

**NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES**

Dorothea Dix Hospital
Raleigh, North Carolina

DDH SPR FOR
1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409

FORENSIC PSYCHIATRIC EVALUATION

DATE OF ADMISSION: 10/04/10
DATE OF DISCHARGE: 10/11/10

IDENTIFYING DATA:

Mr. Pazuzu Algarad (né John Alexander Lawson) is a 31-year-old white male who was admitted for a forensic evaluation of his capacity to proceed on a charge of Accessory After the Fact to Involuntary Manslaughter. His attorney is Andrew Brown, P.O. Box 8, Jonesville, North Carolina 28642; (336) 835-4000. Copies of this evaluation are to be directed to the defense attorney, the office of the District Attorney, and the Clerk of Superior Court of Yadkin County. The charted copy of this report is not to be further released unless so directed by the Court.

DATA BASIC TO OPINIONS:

The opinions expressed in this report are based upon interviews with Mr. Algarad, observation of ward behavior, medical and laboratory studies, a review of the Order remanding Mr. Algarad for his current evaluation, a review of public information available on the North Carolina Department of Correction Public Access Information System, a review of SSI disability records, a review of mental health records from Daymark Recovery Services, a review of an arrest warrant for the alleged offense, a review of a Record for First Appearance, and the following telephone contacts: Yadkin County Jail, Mr. Algarad's mother, and his probation officer. Collateral information was collected by Deborah Stewart, Forensic Case Specialist.

ADMISSION MENTAL STATUS:

Mr. Algarad was advised of the lack of confidentiality at the outset of this evaluation, and he indicated understanding of this warning. On admission he appeared as a cooperative and behaviorally appropriate white male who appeared his stated age. His hair was long, uncombed, and braided into matted plaits, with pieces of metallic wire wound in it as part of the braids. Mr. Algarad had numerous tattoos on his face, trunk, arms, and hands. There was a scar in the shape of an inverted cross on his forehead, as well as faint scars on both cheeks, curving up from the corners of his mouth to the angles of his jaw. As well, Mr. Algarad had a healing burn injury on his right forearm, which he said represented a brand that was "part of my religion." The tips of his teeth showed intentional tapering, and he subsequently admitted that years ago he had attempted to file them to points. Mr. Algarad had generally poor hygiene, with a notable body odor, and he admitted that he bathed no more than once a year and had not brushed his teeth in years, because he felt such actions stripped from the body of its defenses in warding off infection and illness. Mr. Algarad described his mood as "nervous," while his affect appeared quite apprehensive and anxious. His speech was tremulous but otherwise of normal rate, tone, and volume. His hands shook, and he had difficulty remaining seated, frequently arising to pace the room. Psychomotor activity was otherwise within normal limits. No unusual verbal or physical mannerisms were noted. Mr. Algarad tended to persevere on insisting that he had done nothing wrong and that he did not know why he had been sent here; otherwise, his thinking was relatively linear and goal directed, with no evidence of looseness of associations or flight of ideas. He denied symptoms consistent with hallucinations and displayed no behavioral evidence to the contrary. Similarly, although he voiced unusual beliefs, it was not clear whether any of these rose to the level of constituting delusions. He was not sure of the name of this facility, but otherwise Mr. Algarad was alert and oriented to person, place, and time. His memory

**NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES**

Dorothea Dix Hospital
Raleigh, North Carolina

FORENSIC PSYCHIATRIC EVALUATION

DDH SPR FOR

**1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409**

appeared intact for recent and remote events, and his intellectual functioning was estimated to be in the average range. Both his insight and judgment were seen as poor.

PHYSICAL EXAMINATION:

Mr. Algarad denied any significant past medical history and was not taking any medications at the time of his admission. On an initial physical examination he appeared as a well-developed, thin white male who was tremulous but otherwise in no acute distress. His temperature was 99.8 degrees, pulse 86, respirations 19, and blood pressure 131/70. His height was 5'8", and his weight was 118 pounds, yielding a BMI of 17.9. The remainder of his physical exam, including a full neurological examination, was remarkable only for his being noted to have mild left upper quadrant tenderness, with no guarding or rebound.

ALLERGIES / SENSITIVITIES:

Mr. Algarad reported having no known food or drug allergies.

TUBERCULIN SKIN TEST STATUS:

A TST, placed on 10/06/10, was negative at 72 hours.

LABORATORY DATA:

Routine laboratory studies were ordered at the time of admission, including a Chemistry Profile, CBC, Urinalysis, Urine Drug Screen, RPR, TSH, and serum B₁₂ and Folate levels. Mr. Algarad's urinalysis was dilute (specific gravity < 1.005), and it showed evidence of ketones; otherwise, the urine studies were within normal limits. Of the hematologic studies, all the results obtained were within normal limits with the exceptions of his being noted to have low values for serum chloride (93), glucose (59), serum creatinine (0.67), and RBC (4.05), as well as elevated values for total cholesterol (247), serum phosphorus (4.9), AST (112), ALT (83), anion gap (22.5), MCV (103.3), MCH (35), absolute monocyte count (1.3), and TSH (7.160; free T₄ normal at 0.93). A subsequent hepatitis panel was negative for evidence of prior hepatitis B or C infections, while a GGT level was elevated at 395.

PAST HISTORY:

Unless otherwise indicated, the information obtained here was obtained from Mr. Algarad, whose reliability as a historian of general autobiographical detail is uncertain. He was born on 12/08/78 in California to unmarried parents. He has never met his father, and he has an older half-sister whom he has also never met. He otherwise has no siblings, and he was raised primarily by his mother and her relatives. Mr. Algarad stated that he grew up in a poor, small town environment, moving to North Carolina when he was in his teens. He denied having ever been abused or neglected as a child. He was unaware of any family history of mental illness. He did recall having an uncle who had problems with substance abuse and who had legal problems arising from his use of alcohol and drugs, but he was otherwise unaware of any family history of substance abuse or legal difficulties.

Mr. Algarad stated that he left school in the ninth grade because "that's when the phobia around people started." In general he was a poor student, typically making Fs, and he endorsed having been in Special

**NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES**

Dorothea Dix Hospital
Raleigh, North Carolina

DDH SPR FOR

1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409

FORENSIC PSYCHIATRIC EVALUATION

appeared intact for recent and remote events, and his intellectual functioning was estimated to be in the average range. Both his insight and judgment were seen as poor.

PHYSICAL EXAMINATION:

Mr. Algarad denied any significant past medical history and was not taking any medications at the time of his admission. On an initial physical examination he appeared as a well-developed, thin white male who was tremulous but otherwise in no acute distress. His temperature was 99.8 degrees, pulse 86, respirations 19, and blood pressure 131/70. His height was 5'8", and his weight was 118 pounds, yielding a BMI of 17.9. The remainder of his physical exam, including a full neurological examination, was remarkable only for his being noted to have mild left upper quadrant tenderness, with no guarding or rebound.

ALLERGIES / SENSITIVITIES:

Mr. Algarad reported having no known food or drug allergies.

TUBERCULIN SKIN TEST STATUS:

A TST, placed on 10/06/10, was negative at 72 hours.

LABORATORY DATA:

Routine laboratory studies were ordered at the time of admission, including a Chemistry Profile, CBC, Urinalysis, Urine Drug Screen, RPR, TSH, and serum B₁₂ and Folate levels. Mr. Algarad's urinalysis was dilute (specific gravity < 1.005), and it showed evidence of ketones; otherwise, the urine studies were within normal limits. Of the hematologic studies, all the results obtained were within normal limits with the exceptions of his being noted to have low values for serum chloride (93), glucose (59), serum creatinine (0.67), and RBC (4.05), as well as elevated values for total cholesterol (247), serum phosphorus (4.9), AST (112), ALT (83), anion gap (22.5), MCV (103.3), MCH (35), absolute monocyte count (1.3), and TSH (7.160; free T₄ normal at 0.93). A subsequent hepatitis panel was negative for evidence of prior hepatitis B or C infections, while a GGT level was elevated at 395.

PAST HISTORY:

Unless otherwise indicated, the information obtained here was obtained from Mr. Algarad, whose reliability as a historian of general autobiographical detail is uncertain. He was born on 12/08/78 in California to unmarried parents. He has never met his father, and he has an older half-sister whom he has also never met. He otherwise has no siblings, and he was raised primarily by his mother and her relatives. Mr. Algarad stated that he grew up in a poor, small town environment, moving to North Carolina when he was in his teens. He denied having ever been abused or neglected as a child. He was unaware of any family history of mental illness. He did recall having an uncle who had problems with substance abuse and who had legal problems arising from his use of alcohol and drugs, but he was otherwise unaware of any family history of substance abuse or legal difficulties.

Mr. Algarad stated that he left school in the ninth grade because "that's when the phobia around people started." In general he was a poor student, typically making Fs, and he endorsed having been in Special

NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES

Dorothea Dix Hospital
Raleigh, North Carolina

FORENSIC PSYCHIATRIC EVALUATION

DDH SPR FOR

1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409

Education classes because of learning problems. He had to repeat both the second and ninth grade, while he denied having ever been skipped over any grades at school. At times he got in trouble for skipping class, but he denied other sorts of behavioral problems, such as getting into frequent fights, being verbally disrespectful to teachers, or engaging in vandalism. He stated that he was suspended once, while he denied having ever been expelled from school.

Mr. Algarad reported that he was unemployed at the time of the alleged offense and has not worked in several years, receiving SSI disability because of problems being "nervous and paranoid when outside the house." In his earlier 20s he did briefly work in landscaping, but he did not report any other prior forms of employment. He stated that he was "spiritually married" to his girlfriend, who is 2½ months pregnant with their child. He denied any other children born either in or out of wedlock. At the time of his alleged offense he was living with his mother and girlfriend in his mother's house.

Mr. Algarad denied having ever served in the military.

Mr. Algarad reported that he practices a "Sumerian" religion, having been an adherent of it ever since he was 17. He later acknowledged that he and his wife are the only ones who practice this religion, but he said that he learned of its rites and beliefs while going through a five-year "shamanistic" journey. At the time of his admission he expressed great concern because every month he had to perform a specific ritual during the "black moon," which was supposed to occur in another day or so. He repeatedly requested being discharged from the hospital, so that he would be able to be home to perform the ritual at its appointed time, promising that he would return for the evaluation when the ritual was complete. (Information from Mr. Algarad's mother suggested that this ritual involved killing a small animal as part of a sacrifice.) Mr. Algarad did not voice any other significant spiritual concerns.

Mr. Algarad denied any history of problems with the law as a juvenile. He likewise explicitly denied having ever been arrested on juvenile charges, having ever been brought before juvenile court, or having ever been sent to training school or juvenile group homes. He said that he was arrested for the first time when he was 23, and was picked up for "driving drunk." He stated that he has had one other arrest, which resulted in a conviction for Assault on a Female, but he pointed out that he has never had any felony convictions. Prior to his current legal difficulties, his longest period of incarceration was less than a day.

Mr. Algarad reported a history of significant substance use. Although he strongly denied any history of using illegal or recreational drugs, he admitted to regular use of alcohol, starting at age 13. Typically he would consume a 12-pack of beer daily, which he said "just calms me down." He last used alcohol the day before his admission to the hospital. He admitted that at times he gets "the shakes" if he stops drinking for an extended period of time, but he denied any other history of problems related to his use of alcohol. After having been convicted of DUI, he attended NA for a short period of time, but he denied any other history of inpatient or outpatient substance abuse treatment.

Mr. Algarad provided contradictory information when asked about his history of mental health care. He initially stated that he first received mental health treatment when he was around 26 because "that's when the Agoraphobia started kicking in pretty strong." He later acknowledged, however, having been involved in Daymark Recovery Services a few years before, dropping out of treatment then after around a year because of "transportation issues." While in treatment at Daymark he was prescribed Zoloft, Seroquel, and one other medicine, but he said he did not like them because they "make me feel like a zombie." Still later in the

**NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES**

**Dorothea Dix Hospital
Raleigh, North Carolina**

DDH SPR FOR

**1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409**

FORENSIC PSYCHIATRIC EVALUATION

hospitalization he reported having been hospitalized for mental health care when he was around 13, having been sent there by his mother because of "getting into trouble." Mr. Algarad eventually denied any other history of prior psychiatric hospitalizations, any other periods of working with outpatient mental health services, or any other prescription for mental health medications. He said that he had been diagnosed in the past with "Agora phobia," saying that when he is outside of his house, "my anxiety gets so high I faint." He also said that he had "Schizophrenia" because "I get paranoid that someone's out to get me"; as well, he reported a diagnosis of "Manic Depression," associated with "occasional mood swings, but not over little things." Notwithstanding that, he denied any history of pervasive affective dysregulation or psychotic symptoms, and he also denied having ever been suicidal.

Review of the Order remanding Mr. Algarad for his current evaluation revealed that, "Defendant indicates his mother has been appointed guardian over his person. Defendant indicates diagnosed paranoid schizophrenia, agoraphobia, manic depression."

Review of a supplied arrest warrant revealed details of Mr. Algarad's alleged offense.

Review of public information available on the North Carolina Department of Correction Public Access Information System revealed that Mr. Algarad has had previous convictions. In 2008 he was convicted of Misdemeanor Larceny and sentenced to probation. In July 2010 he was convicted of Misdemeanor Assault on a Female, for which he again received probation. No other convictions are listed on the DOC web site.

Telephone contact with the Yadkin County Jail revealed that when Mr. Algarad was first received at that facility on 10/04/10, he already had an Order in place remanding him to Dorothea Dix Hospital for his current evaluation. Accordingly, he spent very little time at the jail. Staff indicated that he reported not knowing why he was being booked. He also told staff at the jail that he was not receiving any medications.

Telephone contact with Mr. Algarad's mother, Cynthia James, provided additional information. She noted that her son had been born John Alexander Lawson but had legally changed his name. She indicated that she is not actually his guardian but is rather the payee for his disability check, received because of his problems with phobias. She said that he was the product of a normal pregnancy and delivery, born to married parents. The family moved to North Carolina when he was around two years old, and Mr. Algarad's parents separated when he was around eight years old. His mother stated that her ex-husband had problems with alcohol and later drugs, was in and out of jail, and never paid support to them. She remarried when Mr. Algarad was around 12, but he and her new husband were unable to get along, and that marriage eventually ended. Mr. Algarad had no unusual childhood illnesses, but he was in LD classes in school because of problems with mathematics. He started developing problems with phobias when he was around 16, and he also began drinking in his early teens. His mother was unaware of his having any problems with drug use. He has been practicing the religion Tiamat for around 13 years, and his mother was concerned that if he was unable to make a sacrifice during the dark moon, he might try to kill himself. Ms. James confirmed that her son lives with her, as does his 20-year-old girlfriend. Although he has received mental health treatment in the past, he is not currently taking any medications. He is generally peaceful, although he occasionally has problems with his temper, being currently on probation for assaulting her.

Review of a supplied Record for First Appearance revealed that Mr. Algarad had his first appearance in court on 10/04/10 and was appointed an attorney at that time, the same day he was ordered to Dorothea Dix Hospital for his current evaluation and ultimately admitted to this facility.

**NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES**

**Dorothea Dix Hospital
Raleigh, North Carolina**

FORENSIC PSYCHIATRIC EVALUATION

DDH SPR FOR

**1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409**

Review of supplied SSI records confirmed that Mr. Algarad receives disability, having apparently applied for it in October 2009. His mother is named as the payee for his check. The nature of his disability is not detailed in the supplied records.

Telephone contact with Mr. Algarad's probation officer, Laura Clark, provided additional information. She indicated that he was on probation for a conviction of Assault on a Female, reportedly perpetrated against his mother after the two of them argued over his disability check. She described him as being very "spiritual" but noted that he was working to comply with the conditions of his probation and pay the requisite monies associated with it.

Records were also available from Daymark Recovery Services. Mr. Algarad presented there on 02/01/06, complaining of having problems feeling panicky when outside the home. He acknowledged then that he used alcohol to calm his nerves, admitting that he had had three beers prior to coming to the appointment. He said that he had dropped out of school when he was 17 because he started feeling uncomfortable in public and generally preferred to stay at home. Although he acknowledged drinking a six-pack of beer one to two times a week, and having been convicted of a DUI in 2003, he denied any drug use. His diagnoses at that time were seen as Agoraphobia with history of Panic Disorder and Alcohol Abuse. He was subsequently seen for at least two months in the psychiatry clinic, but unfortunately the legibility of the handwritten physician's notes is poor. They do show that his diagnoses were eventually seen as Agoraphobia, Social Phobia, OCD, history of Alcohol Abuse, and Cluster B Personality Traits. He was prescribed Paxil, Seroquel, and Lamictal, but apparently he showed poor compliance with taking the medications. Although consideration was given to the possibility of Bipolar Disorder, there is no indication that he ever showed symptoms of a pervasive affective dysregulation, nor are psychotic symptoms noted. It is not clear when Mr. Algarad subsequently dropped out of treatment, but the records indicate that on 10/03/08 he presented again, seeking help in applying for SSI because of his panic symptoms, as well as help in regaining his driver's license, lost a few years before after he had received a DUI. He shook "uncontrollably" throughout his intake appointment, and he stated that he experienced panic symptoms when he left his home, leading him to feel depressed all the time and to drink in order to cope. At that time Mr. Algarad acknowledged drinking 18 beers per day. It was noted that he "did not present with psychotic thoughts or bizarre ideas," and instead his unusual beliefs were viewed as reflecting his adherence to "a tribal religion." His diagnoses were viewed as Alcohol Dependence, Social Phobia, Panic Disorder with Agoraphobia, and rule out OCD, and it was felt that he would be appropriate for both outpatient therapy and a psychiatric evaluation. There is no indication as to whether he followed up with further services at that time.

HOSPITAL COURSE:

Mr. Algarad was admitted to the Forensic Service for evaluation. Although he denied having thoughts of self-harm, based on his mother's voiced concerns that he might attempt self-harm if not allowed to perform a sacrifice during "the dark moon," and based on his history of intentional self-injurious behavior, he was placed and maintained on 1:1 observational status throughout the hospitalization. At no point did he actually attempt to harm himself or others. Likewise, because it could not be determined at the time of admission whether his extreme tremulousness and restlessness reflected solely an anxiety disorder, or whether he was showing evidence of alcohol withdrawal, he was placed on an appropriate alcohol detoxification regimen without further withdrawal issues. Mr. Algarad showed a marginal acclimation to the ward routine, frequently pleading to be discharged, so that he could return home. As the hospitalization progressed, he showed a greater willingness to be outside his bedroom, and he was noted on a few occasions to be socializing appropriately with other

**NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES**

DDH SPR FOR

**1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409**

**Dorothea Dix Hospital
Raleigh, North Carolina**

FORENSIC PSYCHIATRIC EVALUATION

patient s on the ward. His anxiety was addressed with Ativan with some improvement, although he continued to present as anxious and uneasy. Although clearly dysphoric and unhappy over his situation, he did not show evidence of a pervasive affective disorder, nor were signs or symptoms of psychosis noted. Mr. Algarad's sleep, appetite, and energy level were within normal limits, and he was able to attend to his activities of daily living without staff assistance. Other than Ativan, no mental health medications were prescribed for him.

Mr. Algarad was also followed by Medical Services during this hospitalization. His alcohol detoxification regimen, using prenatal vitamins, thiamine, and Ativan, was medically monitored and proceeded without incident. He was initially prescribed Zocor for his apparent high cholesterol, but on subsequent review of the labs, it was felt that this elevated value reflected an increase in HDL cholesterol, which was itself probably affected by his alcoholic liver disease. Accordingly, the Zocor was stopped, and it was recommended that his cholesterol be monitored over time. Similarly, his elevated TSH was noted, and was felt to reflect a possible borderline hypothyroidism, with the recommendation that his thyroid panels should be regularly monitored. During the hospitalization Mr. Algarad was also prescribed a one-week course of Bactrim and Cephalexin because of a possible early infection associated with his healing burn wound on his forearm. No other significant medical problems or issues arose during the evaluation.

Mr. Algarad was cooperative with forensic interviews. He was aware of his charge, saying that he had been arrested because "they say I witnessed someone kill someone, and I didn't report it." He insisted, however, that he was innocent of this and was unwilling to consider what sort of punishment he might receive if found guilty. He could not recall his attorney's name, but he said he had met him and felt he could work with him. He furthermore reported feeling comfortable discussing with his attorney his recollection of the events associated with his alleged offense. In general he thought he would be treated fairly by the court, and at the same time he could not identify any factors that would hinder his ability to receive fair treatment in the court system. Beyond this appreciation of his legal situation, he showed a rudimentary but adequate understanding of the nature of the legal proceedings against him, as well as of the relevant courtroom personnel. He knew the pleas that were available to him, and he understood the significance of each of these. He further reported being aware of the standards for appropriate behavior in a courtroom setting, and he did not anticipate having any difficulty conforming with these standards.

PRINCIPLE / PRIMARY PSYCHIATRIC DIAGNOSIS:

Axis I Court-Ordered Evaluation – V70.1

ADDITIONAL DIAGNOSES:

- Axis I 1) Panic Disorder with Agoraphobia – 300.21
 2) Alcohol Dependence – 303.90
 3) Status post possible episode of Alcohol Withdrawal – 291.81
- Axis II Schizotypal Personality Disorder – 301.22
- Axis III 1) Alcoholic hepatitis
 2) Abnormal cholesterol
 3) Macrocytosis
 4) Possible subclinical hypothyroidism

**NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES**

Dorothea Dix Hospital
Raleigh, North Carolina

FORENSIC PSYCHIATRIC EVALUATION

DDH SPR FOR

1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409

ANALYSIS AND OPINIONS:

We agree with previous clinicians that Mr. Algarad has a significant anxiety problem. He describes classic symptoms of agoraphobia, indicating that whenever he is outside his house he feels markedly increased anxiety, leading at times to actual episodes of panic. As a result of this anxiety he has tremendously limited his activities, essentially making himself a prisoner in his own home. Given this clinical presentation, he is felt to meet criteria for a diagnosis of Panic Disorder with Agoraphobia.

Associated with his agoraphobia, Mr. Algarad also shows evidence of having a significant personality disorder. In its most simple terms, a personality disorder can be seen as a dysfunctional set of habits that a person may have for interacting with and dealing with the world around him. As such, personality disorders comprise coping mechanisms that often end up working against the person, but because these behaviors reflect well-ingrained practices, the affected person often finds it extremely difficult to abandon them or to adopt more appropriate ways of dealing with the life's stresses. For his part, Mr. Algarad shows characteristic features of having eccentric beliefs and odd behaviors, unusual perceptual experiences, paranoid ideation, and excessive social anxiety. As such, he is felt to meet criteria for a diagnosis of Schizotypal Personality Disorder.

Finally, apparently in an attempt to self-medicate his anxiety problems, Mr. Algarad has developed a significant drinking problem. He admitted to daily, heavy use of alcohol, and he has continued using this despite knowledge of alcohol's deleterious effects, and despite unsuccessful attempts at curtailing his usage. As such, he meets criteria for a diagnosis of Alcohol Dependence.

Regardless of how his diagnoses are viewed, it is our opinion that Mr. Algarad exceeds the threshold of being capable of proceeding to trial. During the course of this evaluation he demonstrated an adequate understanding of the nature and object of the proceedings against him, and he understands his position in reference to these proceedings. He presents as being extremely anxious and afraid, but this anxiety is not so great as to negate his ability to work with his attorney in a sufficiently rational and reasonable manner in the preparation of his defense. For these reasons, we feel that Mr. Algarad can be seen as being competent to stand trial.

DISCHARGE MEDICATIONS:

1. Thiamine, 100 mg p.o. daily
2. Prenatal vitamin, 1 tablet p.o. daily
3. Ativan, 2 mg p.o. q.6h. as needed for anxiety

RECOMMENDATIONS:

Mr. Algarad can be returned to the custody of the Sheriff of Yadkin County as being capable of proceeding to trial. He should be followed closely by mental health services at his receiving jail or other designated facility, and efforts should be made to transition him from benzodiazepines to medications approved for the treatment of chronic anxiety that do not pose the risk of abuse and dependence. Mr. Algarad will ultimately also benefit from further substance abuse evaluation and treatment, if he is willing to undertake this. In that regard, should he be found guilty in this matter, and should the Court view any form of supervised release as being appropriate, then it is recommended that adherence to and compliance with prescribed mental health and substance abuse treatment be made a mandatory part of his supervised release plan.

NORTH CAROLINA DIVISION OF
STATE OPERATED HEALTHCARE FACILITIES

Dorothea Dix Hospital
Raleigh, North Carolina

FORENSIC PSYCHIATRIC EVALUATION

DDH SPR FOR

1-10-37-05 ALGARAD, PAZUZU I.
OTH WMS IMH 10-04-10
12-08-78 YADKIN
CASE FILE: 10-CR-51409

Finally, we again note that Mr. Algarad was ordered to undergo this current evaluation on the day he was taken into custody. In most cases we have seen in which the defendant was sent for a forensic evaluation so soon after his arrest, the decision was based primarily on a concern that he might be in need of emergency mental health treatment, and such appears to have been the case with Mr. Algarad. As the Forensic Service at Dorothea Dix Hospital is set up to be an evaluative, and not treatment-oriented, unit, we would recommend that in future such cases a defendant's mental health needs may be better served by either (1) sending him to the Department of Correction for inpatient mental health treatment under a Safekeeping order (pursuant to N.C.G.S. §162-39), or (2) sending him under civil commitment with legal detainer to his appropriate State mental health facility (pursuant to N.C.G.S. §122C 261).



Charles Vance, M.D., Ph.D.
Forensic Psychiatrist
Forensic Psychiatry Service
(919) 733-1758

CV:ajc

DD: 11/04/10
DR: 11/05/10
DT: 11/05/10

cc: Defense Attorney
Clerk of Court
District Attorney