately good or evil in value, then one may suffer from injustice.

If life has no value:

-All is just

- Life-and death are not demarcated.
- Any and all actions have no impact on anything

Moral imbeciles are those who side with 0 or -infinity [worthlessness or evil]. The ideals of society are founded on +infinity [priceless or ultimate good].

Page 29

Why do persons commit to 0 or -infinity?

All men are created equal, and all men are uncreated equal but in between there is inequality.

My mind: $\leftarrow \text{-----} \rightarrow$
 $\begin{matrix} -00 & 0 & +00 \end{matrix}$

Life's fallback solution to all problems-Death

Multiplying both sides of the equation by 0.

When mankind can't find truth, untruth is converted to truth the of violence (x0)

problem =? 0x problem = (?) x0

*based on incorrect theorem $0=0$ problem = solved $0=0$

Violence is a false response to truth while giving the illusion of truth. This is widely understood with murder being unjust. However, mankind has found a better alternative & there is still mass violence, war, and unfortunately these forms of violence are misleadingly still justified.

I have spent my entire life seeing this alternative so that the question of how to live and what to live for may be addressed.

Metzner comment: This page conveys that violence can be used to solve problems-all problems. Mr. Holmes also explained that persons commit to being worthless or evil because "all men are created equal and all men are uncreated equal but in between there is inequality." The checkmark over the zero conveys the above.

Page 30

Alternatives to death.

1. Ignore the problem.
If the problem or question doesn't exist then the solution is irrelevant. Didn't work. Forms of expression tried included reading, television and alcohol.
2. Delay the problem. Live in the moment without concern for answering the problem at present. Didn't work. Pursuit knowledge to increase the capacity for answering the question with improved cognitive function.
3. Pawn the problem. If one can answer the question themselves, get someone else to answer it. Didn't work. Everyone else didn't know the solution either.
4. Love. Hate. Despite knowing death is false and suboptimal response, I can't find a working alternative. If all of Life is dead, then the questions-

Why should life exist?
What is the purpose of living?
Are then 0, irrelevant.

Metzner comment: Mr. Holmes reported that ignoring the problem did not work based on many years of trying to do so. Delaying the problem was also unsuccessful. His interest in neuroscience, which initially developed during his high school years, was in part based on his perception since middle school that he was different from other people. Specifically, he felt different in social aspects (e.g., "initiating conversation [has always been] difficult to do) and due to his chronic homicidal thinking. He was hoping that learning about neuroscience would help him to improve himself both in the context of his communication skills and learning in general.

He subsequently was admitted to the University of California at Riverside on a full scholarship, where he was in the honors program. He excelled academically, enjoyed school, but stated that his studies did not help him at that time to improve himself.

Mr. Holmes subsequently applied to top tier graduate school where he wanted to pursue a Ph.D. in neurosciences. However, was only interviewed at one school, UC Irvine, which did not go well related to his difficulty connecting with any of the staff.

Mr. Holmes returned to live with his parents following graduation and after about six months he obtained a job as a pill coater for Marical in Vista California, where he remained employed for three months. He subsequently reapplied to middle tier graduate schools and stopped working in order to interview at about five graduate schools. Mr. Holmes was eventually accepted at the University of Illinois at Urbana and the University of Colorado at Denver. He chose the latter school due to being offered more financial aid than what was offered at University of Illinois. He indicated that the other interviews did not go very well.

It became apparent to him during his third rotation around April 2012 that the knowledge gained in graduate school would not help him improve his communication skills or decrease his chronic homicidal thinking.

If everyone is dead, there's no need to answer the question of what is the meaning of life.

Page 31

Self Diagnosis of Broken Mind

Note: bracketed timeline information was not in the notebook but obtained from Mr. Holmes during my psychiatric examination of him

- Dysphoric mania [post-sertraline]
- Generalized anxiety disorder/social anxiety disorder/OCD/PTSD (chronic) [lifetime]
- Asperger's syndrome/Autism [childhood]
- ADHD [childhood]
- Schizophrenia [post-sertraline]
- Body dysmorphic disorder [childhood]
- Borderline, narcissistic, anxious, avoidant and excessive compliant personality disorder [childhood]
- Chronic insomnia [young adult]
- Psychosis [post-sertraline]

- Trichotillomania [teenager]
- Adjustment disorder [childhood]
- Pain disorder [young adult]
- Restless leg syndrome [young adult]

Page 31

Symptoms attributed to Self Diagnosis

- Catatonia. Developed recently, often lasts for 3-5 hours in the middle of the day. If present in morning and I know it isn't particularly bad, can goad myself to move by thinking "Bambi get up, you must get up." [June 2012]
- Excessive fatigue. Present since beginning undergraduate studies. Can move but typically "need" to lie down for 1 hour.
- Isolationism. Removing myself from social settings. Being around others is tiring with no apparent reason. Perhaps just an extreme form of introversion.
- Avoid social interactions. 99% of the time will not initiate a conversation. If discourse is unavoidable or avoidant action socially unacceptable responses will be short or in question form to have other person be the one talking.
- Brief periods of invincibility, actions are in hyperspeed. Developed in last three months, occurs typically three or four days a week lasting all day with possible interludes of catatonia.[May-July 2012]
- Tiredness most of time for about an hour, onset unknown.
- Quick fleeting moments in peripheral vision. Kind of like a light flicker. Other times dark spotchy movement in peripheral vision like a crow or beetle. Occurrence rate usually 1 to 3 times per day/night. Onset unknown but > 1 year ago. When gaze is shifted to identify movement no source, or potential source for its cause present.
- Proclivity to scan environment with no target or object in mind. Typically occurs alongside apathy in a boring situation when someone is giving a presentation or otherwise rambling about the frivolous information. Rate-often. Onset-child
- Recurring return to mirror to look at appearance. Particular attention focused on hairstyling. 10+ times a day. Onset >1 year ago.
- Concern with teeth. Only chewed with less side of jaw to preserve right side of teeth. Occurred as a child, not present after getting braces.
- Concern with nose. Often trippy, a leaky faucet requiring continuous wiping. When nose interferes with quality of living, [pores] are squished to the point of skin peeling. Occur situationally since child.
- Concerned with ears. Can not hear very well. [child]
- Concern with eyes. Imperfect biology, had to wear glasses. [Oculus] sinister is dominant eye.
- Concerned with cock. Suffered accidents as child. Allergic reaction to soap-scarring. Excessive stimulation in response to "most beautiful woman in world" I had read in a book. Other event-a slab of skin tore away, did not heal. Results of accidents not prevalent to absent in appearance when erect.[teen][small]
- Inability to communicate what I want to say though I can understand it. Typically have an image in my mind but can't say images or draw them, would be nice if there was some form of telepathy to transfer the image.
- Difficulty in concentrating or focusing on anything longer than 15 minutes. Created a learning strategy of studying 15 minutes then watching TV and repeat. Very effective but only in isolation.[May-July 2012]

- Odd sense of self. View myself as divided. There's a biological one, which is drawn by biological needs. e.g. hunger drives are to go eat, thirst... to drink etc. The real me is fighting the biological me. The real me, namely thinking me does things not because I'm programmed to, but because I choose to. The latest battle I lost was when I finally succumbed to following in love. Evolution, the biological program's [coder] is very difficult to fight. Can't fall asleep when I want to fall asleep. Sometimes my legs and arms will twitch involuntarily ~1 per month. Much more common is having to adjust sleeping position~10+ times a night because of physical discomfort.[childhood]
- Random, no apparent cause stepping back pain. More typical is throbbing achy lower back pain.
- Hair pulling. First was back of head at "bald spot" -10th grade, when someone mentioned it was going bald. I switched location. Sideburns-late high school. Widows peak early college. Under chin and jaw late college. Most recently eyebrows and eyelashes.
- This obsession to kill. Since I was a kid. With age became more and more realistic. Started as the entire world with nuclear bombs. Then shifted to the biological agent that destroys the mind. Most recently serial murder via a cell phone stun gun & folding knife in national forests. And finally, the last escape, mass murder at the movies. First obsession onset >10 years ago. So anyways, that's my mind. It is broken. I tried to fix it. I made it my sole conviction but using something that's broken to fix itself proved insurmountable. Neurosciences seem like the way to go but it didn't pan out. In order to rehabilitate the broken mind my soul must be eviscerated. I could not sacrifice my soul to have a "normal" mind. Despite my biological shortcomings I have fought and fought. Always defending against pre-determination and the fallibility of man. There is one more battle to fight with life. To face death, embrace a long-standing hatred of mankind and overcome all fear certain death.
O*1 [ultrareception] [the killing thoughts]

Page 37

Crazy Concepts

Futility

The mind is a prison of uncertainty. Trillions of cells guarded for eternity. O' where art thou master key?
Destroy the mind and be free.

Homo Sapiens

Mythical biblical Garden of Eden-consumed fruit of knowledge-cast out of Utopia

Mythical Greek Prometheus steals fire from God's-gives knowledge of fire demand-eternal torture,
Eagle eating liver

Nothing

Easily recognized but can it be understood? As soon as nothing is described nothing contains features of something. Even the very symbolic encapsulation of the word nothing is a description many people may view it as black or darkness but these are things in of themselves. Nothing

Comments: sometimes knowledge is not very beneficial.

Page 38

The Blind

Pages 40-47

Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?
Why? Why? Why? Why? Why?

Metzner comment: either June or July. "Why should I live? Why does anybody need to live? You can essentially ask why to any question."

Page 48

Metzner comment: late May. Cased the place in June & July. Cinemark near me, isolated and large.

His plan had now become "realistic" and he had decided he was going to kill people although he was only 75% sure that he was going to do it. He was planning to do a mass murder versus is a single murder because-"back to all those [self-]worth calculations [we discussed] in the beginning. I wanted to get better-beyond the depression."

When asked why he killed people, Mr. Holmes replied that he does not have an answer. When asked a variety of different structured questions and scenarios, he stated that he thought by killing many people he had a 50-50 chance that it would work and make him not feel worthless and feel better. Mr. Holmes was clear that he knew such actions were against the law but he thought at the time that it was "okay to do it... that's why I did it... thought I'd get arrested or die... that is what happens to people who kill people... I didn't think of prison as a consequence... because I was so depressed that nothing mattered..."

Mr. Holmes stated that he would now not kill people for similar reasons because "it doesn't work." If killing a person or persons would make him feel better and not worthless, he stated he would again do so and would think that it was okay to do even though he knew it was legally wrong. He had difficulty explaining why he thought such actions would not be wrong from his perspective. However, he did state that "nobody has a purpose or meaning-why does it matter if they die then?"

Mr. Holmes currently feels sad that he killed people because he took away their choice whether to live or die because "I would want that kind of choice." He feels bored because "there's nothing to do that is worthwhile and meaningful." He reported feeling very depressed (10/10 on a scale of 0 to 10 with 10 being the worst depression) prior to beginning to plan for the mass murder. His depression lessened to a 5/10 during the planning process. Mr. Holmes states that his depression is again at an 8/10 level.

Having chronic suicidal thinking that preceded his chronic homicidal thinking was described by Mr. Holmes. "I usually transferred these [suicidal]'s thoughts into the homicidal thinking..." He described one suicide attempt around the age of 10 by cutting his wrists, which he indicated was a cry for help. He denied any other suicidal attempts. He reported that jumping off his bed in the jail during November 2012 was not a suicide attempt but in response to visual hallucinations.

He has thought of a variety of ways killing himself that have included strangulation, overdose and jumping in front of the car. He thinks he would attempt to kill himself if given the opportunity. He stated he has not tried to kill himself in the past due to his fear of the involved pain.

Mr. Holmes stated he was not concerned about the death penalty because "there is no reason to live."

Page 52-53

Summarizes aspects of prior mental health treatment.

Immediately prescribed antidepressants (fast acting-benzos, long-acting SSRIs-sertraline). Sertraline primarily antidepressant not anxiolytic.

Anxiety and depression both serotonergic system anyway though. No effect when needed. First appearance of mania occurs, not good mania. Anxiety and fear disappears. No more fear, no more fear of failure. Fear of failure drove determination to improve, better and succeed in life. No fear of consequences. Primary drove reversion to hatred of mankind. Intense aversion of people, cause unknown. Began long ago, suppressed by greater fear of others. No more fear, hatred unchecked. Start small. Buy stun gun and folding knife. Research firearms laws and mental illness. Buy handguns. Committed-Shotgun, AR-15, and handgun. Wildcard: explosives. Simplest and least suspicious: gasoline and oil. Acquire remote detonation system and body armor, practicing shooting at Byers Canyon rifle range. Can't tell the mind rapist's [the psychiatrist] plan. If plan is disclosed both "normal" life and ideal enactment on hatred failed. [if I told them then I would be locked up and could not carry out the mission—a mission(the shooting) I had to complete in order to not suicide].

Page 54

Prevent building false sense of rapport. [A one way relationship-- the patient is being evaluated]. Speak truthfully and deflected incriminating questions. Oddly, they don't pursue or delve further into harmful omissions. Attempt to see if can pass exams as myself and not by fear. Fail. I was fear incarnate. Love gone, motivation directed to hate and obsessions, which didn't disappear for whatever reason with the drugs. No consequence, no fear, alone, isolated, no work for distractions, no reason to seek self-actualization. Embrace the hatred, a dark k/night rises.

[A flame in a window represented destruction being released and the ultraception symbol was present.]

Metzner comment: The above was written about one week before the shooting. The above was indicative of Mr. Holmes not being very cooperative in answering questions posed by Doctors Fenton and Feinstein. Mr. Holmes stated that he chose the movie "Dark Knight rises" because he knew it was going to be a popular movie and that he had little knowledge regarding the contents of the movie although he had seen trailers. He knew the movie theater would be full.

Mr. Holmes dyed his hair red sometime after termination of therapy. Indicated that he does not know why he dyed his hair red although he stated it had nothing to do with the "Joker" or [a friend] having previously dyed his hair red. [Mr. X] was a friend of his and a fellow student. When asked to speculate why he did dye his hair, Mr. Holmes stated "to differentiate myself from who I normally was... because I was not my normal self... "

Page 55

Faith

what kind of God commands his people not to murder it cowers behind free will?

Reason

The reason why life should exist is as arbitrary as a reason why it should. Life shouldn't exist.

Metzner comment: Mr. Holmes stated that he was trying to convey that "faith and reason doesn't work."

The burnt currency was included for the following reasons: "I wouldn't be needing money anymore... It was kind of related to the insurance problem... the reason I did not continue on there is because I would not have insurance... I was looking ahead at the end of the summer when the insurance would no longer be there.

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 62 of 69

Appendix IV

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL EVALUATION

Patient Name: James Eagan Holmes
Dates of Testing: 08/12/2013 – 08/15/2013
Date of Report: 08/26/2013

HIMS No.: 100936

Identifying Information and Reason for Referral:

James Eagan Holmes is a 25 year old right-handed White male who was remanded to CMHIP for a sanity examination pertaining to multiple felony charges of Murder 1 and Attempted Murder 1 in Arapahoe County. He was referred for evaluation by Jeffrey Metzner, M.D., the psychiatrist conducting the sanity examination, to clarify Mr. Holmes' psychological and neuropsychological status.

Sources of Information:

Mr. Holmes was seen by both of us for approximately 30 minutes on 08/12/2013, during which time his personal history was reviewed. A number of psychological tests were administered between 08/12/2013 and 08/15/2013:

On 08/12/2013, the following were administered by Dr. Gray over the course of approximately 3 hours and 20 minutes (2 hours and 20 minutes in the morning; 1 hour in the afternoon):

- Minnesota Multiphasic Personality Inventory – 2nd edition (MMPI-2)
- Personality Assessment Inventory (PAI)
- Rorschach Inkblot Test, [REDACTED]
and [REDACTED]

Neuropsychological testing was conducted by Dr. Manguso for 3 hours and 10 minutes on 8/13/2013 (2 hours and 20 minutes in the morning; 50 minutes in the afternoon):

- Digit Vigilance Test
- Story Memory Test (Learning and four-hour delay trials)
- Figure Memory Test (Learning and four-hour delay trials)
- Validity Indicator Profile (Verbal and Nonverbal subtests)
- Booklet Category Test
- Thurstone Word Fluency Test
- Trail Making Test
- Wisconsin Card Sorting Test
- Speech Sounds Perception Test
- Seashore Rhythm Test
- Boston Naming Test
- Grooved Pegboard Test
- Imperception Testing (Tactile, Auditory, Visual)

JAMES EAGAN HOLMES		
100936	B12/13/1987	F
08/04/2013	RC-ARAPAHOE	
EP002		
ARAPAHOE	SANITY EXAM	

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 1

-
- Boston Diagnostic Aphasia Examination [REDACTED]
 - Aphasia Screening Test (including spatial relations rating).

Dr. Manguso continued with Neuropsychological testing for approximately 1 hour and 15 minutes on 08/14/2013:

- Test of Memory Malingering
- b-Test
- Tactual Performance Test
- Finger Tapping Test
- Woodcock Johnson III Tests of Cognitive Abilities – Verbal Comprehension.

Finally, the Evaluation of Competency to Stand Trial – Revised was administered by both of us on 08/15/2013, and clarification was sought for some of his responses on the MMPI-2 and the PAI, during a session lasting approximately 1 hour and 20 minutes.

We consulted with Dr. Metzner; with Richard Pounds, M.D., the attending psychiatrist; and with ward staff and treatment team members familiar with Mr. Holmes. We reviewed the CMHIP Medical Record pertaining to his stay here. We also reviewed numerous additional documents, including:

- Records from Family Service Agency of the Monterey Peninsula, dated 01/19/1996 to 04/26/1996
- Limited records from PsyCare pertaining to therapy session in 2001 and 2002
- Records from Action Care Ambulance Inc., dated 11/13/2012 and 11/15/2012
- Mr. Holmes' Journal (also referred to as "The Notebook")
- Medical and mental health records from Arapahoe County Detention Facility, dated July 2012 through May 2013
- Medical records from Denver Health pertaining to events in November of 2012
- Medical and mental health records from University of Colorado Student Health Service, dated March through June 2012
- Transcript of Preliminary Hearing, 01/07/2013 – 01/09/2013
- Neuropsychological Evaluation authored by Robert Hanlon, Ph.D., ABPP, dated 06/08/2013
- Neuropsychiatric Evaluation Report authored by Raquel E. Gur, M.D., Ph.D., dated 06/17/2013

Notification of Purpose:

At the beginning of our first meeting, on 08/12/2013, Mr. Holmes was informed by us:

- of the nature and purpose of the evaluation;
- of the absence of a therapeutic relationship;
- of the absence of confidentiality;
- that a written report would be submitted to Dr. Metzner and would become part of his medical record; and further that the report would likely be obtained by his attorney and the District Attorney prosecuting his case; and,
- that either or both of us might be called to testify, and that data we gathered could be considered at any point in the proceedings against him, including the penalty phase if he is found guilty.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 2

This information was repeated at the beginning of each subsequent meeting. He stated he understood what we had told him and on each occasion he agreed to continue with the evaluation.

Background:

Mr. Holmes' personal history is thoroughly reviewed in Dr. Metzner's report and in other sources, and only a brief review of available information is provided here. The interested reader is referred to other documents for a more thorough accounting of his past.

James Eagan Holmes was the older of two children born to an intact family in California. There is a notable history of mental illness in the family, including a severe obsessive-compulsive disorder in his paternal grandfather, an unspecified psychotic illness in his maternal grandmother, and schizophrenia in a fraternal aunt. He began to exhibit signs of social withdrawal as early as the sixth grade, a tendency that had become quite noticeable by his high school years. He was an excellent student, graduating in a timely fashion. Mr. Holmes went on to earn top grades in the Neuroscience program at the University of California at Riverside, where he graduated with a B.S. degree in 2010. Behavioral oddities were observed by persons around him during this time, as well. After staying at his parents' home for a year, he was accepted into the Neuroscience graduate program at the University of Colorado at Denver, where he was enrolled in the fall of 2011. His academic performance in graduate school was considerably below the level he had previously demonstrated.

His work history has been somewhat limited, and has included bagging groceries for one summer while in high school, serving as a camp counselor during one summer when he was an undergraduate student, being a research laboratory intern for two years during his undergraduate education, and a few months working night shift in a pharmaceutical manufacturing facility before moving to Colorado. He has never married, nor has he fathered any children. He reported having been involved in one romantic relationship, which occurred while he was in graduate school and ended not long before the events leading to his arrest.

Mr. Holmes was taken for family therapy related to oppositional behaviors when he was eight years old, which he said he does not recall. He was again taken for therapy when he was 14 due to his parents' concern regarding social isolation and parasuicidal behavior (scratching his wrist with a piece of cardboard). He was assigned a diagnosis of an adjustment disorder, and the family was involved in multiple therapy sessions in later 2001 and early 2002. In the spring of 2012 Mr. Holmes presented to the University of Colorado Department of Psychiatry due to mental health concerns. He was initially seen by a social worker, and was then referred to Lynne Fenton, M.D.; Dr. Fenton in turn brought in Robert Feinstein, M.D., and the two psychiatrists then met with Mr. Holmes together. He was prescribed the antidepressant sertraline and the anticonvulsant (with mood-stabilizing properties) clonazepam; the latter was subsequently discontinued and he was started on propranolol. It is unclear the extent to which he adhered to the prescribed medication regimen.

JAMES EAGAN HOLMES		
100936	B12/13/1987	F
08/04/2013	RC-ARAPAHOE	
EP002		
ARAPAHOE	SANITY EXAM	

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 3

In mid-November of 2012 Mr. Holmes began exhibiting very odd and potentially self-injurious behaviors while incarcerated. On 11/13/2012 he was transported from the ACDF to Denver Health after potentially self-injurious behaviors including running head-first into the wall of his cell. He was returned to ACDF after a CT scan of his brain on that date showed no indication of injury. Two days later he was transferred back to Denver Health due to escalation of odd and dangerous behaviors. He was diagnosed with both an unspecified psychotic disorder and a delirium, the latter related to him not eating or drinking properly likely due to paranoid thinking. A follow-up CT scan of the brain on 11/18/2012 was also reported to show no acute intracranial abnormality. While hospitalized he was prescribed antipsychotic and antidepressant medications, and these were continued after he was returned to ACDF. At the time of our evaluation, he was taking risperidone for psychotic symptoms, escitalopram for depression, and hydroxyzine on an as needed basis for anxiety. He was also prescribed doxycycline for acne and acetaminophen on an as needed basis for pain.

Regarding medical history, Mr. Holmes denied any unusual childhood health problems and indicated that, to the best of his knowledge, he achieved early developmental milestones normally. He denied any history of traumatic brain injury as well as other neurological conditions, including meningitis, encephalitis, seizures, stroke, or toxic chemical exposure. Per the report of Robert Hanlon, Ph.D., ABPP, Mr. Holmes sustained mild closed head injury without loss of consciousness at age 16 when he ran into a pole on a basketball court.

He has reported only very limited substance use involving alcohol and experimentation on a few occasions with marijuana. Although he asserted that he drank only on social occasions, he also indicated reasonably high tolerance for the drug, and also said that his alcohol consumption had caused some difficulty in his relationship with his ex-girlfriend.

In April 2013 he underwent neuropsychological evaluation by Dr. Hanlon, who administered IQ testing in the context of the neuropsychological evaluation. He reported that Mr. Holmes' Full Scale IQ was 123 (Superior Range; 94th percentile), with Superior nonverbal intelligence and High Average verbal intelligence. Dr. Hanlon reported that additional test results revealed "significant variability among neurocognitive functions, however despite such variability his neurocognitive functions are generally within normal limits and intellectual functions are notably advanced."

Mental Status:

James Holmes is a well-nourished right-handed White male of average stature who would likely appear younger than his documented age of 25 years were it not for a moustache and full beard. He was attired for all sessions in a dark-green institutional-issue jumpsuit with a white t-shirt beneath the top. Hygiene was good, and grooming adequate. In addition to his facial hair, his appearance was otherwise distinctive for his rather unruly curly hair. He wore contact lenses during all meetings. Gait, posture, and other psychomotor activity were within normal limits. He used his right hand for all drawing and writing tasks. His verbal output was largely limited to brief answers when questions were posed directly to him, and he offered little in the way of spontaneous statements. Speech was normal for pace, tone, and

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 4

volume. He was fluent and articulate, and could be readily understood, with no behavioral indicia of expressive or receptive language deficits.

His interpersonal manner was initially distant and reserved, but as evaluation sessions progressed he became somewhat more interactive and responsive, including engaging in minimal social pleasantries and smiling at appropriate times on several occasions. He was polite and cooperative, willingly responding, albeit briefly, to all questions asked of him and attempting all testing tasks without complaint. His manner was forthright and matter of fact. At no time did he demonstrate any propensity to exaggerate or embellish his symptoms or problems.

He described his mood as "slightly depressed." He stated that since being incarcerated he has gained 30 pounds and would sleep all day if allowed to do so. He reported that since his arrest, up to and including the present time, he has had recurring thoughts of suicide by "strangulation with sheets." He stated that because he has been closely supervised at the jail and in the hospital, he has not attempted to act on these ideas. He denied symptoms consistent with mania and stated that since beginning graduate school, his mood has generally been "stuck in a low rut."

In terms of perceptual disturbances consistent with hallucinations, he initially reported that he does not hear voices of unseen others and has never experienced this symptom. During testing, however, he endorsed an item referring to auditory hallucinations, and when questioned further, acknowledged that he had heard imaginary voices while hospitalized at Denver Health. Jail records suggest he was likely experiencing auditory hallucinations for at least a few days prior to his transfer to Denver Health in November 2012. He stated that just before his psychiatric hospitalization at Denver Health, he saw "shadows moving around" but he has not had this experience since that time. He denied past and present experiences of smelling or tasting anything unusual or bizarre, as well as feeling anything unusual on his skin or body.

Regarding thought content consistent with delusions, he reported that before beginning treatment with risperidone, he believed that the television was broadcasting special messages meant only for him (although he does not now recall the content) and that his thoughts were being broadcast outside his head so that others could read his mind. He stated that since beginning risperidone, he no longer believes these things to be true. He denied believing, both now as well as prior to his treatment with risperidone, that he had special powers, that any entity was trying to plant ideas in his mind against his will, that he was being persecuted, or that he had a special mission in life that others did not understand.

He was alert and oriented, correctly stating the day of the week, month, and year. He was off by one on the date of the month but self-corrected easily with a minimal cue. He knew the name of this facility as well as the city in which we were located. His thought process was coherent and logical. His long-term memory for personal history information appeared intact, based on comparison with information in available records. Additional aspects of his cognition are discussed below.

JAMES EAGAN HOLMES		
100936	B12/13/1987	F
08/04/2013	RC-ARAPAHOE	
EP002		
ARAPAHOE	SANITY EXAM	

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 5

Psychological Test Results:

Multiple tests were administered over the course of the four days we met with Mr. Holmes. Results of many are reported [REDACTED], which are [REDACTED]. Rorschach data are [REDACTED], which are [REDACTED].

Neuropsychological Testing:**Validity Testing**

On the Test of Memory Malingering (TOMM) Mr. Holmes [REDACTED], with no indication of any attempt to feign memory impairment for new information. On the [REDACTED], he [REDACTED] on [REDACTED]. His pattern of performance on both subtests indicated that he intended to respond correctly, and he made a concerted and consistent effort to do so throughout the entire test administration. Results of the b Test showed [REDACTED]. Taken together, [REDACTED], in combination with behavior observations as described above, indicate that Mr. Holmes cooperated well with the evaluation, and the following test results are considered reliable and valid representations of his current neuropsychological status.

Normative Reference Base

Neuropsychological tests comprising an expanded Halstead Reitan Neuropsychological test battery were administered and compared to a normative group corrected for specific demographic factors, such as age, gender, ethnicity, and educational level. The Woodcock Johnson III Tests of Cognitive Abilities - Verbal Comprehension provided age and grade equivalent scores based on a general population-based normative sample.

Attention and Processing Speed

He performed [REDACTED] and [REDACTED], reflecting speed and accuracy of visual search and scanning; [REDACTED], reflecting auditory attention and discrimination; and [REDACTED], reflecting psychomotor speed on a simple, numeric visual sequencing test. The only measure with performance in the below average range was [REDACTED], assessing nonverbal auditory attention.

Language

On measures of language functions, scores showed some variability. Auditory comprehension on the [REDACTED]. His [REDACTED]. However, review of the pattern of responses on this measure [REDACTED] that, in the context of his other test performances appear to be reflective of attentional variability and/or testing fatigue. On the Woodcock Johnson III Tests of Cognitive Ability Verbal Comprehension, [REDACTED].

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 6

_____ mildly lower than would be expected based on his age and education.

Spatial Skills

Mild variability was evident. _____
_____. Total time score on the _____.

Memory Testing

Verbal memory testing with the Story Memory Test showed below average to mildly impaired scores. _____ as was the _____ and the _____. In contrast, visual memory testing with _____ and _____. Memory testing for tactile material with _____.

Executive Functions

On the Trail Making Test Part B, _____. Written verbal fluency on _____ Performance on _____ and _____. It is noteworthy that he remembered this test from the April 2013 administration in April with Dr. Harlon. On the Booklet Category Test, _____.

Sensorimotor Testing

No lateralized pattern of deficits was present, although essentially mild bilateral motor impairment was evident on some, but not all, motor tasks. Fine finger dexterity and psychomotor speed were in the _____ and in the _____. In contrast, _____ and _____ Performance on _____.

Personality Testing:

Mr. Holmes' responses on the MMPI-2 and the PAI yielded valid and interpretable profiles. There was some inconsistency in his pattern of answers on the PAI (which he completed after having undergone a clinical interview and finishing the MMPI-2; _____; the distortion was not so severe as to preclude derivation of meaningful results. Although his scores on _____ on the MMPI-2 were _____, this was considered most likely related to him

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 7

responding honestly to questions regarding genuine symptoms, and there was no [REDACTED]

His MMPI-2 and PAI profiles both showed [REDACTED]

[REDACTED]. Persons with similar response patterns typically manifest depressive symptoms, although in this case he did not endorse common physical indicators of depression. Instead, he reported phenomena related to sadness and anxiety, with difficulty in concentration and feelings of hopelessness. Those who produce comparable profiles tend to avoid social engagement and close attachments, and often pose significant risk of suicidal thinking and behavior. Episodes of frank psychosis are also not uncommon [REDACTED]. There is often at least some tendency to somatization and to development of obsessive-compulsive behaviors. Although on interview he did not complain of exceptional physical illness, he [REDACTED]

The most salient finding from his Rorschach was problems in the areas of thinking and perception, particularly [REDACTED]. Indeed, the most striking aspect of his responses was a higher than expected frequency of [REDACTED], indicative of difficulty in accurately interpreting situations or events, including the actions of others. Keeping in mind that this man has been receiving antipsychotic and antidepressant medication for several months, this finding is even more significant given that the overall level of complexity of his responses [REDACTED] was generally below what would be expected from someone of his intellectual capacity. He produced more than one response that fell [REDACTED] but which nonetheless conveyed a general oddity of thought. Protocols in which perceptual abilities, and by extension, reality testing, are impaired, can well be indicative of a level of personality pathology, likely including some level of narcissism, a finding that was also suggested by his MMPI-2 profile [REDACTED]. This combination of personality features has likely contributed to his generally avoidant style of interpersonal interaction.

Competency to Proceed:

The ECST-R was administered to supplement Dr. Metzner's evaluation of Mr. Holmes' competency to proceed. His scores on scales measuring his factual understanding of the courtroom proceedings, his rational understanding of the courtroom proceedings, his ability to consult with counsel, and his overall rational ability were all well within normal limits, with no evidence of psychopathological symptoms that impacted any of these areas. There was no indication of malingering, as measured [REDACTED].

Discussion:

James Eagan Holmes is a 25 year old right-handed White male who was remanded to CMHIP for evaluation of his sanity on multiple serious felony charges in Arapahoe County. He was referred for psychological and neuropsychological evaluation by Jeffrey Metzner, M.D., the psychiatrist who is completing the sanity examination.

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 8

Results of previous (April 2013) neuropsychological testing by Dr. Hanlon indicated that Mr. Holmes possessed "notably advanced" intellectual functioning and displayed variability among cognitive domains but generally normal neurocognitive functioning overall. Results of current neuropsychological testing were largely consistent with the April 2013 test findings. The current profile did yield evidence of subtle neuropsychological dysfunction relative to expected levels for Mr. Holmes, based on his demographic norm group. However, in reviewing these scores, two factors are critical to consider: First, relative to the average individual from the general population (i.e., not someone in Mr. Holmes' demographic group with advanced education), the large majority of his scores are within normal limits and are not reflective of any basic impairment in the ability to pay attention, reason, use language, remember, or problem-solve. Second, it is important to emphasize that Mr. Holmes was maintained on antipsychotic medication at the time of this evaluation, as well as at the time of Dr. Hanlon's evaluation in April of 2013. It is very possible, and perhaps quite likely, that his neuropsychological functioning would be differentially worse if he was experiencing active psychotic symptoms that were not controlled with medication.

Mr. Holmes' personality testing revealed significant psychological disturbance, which is particularly noteworthy given that he has been receiving psychiatric medications for several months. Most prominent in the test data were indications of a complex illness including marked depressive symptoms accompanied by a good deal of anxiety, a proneness to psychoticism and to obsessive-compulsive behaviors, and perhaps also somatization. This situation was further complicated by notable perceptual distortions reflective of very poor reality testing abilities. The possibility of personality pathology involving narcissism was also present.

In reviewing some of his MMPI-2 responses with him, Mr. Holmes provided information that suggested a progressive development of psychiatric symptoms. He indicated that he has always had episodes during which he "zone[s] out sometimes." By the time he started high school he had become quite anxious and also suspicious of others and their motives. As an undergraduate student those same feelings of paranoia continued, and he also began experiencing somatic symptoms. While in graduate school his anxiety reportedly became increasingly problematic and he became increasingly depressed. He also acknowledged heightened paranoia during his time in graduate school. It is noteworthy that he generally tended to minimize his experiences involving more severe symptoms, particularly those indicative of psychosis.

Several possibilities emerge diagnostically. There is good evidence to indicate the presence of a depressive illness, and also psychotic symptoms. Inadequate data are available to determine whether this would best be categorized as independent conditions (e.g., schizophrenia together with major depression), or a mood disorder with psychotic features, or a schizoaffective illness. Regardless, the clinical picture is complicated further by considerable anxiety and by possible personality pathology. Although he reported experiencing some consequences as a result of his use of alcohol, there is insufficient information to warrant a substance use diagnosis.

It must be pointed out that Mr. Holmes has clearly and consistently reported ongoing suicidal thinking. There are no known instances of overtly suicidal behavior other than that which occurred in November 2012 while he was housed at ACDF. However, it is quite possible that thoughts of killing himself will

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

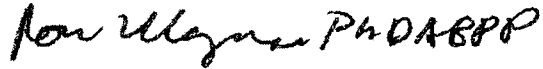
Unit F2
154 (09/93)
Page 9

increase as the stresses of the adjudicative process and potential lengthy incarceration accrue. It is strongly recommended that he be routinely monitored for such ideation, and that appropriate preventive steps be taken.

Thank you for the opportunity to participate in the evaluation of this interesting man. Please contact either of us if you have any questions, or if we can be of further assistance. Dr. Gray can be reached at (719) 546-████, and Dr. Manguso at (719) 546-████.



B. Thomas Gray, PhD, ABPP
Clinical Coordinator, Court Services Department
CMHIP
Board Certified in Forensic Psychology
American Board of Professional Psychology



Rose Manguso, Ph.D., ABPP
Forensic Evaluator, Court Services Department
CMHIP
Board Certified in Clinical Neuropsychology
Board Certified in Forensic Psychology
American Board of Professional Psychology

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
PSYCHOLOGICAL ASSESSMENT

Unit F2
154 (09/93)
Page 10

JAMES EAGAN HOLMES
Case Number: 12CR1522
SANITY EVALUATION
Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP
September 3, 2013
Page 63 of 69

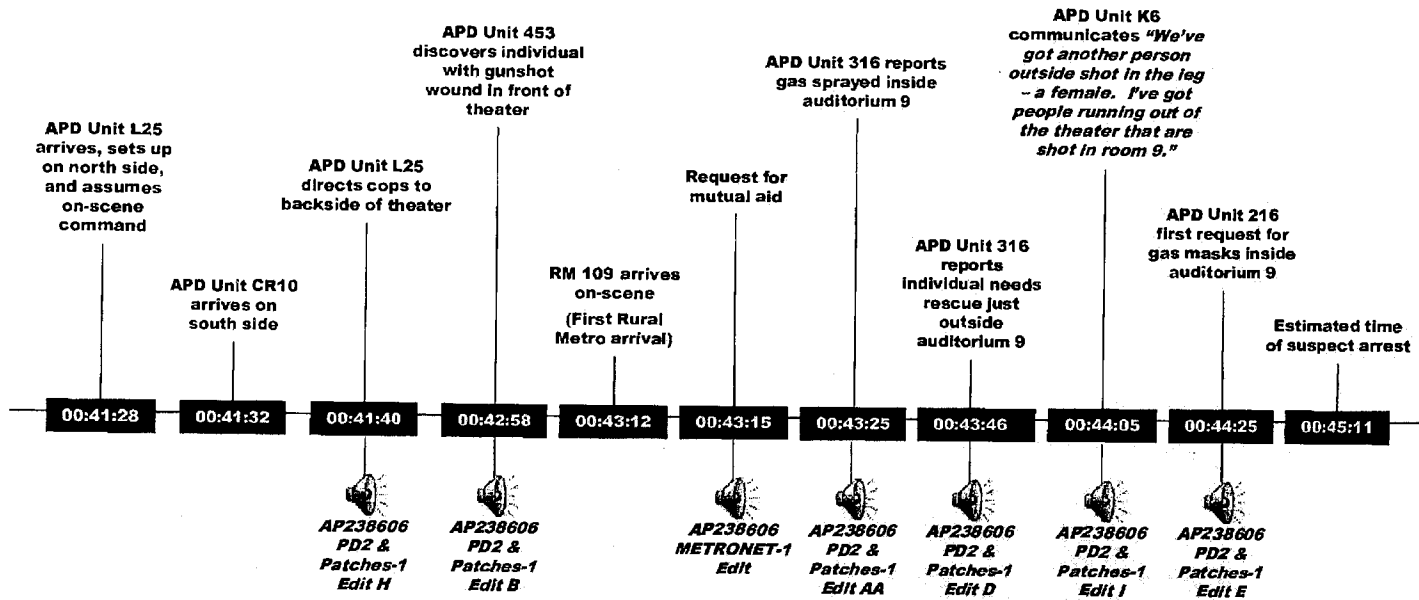
Attachment 1

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

Timeline of Significant Events



APD Units Noted On This Slide:

L25 - Jad Lanigan
 CR10 - Bryan Butler
 453 - Everett Williams
 316 - Roland Albert
 K6 - Michelle Hanley
 216 - John Gonzales

Note: 216 is the first known unit on-scene (time unknown). However, of the units noted on this timeline, CR11 was the only one that aired arrival on-scene. All other arrival times are based on data obtained from GPS functions.

Only the first five on-scene units (with known arrival times) are noted on this timeline

Color Key:
 APD dispatch, arrival, and transport entries highlighted in blue
 All other entries in white

**CONFIDENTIAL
 LAW ENFORCEMENT SENSITIVE**



JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 64 of 69

Attachment 2

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

Weapons Purchases

All weapons, magazines, and ammunition were legally purchased by Holmes



May 22

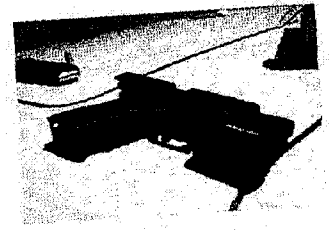
Purchases a Glock .40 caliber handgun from a local Gander Mountain

May 28

Purchases a Remington 12 gauge shotgun from a local Bass Pro Shop

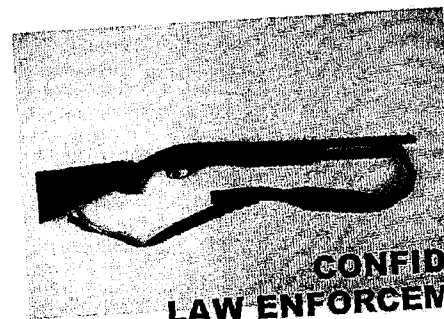
June 7

Purchases an AR-15 from a local Gander Mountain



July 12

Purchases another Glock .40 caliber handgun from a local Bass Pro Shop



**CONFIDENTIAL
LAW ENFORCEMENT SENSITIVE**



Ammo and Gear Purchases

Between 5/10 - 7/14
(Not all inclusive)

.40 caliber Rounds	.223 Rounds			
22-round magazines	15-round magazines	30-round magazines	40-round magazines	100-round drum magazine
10	15	4	10	1

.223 Rounds	12-gauge shot & 12-gauge slugs combined	.40 caliber Rounds
3,370	325	2,590

Other	
Misc model rocketry supplies	Electrodes
Petri dish	Glycerin
Potassium Permanganate	Ammonium Chloride
Magnesium ribbon	Cord
Mortar and Pestle	

Weapon Accessories
Laser Sight
Gas Mask
Hearing Protection

Body Armor
Ballistic Pants (2)
Ballistic arm, neck/torso, and groin protection
Helmet



**CONFIDENTIAL
LAW ENFORCEMENT SENSITIVE**

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 65 of 69

Attachment 3

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

**Holmes Acquisition of Firearms, Ammunition, Accessories and
Explosive or Incendiary Parts
Event/Witness/Exhibit Matrix**

Date	Event	Witness(s)	Evidence/Exhibits	ATF ROI
05/10/12	Purchase of two (2) 6oz Clear Out tear gas grenades from BTP Arms located in Waldorf, Maryland. M/C \$43.79	SA Thomas Daley Brian Platt – owner of BTP Arms (DBA KeepShooting.com via Internet)	Two (2) 6oz Clear Out tear gas grenades recovered at theater KeepShooting.com Invoice#100030498 Back Office System Order# 100032148 MasterCard Account # 5491237270192217 UPS Shipping Records?? Email account identified as dsherlock@hotmail.com	ATF Report of Investigation (ROI) #67
05/22/2012	Purchase of a Glock, Model 22, .40 caliber pistol, serial number SWS224 from Gander Mountain #420 located at 14000 East Jewel in Aurora, Colorado. M/C \$647.99	TFO Paul Barben Carla Rodriguez, Gander Mountain #420 Store Manager Shaun Brownlee, Gander Mountain #420 Sales Associate	ATF Form 4473 (Firearm Transaction Record#31588) signed by James Holmes Colorado Bureau of Investigation (CBI) InstaCheck Records Gander Mountain Firearm Transaction Form signed by James Holmes State of Colorado Drivers License # 11-291-0401 bearing the name and photograph of James Eagan Holmes MasterCard Account # 5491237270192217 Glock, Model 22, .40 caliber pistol, serial number SWS224 recovered at theater	ATF ROI #1, 4

05/28/12	<p>Purchase of Remington, Model 870 Tactical , 12 gauge shotgun, serial number RS77140F,</p> <p>Fifty (50) rounds of 12 gauge ammunition</p> <p>Fifty (50) rounds of .40 caliber ammunition from Bass Pro Shops in Denver, Colorado.</p> <p>M/C \$469.18</p>	<p>SA Mark Feltz</p> <p>Angela Pella, Bass Pro Shop Operations Manager</p> <p>Jerry Rodgers, Bass Pro Shop General Manager</p> <p>Duane Greening, Bass Pro Shop Sales Associate</p>	<p>ATF Form 4473 (Firearm Transaction Record#27686) signed by James Holmes</p> <p>Colorado Bureau of Investigation (CBI) InstaCheck Records</p> <p>Bass Pro Shops firearms transfer form signed by James Holmes</p> <p>Bass Pro Shops Receipt dated 05/28/12</p> <p>State of Colorado Drivers License # 11-291-0401 bearing the name and photograph of James Eagan Holmes</p> <p>MasterCard Account # 5491237270192217</p> <p>Remington, Model 870 Tactical , 12 gauge shotgun, serial number RS77140F recovered at theater</p> <p>12 gauge and .40 caliber ammunition recovered at theater and Paris street</p>	ATF ROI #3, 82
06/06/2012	<p>Purchase of two (2) silver handcuffs, two (2) road stars and one (1) military first aid dressing from Shomer-Tec in Bellingham, Washington.</p> <p>M/C \$80.94</p>	<p>SA Mark Stites</p> <p>Joel Jaffe – Owner of Shomer-Tec, Inc</p>	<p>Shomer-Tec Invoice# 71935</p> <p>Electronic Invoice# 00003416</p> <p>UPS Shipping Records and Proof of Delivery# 1Z973500346768753</p> <p>MasterCard Account # 5491237270192217</p> <p>Email account identified as dsherlock@hotmail.com</p> <p>Handcuffs, road stars and first aid dressing recovered at ???</p>	ATF ROI #78

06/07/2012	<p>Purchase of Smith & Wesson, Model M&P15, .223 caliber rifle, serial number SP43179,</p> <p>Standard firearm Pro Plan warranty for the Smith & Wesson M&P15 rifle,</p> <p>Three (3) Bushmaster AR-15/M-16 30 round magazines, one (1) black padded shotgun sling, one (1) neoprene rifle sling, one (1) safe shot economy single gun case and 100 rounds of .223 ammunition from</p> <p>Gander Mountain #421 located at 9923 Grant Street in Thornton, Colorado.</p> <p>MC - \$968.38</p>	<p>SA Shane Abraham</p> <p>TFO Paul Barben</p> <p>Jake Hendrickson - Firearms Manager, Gander Mountain #421</p> <p>Lee McGinley - Sales Associate, Gander Mountain #421</p> <p>Alan Tague - Vice President of Loss Control, Gander Mountain, Inc</p>	<p>ATF Form 4473 (Firearm Transaction Record#30292) signed by James Holmes</p> <p>Colorado Bureau of Investigation (CBI) InstaCheck Record</p> <p>State of Colorado Drivers License # 11-291-0401 bearing the name and photograph of James Eagan Holmes</p> <p>MasterCard Account # 5491237270192217</p> <p>Security Video footage depicting James HOLMES conducting transaction</p> <p>Smith & Wesson, Model M&P15, .223 caliber rifle, serial number SP43179</p>	ATF ROI's #4 and #6
06/13/2012	<p>Purchase of one (1) 100 round AR-15 magazine, 500 rounds of .40 caliber ammunition, 250 rounds of 12 gauge ammunition, 820 rounds of .223 caliber ammunition, one (1) set of hearing protection, ten (10) AR-15 40 round magazines, one (1) beam shot laser sight, from Sportsman's Guide in St. Paul, Minnesota.</p> <p>Total Purchase: \$1,160.79 MC</p>	<p>SA Kylie Williamson</p> <p>Jay C. Berlin - Chief Executive Officer, Sportsman's Guide</p> <p>Joseph J. Skwira - Chief Financial Officer and Vice President of Finance, Sportsman's Guide</p>	<p>Sportsman's Guide Internet Order Detail #90534446 placed by James Holmes in 06/13/12</p> <p>Sportsman's Guide Oracle Order Detail identifying James Holmes, DOB: 12/12/1987 as purchaser</p> <p>UPS Shipping records</p> <p>MasterCard Account # 5491237270192217</p> <p>Email account identified as dsheerlock@hotmail.com</p> <p>100 round AR-15 magazine recovered at theater</p> <p>12 gauge, .223 and .40 caliber ammunition recovered at theater and Paris Street</p>	ATF ROI #2

			Laser sight recovered at theater	
			Hearing protection ???	
06/17/2012	Purchase of 225 various tactical paper targets, 2,000 target pasters, one (1) target paster applicator, one (1) target stand, and two (2) target stand replacement arms from Law Enforcement Targets Inc. in Blain, Minnesota. M/C \$292.70	SA Leviticus Desrosier Brad Ross – Division Manager, Law Enforcement Targets, Inc	Law Enforcement Targets Invoice# 0194936-IN Law Enforcement Targets Confirmation email dated 06/17/2012 UPS Shipping Records # 1Z5534E00350584619 1Z5534E00351082623 MasterCard Account # 5491237270192217 Email account identified as dsherlock@hotmail.com Targets recovered from Paris Street??	ATF ROI #77
06/19/2012	Purchase of one (1) CRL triple duty red laser sight, ten (10) 22 round .40 caliber Glock magazines and one (1) right handed Glock 17/22 holster from Brownell's Inc. in Montezuma, Iowa. M/C \$547.84	SA Leviticus Desrosier David Dean, Brownells, Inc Compliance Manager	MasterCard Account # 5491237270192217 Brownells Inc Invoice# 07658483.00 UPS Shipping Records and Proof of Delivery # 1Z5306750308649970 Email account identified as dsherlock@hotmail.com Laser Sight recovered at theater 40 caliber Glock magazines recovered at?? Fickle Holster recovered at??	ATF ROI #80
06/28/2012	Purchase of 2,050 rounds of .40 caliber ammunition, 2,250 rounds of .223 caliber ammunition and 25 rounds of 12 gauge ammunition from Bulk Ammo/Webgistix in Atlanta, Georgia.	SA Jonathon Gray David Chandler – Manager, Fulfillment Center dba Webgistix Ryam Eros – Customer Support Representative,	Webgistix Order Detail #4825004 FEDEX Shipping Records?? Email account identified as dsherlock@hotmail.com	ATF ROI #27

		Webgistix	12 gauge, .40 caliber and .223 caliber ammunition recovered	
06/28/2012	Purchase of United Shield MICH Level IIIA advanced combat helmet from Security Pro USA in Los Angeles California M/C \$336.99	SA Hercules Fandino SA Amy Ewing Al Evan -- Chief Executive Officer, Security Pro USA Eli Eichenblatt -- employee, Security Pro USA Nelson Miranda -- former employee, Security Pro USA	MasterCard Account # 5491237270192217 Security Pro USA Invoice# 2020-29754 Security Pro USA Receipt sent to James Holmes Email account identified as dsherlock@hotmail.com UPS Shipping Records #9405511201080979374 MICH Level IIIA combat helmet recovered at theater	ATF ROI #79
07/01/2012	Purchase of one (1) 12 gauge shotgun snap caps 2 pack, one (1) .223 caliber snap cap 2 pack, one (1) .40 caliber snap pack 5 pack and one (1) scope with AR mount from Gander Mountain #420 located at 14000 East Jewel in Aurora, Colorado. M/C \$233.23	SA Shane Abraham Andrew Barborak -- Gander Mountain Senior Loss Prevention Manager Gander Mountain Sales Associate FNU LNU	Gander Mountain Security Video footage depicting James HOLMES conducting transaction Rifle Scope recovered at theater Snap Caps recovered at??? Visa Credit Card ending in 8522 Gander Mountain Transaction Journal dated 07/01/2012	ATF ROI #66
07/02/2012	Purchase of ballistic pants/chaps level IIIA from Blue Defense manufactured and shipped by International Armor Corps in San Clemente California. M/C \$858.00	SA Jenna Maguire Justin Leveck -- Co-Owner, Blue Defense, LLC and International Armor Corporation Mohammed Tisalan- Chief Executive Officer, International Armor Corporation	Blue Defense, LLC Transaction Documents ID# 333 International Armor Corporation Invoice # 161871 PayPal Transaction ID# 93422140T56273819 FEDEX Ground Shipping Records Email account identified as dsherlock@hotmail.com	ATF ROI #61

			Ballistic pants recovered at theater	
07/02/2012	<p>Purchase of one (1) torso neck protection, one (1) bullet proof arm protection, one (1) flat Kevlar IIIA groin protector, and one (1) cup groin protector from Bullet Proof Body Armor HQ in Tempe, Arizona.</p> <p>M/C \$903.67</p>	<p>SA Greg Cowan</p> <p>Christopher Russell – Owner, Bullet Proof Body Armor HQ</p>	<p>Bullet Proof Body Armor HQ Invoice # 545</p> <p>PayPal Transaction ID# 7EB95693U3108662Y</p> <p>FEDEX Ground Shipping Record Tacking # 681610915070747 bearing the signature of James Holmes</p> <p>Email account identified as dsherlock@hotmail.com</p> <p>Ballistic protection recovered at theater</p>	ATF ROI #63
07/03/2012	<p>Purchase of explosive and incendiary parts to include five (5) Launch Kontrol E-Clip refill, one (1) Saturn Missile Tube, eleven (11) 6" plastic ball shells, one (1) premium time fuse ¼", six (6) 3" plastic ball shells (1/8 fuse hole), one (1) falling leaf fuse (blue pre-cut) and one (1) additional launch Kontrol receiver from Cannonfuse.com in Milltown, Montana.</p> <p>M/C \$183.97</p>	<p>SA William Ramsey</p> <p>Tony Evans - Owner, Cannonfuse.com</p>	<p>Cannonfuse.com Invoice # 76379</p> <p>Cannonfuse.com Merchant Email Receipt dated 07/03/12</p> <p>UPS Shipping Record – Tracking # 9434610200829422347181</p> <p>MasterCard Account # 5491237270192217</p> <p>Email account identified as dsherlock@hotmail.com</p>	ATF ROI #62
07/06/2012	<p>Purchase of one (1) Glock, Model 23, 40 caliber pistol, serial number TFP695,</p> <p>One (1) package of targets,</p> <p>200 rounds of .223 ammunition,</p> <p>Four (4) pounds of smokeless gunpowder,</p> <p>One (1) container of synthetic gun oil, one (1) bore cleaner, one (1) gun cleaning cloth and one (1) gun cleaning and sighting kit from</p> <p>Bass Pro in Denver,</p>	<p>SA Mark Feltz</p> <p>Brian Pennington – Bass Pro Shops Sales Associate</p> <p>Dennis Renes– Bass Pro Shops Sales Associate</p>	<p>ATF Form 4473 (Firearm Transaction Record#28505) signed by James Holmes</p> <p>Colorado Bureau of Investigation (CBI) InstaCheck Records</p> <p>Bass Pro Shops firearms transfer form signed by James Holmes</p> <p>Bass Pro Shops Receipt dated 05/28/12</p> <p>State of Colorado Drivers License # 11-291-0401 bearing the name and photograph of James</p>	ATF ROI #3, 16, 65

18012CR01522

1002010

24/30012

	Colorado. Visa - \$1149.24		Eagan Holmes Bass Pro Shops Security Video footage depicting James HOLMES conducting transaction Visa Credit Card ending in 8522 Glock, Model 23, .40 caliber pistol, serial number TFP695 recovered at theater Four (4) pounds of smokeless gunpowder recovered at Paris Street .223 ammunition recovered at theater and Paris Street Bore cleaner, cleaning cloth and sighting kit recovered at ???	
07/14/2012	Purchase of five (5) aluminum flat electrodes, two (2) iron flat electrodes, five (5) brass flat electrodes, ten (10) zinc flat electrodes, one (1) 100mm glass petri dish with lid, one (1) 16 oz container of glycerin, one (1) 500g container of potassium permanganate, one (1) 500g container of ammonium chloride, two (2) 12.5g magnesium ribbons, three (3) 1/2v to 3v motors with leads, one (1) black cord with alligator clips and one (1) 130mm porcelain mortar and pestle from the Science Company in Denver, Colorado. M/C \$175.69	SA Benjamin Byrd Steven W. Grebe - General Manager, The Science Company DB?? - salesperson, The Science Company	Science Company Invoice #071173 Science Company Receipt #071173 bearing credit card information MasterCard Account # 5491237270192217 Explosive/Incendiary parts recovered at Paris Street	ATF ROI #26

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 66 of 69

Attachment 4

JAMES EAGAN HOLMES
100936 B12/13/1987 F
08/04/2013 RC-ARAPAHOE
EP002
ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

Testimony by Special Agent Garrett Gumbinner included the following:

[Mr. Holmes] said that he had rigged his apartment to explode or catch fire in order to send resources to his apartment instead of the theater. And by "resources," I mean law enforcement. He told us that most of the devices were located in his living room area. And he said that prior to leaving for the theater, he put his computer on a 25-minute delay. His computer was going to play silence for 25 minutes, and then loud music was going to start playing on his computer. He told us that he was hoping that that would cause a disturbance and that someone would call the police and that police would respond to his apartment....

He said that he had made improvised napalm, that he placed in the bottom of the jars numerous rounds of .40-caliber and .223 ammunition. Smokeless powder was put in the jar, and then you could see on top of the jar, the half shells sitting on top. The defendant stated that he had made improvised thermite and put the thermite on top of the jars and then connected all three jars with a quick fuse....

He stated that he purchased numerous Styrofoam cups. He mixed it with gasoline and made napalm by mixing the Styrofoam with the gasoline....

The defendant stated that the pyrotechnic firing box -- most of the devices in his living room were connected to the pyrotechnic firing box in the kitchen. There was a remote control system that he armed prior to leaving his apartment. He placed it above his refrigerator, armed the system, and then left his apartment. The defendant stated that he placed the remote control to the pyrotechnic firing box outside his apartment. The pyrotechnic firing box being a remote-control system can be initiated using the remote control, which means that the devices inside his apartment would be initiated. The defendant stated that after he armed the box, he placed outside of his apartment by the Dumpster a white trash bag.

Inside the trash bag, the defendant stated he had placed a boom box. In this boom box, the defendant made a CD with 40 minutes of silence; and then after the 40 minutes, it started playing music. On top of this white trash bag, the defendant placed a remote control car, just a toy. He then placed the remote control to the pyrotechnic firing box next to the remote control car.

He stated that he was hoping the music would cause a bystander to come by, try to play with the remote control car with the remote control to the pyrotechnic firing box, thus hitting the button to the pyrotechnic firing box would cause the apartment to explode or catch fire....

He stated that he'd spread the white ammonium at the front of the door to scare us. And also, that produces a lot of smoke if there's a fire.

He stated that he tried to procure ammonium nitrate, which, again, is an oxidizer used in explosives. He went to five or six different stores in order to purchase cold packs. The cold packs I refer to are the kind that if you sprain your ankle, you break -- what's in the cold pack is a water bladder. When you break that, that water mixes with the ammonium nitrate and provides a cooling sensation. What the defendant stated is that he went to purchase those cold packs in order to get access to the ammonium nitrate, but all the cold

packs that he purchased were not ammonium-nitrate-based; so they could not be used in an explosive.

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 67 of 69

Attachment 5

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

12:51 AM me: hey
you rickrolling the world?
12:52 AM dsherlockb@gmail.com: did you click it :)
me: nope:P
it says below the link what it is:)
12:53 AM dsherlockb@gmail.com: Still a good song heh
12:54 AM me: you should incorporate his world famous pants wearing style:P
12:55 AM dsherlockb@gmail.com: I am debating whether to sleep, skyrim or read.
me: skyrim!
:)
slay those damn dragons
12:57 AM dsherlockb@gmail.com: I would n all but it probably won't be very useful for the future
me: how much is reading or sleeping going to help?
12:58 AM dsherlockb@gmail.com: More than video games I suppose
me: its something fun that you like to do, go ahead do it, fuck the future for once
do what you feel like doing, its a sunday afternoon
12:59 AM dsherlockb@gmail.com: Well what I feel like doing is evil so can't do that
me: what do you feel like doing?
dsherlockb@gmail.com: Video games are the next best thing through escapism
1:00 AM me: what is so evil that you want to do?
1:01 AM dsherlockb@gmail.com: Kill people of course
That is why I live in the future
me: killing people is too much effort, you'll end up locked up
1:02 AM most people are not worth what might happen to you coz of the ac
t
1:03 AM dsherlockb@gmail.com: That's why you kill many people

me: even then, at least personally im selfish and have too much of an idea of self-importance

most people arent worth jack shit

even if you go postal, whats it worth? what do you gain?

1:04 AM dsherlockb@gmail.com: There's no way to do it and not get caught

But

The only way justice can be served is by taking away your time or life

me: why do you care so much about justice?

1:05 AM dsherlockb@gmail.com: If you wait to kill until the end of your life, than there is nothing to lose

1:06 AM me: but why would you want to kill

as in why would you decide this is the end, and kill

when you could live more, experience more things?

why would those people be worth ending your life?

dsherlockb@gmail.com: It's the end then though, no more experiences

me: why?

how do you decide that is the end?

1:07 AM and why are those people worth the attention?

dsherlockb@gmail.com: You're so old there's nothing else left

Do you believe human life has value?

1:08 AM me: i believe value is determined by each person

dsherlockb@gmail.com: What is more valuable than life?

me: if you are so old there's nothing left, you probably dont have the strength to kill a bunch of people

if you are young and want to die, why not go try a daring stunt and die having fun?

1:09 AM stories, experiences .. that's more valuable

remembrance is also somewhat valuable

dsherlockb@gmail.com: Experience and memories all vanish

poof

dead

1:10 AM me: depends

you document them

write them up

have strangers read them

they dont vanish

take darian's brother mark for example

1:11 AM dsherlockb@gmail.com: taking a life will prevent that person from having any of those experiences

me: he went and wrote up a book of stories of experiences different people have

now those experiences wont vanish

how would that help you though?

what would taking a life give you?

dsherlockb@gmail.com: The experiences are gone, just symbols of the experiences remain

1:12 AM me: they can be relived by other people

that's why books exist

dsherlockb@gmail.com: Human capital

Some people may make 1 million dollars

others 100,000

But life is priceless

1:13 AM you take away life and your human capital is limitless

me: life is priceless because you think so

to some people it is not

people put money on a life

it depends on the perspective

what would you do with the human capital?

dsherlockb@gmail.com: Have a more meaningful life

1:14 AM me: how does that work?

1:15 AM how would you have a more meaningful life by killing people

?

1:16 AM dsherlockb@gmail.com: Because if there is a meaning to life, and you take that away from other people you have prevented their purpose

1:17 AM me: someone else will fulfill the purpose then

it doesnt help you

it may satisfy you

but it doesnt help you fulfill your purpose

1:18 AM dsherlockb@gmail.com: It still makes my life more meaningful

me: If you want to kill people, why dont you kill me and ben and other people who are around you and have wronged you?

I dont see how that happens?

dsherlockb@gmail.com: Increase my human capital by taking theirs

me: i dont understand the concept of human capital

1:19 AM I dont see how it is useful

dsherlockb@gmail.com: The value of a human being

The importance of your life

me: its not being incorporated into you

its not as if by killing someone you are making yourself stronger

you are just taking away a life

that seems to be like destruction

1:20 AM anyway, you did not answer my previous question

dsherlockb@gmail.com: which one

1:21 AM I don't believe there's absolute good or evil

me: If you want to kill people, why dont you kill me and ben and other people who are around you and have wronged you?

1:22 AM dsherlockb@gmail.com: Destruction may make it more negative which is just as suitable in terms of meaning

I told you why I can't do that

1:24 AM me: why?

1:26 AM dsherlockb@gmail.com: I would be caught and could not kill more people, I would also lose the rest of my life. Those experiences you speak of would be gone. That is why I won't kill until my life is nearly over.

1:28 AM Your meaning of life as being a journey doesn't address the meaning of death.

1:29 AM me: i dont know the meaning of death

dsherlockb@gmail.com: If life was meant to be lived and experienced than why should it end

me: since I have not experienced it yet

thus i dont worry about it

because everything comes to an end

1:30 AM dsherlockb@gmail.com: A circle

1:33 AM Saying the meaning of life is to live is a tautology I recognized long ago. It is a reason to live but not a purpose.

1:34 AM me: a purpose is something you find

its personal

to me it is experlencing things

dsherlockb@gmail.com: Life came into being and ever since has been a cancer upon death.

me: its ok to have different vIEWS of life and have a different purpose

that is your vlew, not mine

1:36 AM i dont understand the purpose of your vlew

but that could just be because i dont think the way you do

1:37 AM dsherlockb@gmail.com: Life and death are connected

If you don't take into account the meaning of both then you won't be able to understand

7 minutes

1:44 AM me: sure

btu you and i dont know what happens after death

1:45 AM so why not experience it when it comes

why worry about it now

1:48 AM dsherlockb@gmail.com: Were we not dead before we were alive?

me: we didnt exist

1:49 AM i dont believe in rebirth etc

dsherlockb@gmail.com: That is death

It is the same

We have already "experienced" it

1:50 AM me: we werent conscous then

we have no memory

so i dont consider it

i dont think pre-existence is death

1:51 AM dsherlockb@gmail.com: Why not

pre-post there is no difference

1:55 AM me: you dont know that

dsherlockb@gmail.com: I don't know anything

I believe in a probabilistic universe

Some outcomes are more likely than others

1:56 AM me: and how is pre and post existence probablistically the same?

dsherlockb@gmail.com: They both share one big thing in common, and that is the absence of life

1:59 AM I am not inherently evil Gergl, my outlook on destroying life is plan B. I also found a purpose for "good"

2:00 AM me: i know you are not inherently evil

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 68 of 69

Attachment 6

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

chat-5.txt

Pfft takes two to make it happen ;p

From: From: +18584497348
TimeStamp: 7/9/2012 4:26:20 AM(UTC+0)
Source Application:
Body:

Why the interest all of a sudden?

From: From: +19704439340
TimeStamp: 7/9/2012 4:26:40 AM(UTC+0)
Source Application:
Body:
Not as busy

From: From: +18584497348
TimeStamp: 7/9/2012 4:30:30 AM(UTC+0)
Source Application:
Body:
Have yuh ever met someone with dysphoric mania?

From: From: +19704439340
TimeStamp: 7/9/2012 4:50:08 AM(UTC+0)
Source Application:
Body:
No. What is that

From: From: +18584497348
TimeStamp: 7/9/2012 4:55:24 AM(UTC+0)
Source Application:
Body:
It's what I've got. Anyways Å it's in your best interest to avoid me, am bad news bears

From: From: +19704439340
TimeStamp: 7/9/2012 4:56:32 AM(UTC+0)
Source Application:
Body:
I just looked it up. Is it manageable? I've struggled with depression too (comes from other stuff) its hard to deal withÅ

From: From: +18584497348
TimeStamp: 7/9/2012 5:00:58 AM(UTC+0)
Source Application:
Body:
It was, floodgates open now.Å

From: From: +19704439340
TimeStamp: 7/9/2012 5:39:12 AM(UTC+0)
Source Application:
Body:
Are you ok? I'm not scared of that stuff I've been there believe me Not the exact same. But I can understandÅ

From: From: +18584497348
TimeStamp: 7/9/2012 5:48:13 AM(UTC+0)
Source Application:
Body:
Yep.

From: From: +19704439340
TimeStamp: 7/9/2012 5:54:08 AM(UTC+0)
Source Application:

Page 28

18012CR01522

17280181

22/30230

JAMES EAGAN HOLMES

Case Number: 12CR1522

SANITY EVALUATION

Jeffrey L. Metzner, M.D., Consulting Psychiatrist, CMHIP

September 3, 2013

Page 69 of 69

Attachment 7

JAMES EAGAN HOLMES

100936 B12/13/1987 F

08/04/2013 RC-ARAPAHOE

EP002

ARAPAHOE SANITY EXAM

Colorado Mental Health Institute at Pueblo
OBSERVATION REPORT

Unit F2
150 (10/93)

Report Header (Institutions Name)

Client Summary

Page 1

MRN: 127984X Ednum: 130601
Holmes, James
DOB: 12/13/1987
1690 Paris Street Apt 10 Aurora CO 80010

Appointment Date: 06/11/2012 3:58:21 PM
Note Date: 06/12/2012 4:39:02 PM
Print Date: 07/23/2012

Client: James Holmes DOB:12/13/1987 MRN:127984X
Address:1690 Paris Street Apt 10 Aurora CO 80010
Triage Progress Note Progress Note 06/11/2012 3:58:21 PM
Clinician: Fenton, Lynne MD
Attending: Fenton, Lynne MD

PATIENT IDENTIFICATION AND CHIEF COMPLAINT:

Patient Description: Mr. Holmes is a 24 y/o White male.

SUBJECTIVE:

First year Neurosciences grad student returns today for scheduled follow-up visit with Dr. Feinstein and myself. After I ask how his comp exam went, he reports he failed it. Test was last Thursday, he found out Saturday. As usual, he seems inappropriately nonchalant about this. Says he doesn't really like the program anyway and that he doesn't plan to retake the test. Thinks he'll quit the program and look for a job.

Knowing his history of anger and homicidal ideation (towards seemingly most of the human race) we proceed to assess his level of dangerousness. He actually seems not angry at the grad school, and perhaps a bit relieved to be leaving the program. Neither does he appear suicidal or even depressed. However, he continues to make hostile comments to both of us and seems more paranoid than on previous visits. For example, when asked if he is aware that some of his comments and demeanor may frighten or concern others, he says "well Fenton is clearly afraid of me . that's why she asked you here to protect her or something. And then that one time she locked the door and had a conspicuous package behind her chair." But he also maintains that other see him as "normal".

Regarding specific stressors that might increase his level of dangerousness: he stated he had no student loan debt and had in fact about \$10K of savings that would last for a while. He planned to stay in Colorado "because my lease goes until November. I signed a contract and I probably won't break that" and that he'd look for a job. Thought that his parents would help support him if need be. Said he had told one friend in the program that he had failed (because she asked him) and that he planned to tell his parents. He did not seem too concerned about their reaction. "I told them a while ago I might not stay in the program. They will support whatever my decision is."

We restated that we were very concerned about James and thought that he would benefit from a medication like risperidone and continued psychotherapy. He said his insurance was going to end and we said that would not be a barrier. He saw no point in getting treatment if he wasn't going to continue with the grad program. He did pause to consider Dr. Feinstein's question about "what about getting help for your life" but restated he wasn't interested.

After about 20mins, James said he had to leave to go talk to his grad school advisor and got up and left without thanks, goodbye or other parting remarks, as per his usual demeanor.

Significant worries remained about the dangerousness of this student, particularly the potential for violence against others given:

1. His long-standing fantasies of killing as many people as possible.
2. His vagueness in discussing any details regarding methods, targets, timing.
3. His refusal to give us permission to contact any one who could give collateral info or speak on his behalf.
4. The unclear timeline of his mental health status and past history. Has he always been this odd and angry or is this new, suggesting a psychotic break, substance-related psychosis, or medical illness.

Report Header (Institutions Name)

Client Summary

Page 2

MRN: 127984X Ednum: 130501
Holmes, James
DOB: 12/13/1987
1690 Paris Street Apt 10 Aurora CO 80010
Appointment Date: 06/11/2012 3:58:21 PM
Note Date: 06/12/2012 4:39:02 PM
Print Date: 07/23/2012

Given these concerns, I activated the BETA (threat assessment) team to investigate further and help formulate a plan.

I spoke with the director of the Neurosciences program and also with James' advisor. Neither had heard of him making any threatening remarks. However, they both noted his extremely awkward social interactions and odd comments he would make in lab presentations. In retrospect, he had been like that even at his interview for the program, but that faculty thought he was just very anxious. The labs he rotated through were either not interested in having him join them or were very concerned about the possibility.

BETA team background check revealed no criminal record nor weapons permits. He had a valid drivers license at the address he provided. No military service.

I took the added step of contacting James' mother in San Diego, against James' wishes as I felt it was crucial to know more about his mental health history to determine whether this was a new illness or a longstanding one. She was appreciative of the call, seemed appropriately concerned and engaged, and added "I've worried about him every day of his life. I just don't know what to do to help him. This is like a lifetime of guilt in one phone conversation."

She reported James' "has always been like this" but that it became worse when he was 10 and they moved from a small town to the city of San Diego. They took him to a counselor who helped him adjust to the new school but didn't address any underlying psychological problems. She feels he has some sort of extreme social phobia and is "basically terrified." No other relatives are like James, though his father is "very introverted."

She notes that she is the recipient of most of James' anger, and wasn't sure why. When he didn't get into grad school the first year, he lived at home and "played video games all day." She got angry and told him he had to get a job or move out (he did get a job.) He was furious at her, but no physical violence. She says he says such mean things to her that she withdraws from him and "stops trying." He apparently gets along better with his father.

I gave her my contact info should she have any concerns or further questions. She thought she would talk to James' father and perhaps have him call to check on him.

At this point, it appears that James has schizoid personality disorder and is intermittently functioning at a psychotic level. His ability to mentalize about others' states of mind is very impaired and he may be on the autism spectrum. He may be shifting insidiously into a frank psychotic disorder such as schizophrenia, though does not have the more rapid worsening of function typical of most psychotic breaks. His fear/hatred of humans has markedly impaired him - though he seems very intelligent it appears he will drop out of the grad school program due to his impaired interactions.

Does not currently meet criteria for a mental health hold. He is not gravely disabled and has no evidence of suicidal ideation. Longstanding homicidal ideation but denies any specific targets and there is no current evidence that he is angry at the grad school (or anyone else) for his failure. He has made many hostile remarks to myself and Dr. Feinstein, but no threats. This is similar behavior to what his mother describes. No evidence of past violent acts. No evidence of substance abuse, though no drug testing has been done.

BETA team, patient's mother, director and advisor in NS grad program all notified of

Report Header (Institutions Name)

MRN: 127984X Ednum: 130601
Holmes, James
DOB: 12/13/1987
1690 Paris Street Apt 10 Aurora CO 80010

Client Summary
Page 3

Appointment Date: 06/11/2012 3:58:21 PM
Note Date: 06/12/2012 4:39:02 PM
Print Date: 07/23/2012

essential concerns and have my contact information (and campus police info) should anything come up. Student MH Service will be happy to assist James should he request treatment, even if his insurance has expired.

DIAGNOSIS AND SYMPTOMS:	Present	Last visit	Baseline
*Schizoid Personality Disorder 301.20			
R/O Asperger's Disorder 299.80			
R/O Schizophreniform Disorder 295.40			

PAST PSYCHIATRIC HISTORY:

Total Hospitalizations: 0,
RISK FACTORS:

History of OutPatient Treatment,
No history of Suicidality, Violence/Assault, Self-Mutilation,
Obsessive-Compulsive Disorder (-- 06/12/2012)

SOCIAL HISTORY:

Financial: Financial Problems: Financial
Development Academics: Academic Problems: Failing grades
Environment/Spiritual: Environmental Problems: Environment
Housing: Housing Problems: Housing
Occupational: Present Occupation: Graduate School
Occupational: Occupational Problems: Occupational
Primary Support/Family: Marital History: Parent is single
Social Relationships: Relational Problems: Relational

STRESSORS/STRENGTH:

		Present	Last visit	Baseline
Financial	Financial	Mild		Mild
Environment/Spiritual	Environment	Normal		Normal
Housing	Housing	Mild		Mild
Occupational	Occupational	Marked		Marked
Social Relationships	Relational	Mild		Mild
Development Academics	Failing grades			

STRENGTH:

Occupational: Graduate School.

FAMILY HISTORY:

Report Header (Institutions Name)

MRN: 127984X Ednum: 130501
Holmes, James
DOB: 12/13/1987
1690 Paris Street Apt 10 Aurora CO 80010

Client Summary
Page 3

Appointment Date: 06/11/2012 3:58:21 PM
Note Date: 06/12/2012 4:39:02 PM
Print Date: 07/23/2012

essential concerns and have my contact information (and campus police info) should anything come up. Student MH Service will be happy to assist James should he request treatment, even if his insurance has expired.

DIAGNOSIS AND SYMPTOMS:	Present	Last visit	Baseline
*Schizoid Personality Disorder 301.20			
R/O Asperger's Disorder 299.80			
R/O Schizophreniform Disorder 295.40			

PAST PSYCHIATRIC HISTORY:

Total Hospitalizations: 0,

RISK FACTORS:

History of OutPatient Treatment,
No history of Suicidality, Violence/Assault, Self-Mutilation,
Obsessive-Compulsive Disorder (-- 06/12/2012)

SOCIAL HISTORY:

Financial: Financial Problems: Financial
Development Academics: Academic Problems: Failing grades
Environment/Spiritual: Environmental Problems: Environment
Housing: Housing Problems: Housing
Occupational: Present Occupation: Graduate School
Occupational: Occupational Problems: Occupational
Primary Support/Family: Marital History: Parent is single
Social Relationships: Relational Problems: Relational

STRESSORS/STRENGTH:

	Present	Last visit	Baseline
Financial	Financial	Mild	Mild
Environment/Spiritual	Environment	Normal	Normal
Housing	Housing	Mild	Mild
Occupational	Occupational	Marked	Marked
Social Relationships	Relational	Mild	Mild
Development Academics	Failing grades		

STRENGTH:

Occupational: Graduate School.

FAMILY HISTORY: