

1 Since the status report, Diane Bass and I have focused our attention on Mathis'
2 competency. As indicated in the last status report, Mathis has been evaluated by Veronica A.
3 Thomas, Ph.D. Dr Thomas's final report is now due on July 19, 2018. The government
4 selected Dr Matthew F. Carroll, M.D.. Dr Carroll has interviewed the defendant for three hours.
5 Dr. Carroll's final report is now due on August 9, 2018.

6 We have consulted with both the client and Dr Thomas and are awaiting the final reports
7 so as to prepare for the competency proceeding. Mathis has been interviewed and administered
8 standardized psychological and neuropsychological, memory, malingering and motivation and
9 he has been interviewed regarding competency factors for a total of 16 hours between February
10 and July 2018. There were two home visits. Based on these evaluations, Dr Thomas has
11 concluded Mathis is unable to assist counsel at trial due to his inability to provide reliable valid
12 information regarding his behavior and experiences between the time periods of 2012 – 2015.
13 He is unable to listen to the testimony of witnesses and evaluate that testimony for
14 inconsistencies and incorrect testimony. This is due to his insidious decline in memory and
15 learning as evidenced on the present assessment data and interview behavior. And while his
16 memory is unreliable, he also engages in confabulation, or the action of confidently asserting a
17 story or series of events having occurred that, in fact, did not occur. This is demonstrated in his
18 report of events both case related and not case related. In evaluation sessions lasting three hours,
19 Mathis was increasingly fatigued, irritable, and confused. In Dr Thomas' professional opinion
20 Mathis is not competent to rationally assist counsel at trial due to memory impairment and a
21 decline in cognition that appears to be progressive and ongoing. This condition is not likely to
22 improve, but to become more pronounced as it is more likely than not diagnosable as a mild
23 neurocognitive disorder due to possible Alzheimer's disease from family history and other
24 factors. This condition is not known to be reversible. Other related factors observed in Mathis
25 include irritability, poor impulse control, outbursts of unprovoked verbal aggression, tearfulness,
26 mental confusion, sleep difficulty and forgetfulness. All of these factors are experienced by
27 Mathis in his daily functioning and his case specific conduct including out of court discussion
28 with counsel regarding case issues specific issues.

