

AUG 07 2012

UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT

NEIL J. GILLESPIE,
ESTATE OF PENELOPE GILLESPIE,

Appellants/Plaintiffs,

vs.

CASE NO.: 12-11213-C ~~X~~

CASE NO.: 12-11028-B

THIRTEENTH JUDICIAL CIRCUIT,
FLORIDA, et al.

Respondents/Defendants.

CONSOLIDATED AMENDED MOTION FOR DISABILITY ACCOMMODATION
WAIVER OF CONFIDENTIALITY

MOTION FOR DECLARATORY JUDGMENT - APPOINT GUARDIAN AD LITEM

Appellant Neil J. Gillespie ("Gillespie") amends his request for disability accommodations and states:

1. This Court granted Gillespie leave to amend his request for disability accommodations by Order dated June 19, 2012. This amended request is made in the same consolidated format as submitted April 7, 2012.
2. The ADA does not apply to the federal judiciary, a fact not known to Gillespie until he was informed April 10, 2012 by the U.S. District Court, N.D. of California. Prior to that Gillespie was led to believe the ADA applied to the federal judiciary. (Exhibit 1).

Gillespie has Physical and Mental Impairments that Limit Life Activities

3. Gillespie is a fifty-six (56) year-old single man, law abiding, college educated, and a former business owner, who has physical and mental impairments that substantially

limit his life activities. Gillespie was determined totally disabled in 1994 by Social Security. Gillespie has a record of impairment since birth. Gillespie is also regarded by others as being impaired. The record shows Gillespie suffers from depression, post traumatic stress disorder (PTSD), diabetes type II adult onset, traumatic brain injury (TBI), velopharyngeal incompetence (VPI), craniofacial disorder, and impaired hearing. The Florida Division of Vocational Rehabilitation determined that Gillespie's disability was too severe for rehabilitation services to result in employment. Frances Cooke MacGregor, an expert on the psychosocial effects of craniofacial disorders, noted:

“... there are two other handicapping aspects associated with dento-facial deformity. In the first place, the area in and around the mouth is both emotionally charged and strongly connected with one's self-image. As an instrument of speech and eating, as well as a mirror of emotions, it also has unique social and psychological implications and symbolic meaning. Any abnormality in this area, therefore, is not only highly visible and obtrusive but - as research has shown - tends to evoke a type of aversion which is both esthetic and sexual.”

Frances Cooke Macgregor, M.A., *Social and Psychological Implications of Dento-Facial Disfigurement*, NIH (Exhibit 2).

4. Gillespie a disabled adult as defined by the following:
 - a. The Rehabilitation Act of 1973, 29 U.S.C. §§ 701 et. seq.
 - b. Section 825.101(4), Florida Statutes.
 - c. The Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12101 et seq.
 - d. ADA Amendments Act of 2008 (ADAAA).

5. As a disabled adult and litigant, Gillespie is entitled to protected under Florida Bar Rule 4-8.4(d), “A lawyer shall not engage in conduct in connection with the practice of law that is prejudicial to the administration of justice, including to knowingly, or through callous indifference, disparage, humiliate, or discriminate against litigants...on any basis, including, but not limited to... disability....”

Disability Obstruction or Barrier - Ryan Christopher Rodems

6. Opposing counsel Ryan Christopher Rodems (Bar ID: 947652) has directed, with malice aforethought, a course of harassing conduct toward Gillespie that has aggravated his disability, intentionally inflicted severe emotional distress* on Gillespie, and has served no legitimate purpose, in the state court lawsuit that gives rise to this appeal, Gillespie v. Barker, Rodems & Cook, PA, et al, 05-CA-7205, Hillsborough County, FL. The state court lawsuit was filed to 2005 to recover \$7,143 stolen by Barker, Rodems & Cook, P.A. and William J. Cook from Gillespie in the settlement of the Amscot lawsuit, while on appeal in the Eleventh Circuit, Eugene R. Clement, Gay Ann Blomefield, and Neil Gillespie v. AMSCOT Corporation, Case No. 01-14761-AA. During the settlement of Amscot, Mr. Cook, and Barker, Rodems & Cook, misrepresented to Gillespie that the Eleventh Circuit awarded \$50,000 in “court-awarded fees and costs”. There was no such award. The \$50,000 was actually part of the total settlement, subject to either an unsigned contingent fee agreement, or Florida Bar Rule 4-1.5(f) on contingent fees. [A.¶ 4-8].

*To state a cause of action for intentional infliction of severe emotional distress, a compliant must allege four elements: 1. deliberate or reckless infliction of mental suffering; 2. outrageous conduct; 3. the conduct caused the emotional distress; and; 4. the distress was severe; Liberty Mutual Insurance Co. v. Steadman, 968 So. 2d 592, 594-95 (Fla. 2d DCA 2007)

Affidavit, Notice, and Appendix In Support of this Motion

7. In support of this amended disability request, Gillespie submitted the following:

a. Affidavit of Neil J. Gillespie, on the *Conflict of Interest and ADA denial by Florida Judge Claudia R. Isom in case 05-CA-7205, Hillsborough Co., July 30, 2012*. This affidavit shows a three-month window of misconduct by the bench and the bar that was

later repeated for years. Citation to the *Affidavit* will be "A.[¶].[E]" referring to the Affidavit, paragraph number, and exhibit number.

b. *Consolidated Notice of Pro Se Electronic Case Filing Prohibition by District Court*, July 27, 2012, shows e-filing is a reasonable disability accommodation. Citation to the Notice will be "N.[¶].[E]" referring to the notice, paragraph number, and exhibit number.

c. An Appendix of Exhibits accompanies this motion, and is cited "Exhibit [#]".

The Right to Bodily and Mental Integrity and Security of Person

8. The right to bodily integrity and security of person includes mental integrity, that is, freedom from mental and psychological abuse. The right to safely pursue justice is a fundamental civil right that underscores a litigant's right not to be subjected to physical, sexual, mental or emotional violence inside or outside the court, either by private attorneys or by judges and people acting on the part of the state. Law already recognizes the tort of intentional infliction of severe emotional distress. Litigants in civil proceedings must be free from mental or emotional violence, or their Constitutionally protected rights, including due process, are rendered meaningless.

The Right to Mental Integrity as a Fourteenth Amendment Liberty Interest

9. Washington Et Al. v. Harper, 494 U.S. 210 (1990)
Supreme Court of United States, No. 88-599
Argued October 11, 1989 - Decided February 27, 1990

As relevant to Gillespie and this motion: (footnotes omitted)

The Court acknowledges that under the Fourteenth Amendment "respondent possesses a significant liberty interest in avoiding the unwanted administration of antipsychotic drugs," ante, at 221, but then virtually ignores the several dimensions of that liberty. They are both physical and intellectual. Every violation of a person's bodily integrity is an invasion of his or her liberty. The invasion is particularly intrusive if it creates a substantial risk of permanent injury

and premature death.[1] Moreover, any such action is degrading if it overrides a competent person's choice to reject a specific form of medical treatment.[2] And when the purpose or effect of forced drugging is to alter the will and the mind of the subject, it constitutes a deprivation of liberty in the most literal and fundamental sense.

"The makers of our Constitution undertook to secure conditions favorable to the pursuit of happiness. They recognized the significance of man's spiritual nature, of his feelings and of his intellect. They knew that only a part of the pain, pleasure and satisfactions of life are to be found in material things. They sought to protect Americans in their beliefs, their thoughts, their emotions and their sensations. They conferred, as against the Government, the right to be let alone — the most comprehensive of rights and the right most valued by civilized men." *Olmstead v. United States*, 277 U. S. 438, 478 (1928) (Brandeis, J., dissenting).

The liberty of citizens to resist the administration of mind altering drugs arises from our Nation's most basic values.

PLAINTIFF'S AMENDED ACCOMODATION REOUEST AMERICANS WITH DISABILITIES ACT (ADA)

Submitted March 5, 2007, Hillsborough County, Florida, case 05-CA-7205

10. Gillespie's amended ADA request of March 5, 2007 in the state court (Exhibit 4) shows that Gillespie was determined totally disabled in 1994 by Social Security, and:
 - a. Gillespie has depression, post-traumatic stress disorder (PTSD), velopharyngeal incompetence (VPI), and diabetes type II adult onset;
 - b. Mr. Rodems knew Gillespie was disabled from his firm's prior representation;
 - c. Mr. Rodems inflicted new injuries on Gillespie based on his disability through the *Intentional Infliction of Emotional Distress*, beginning March 3, 2006;
 - d. Gillespie sought medical treatment of injuries inflicted by Mr. Rodems, treatment that included mind-altering drugs, including Effexor XR, a serotonin-

norepinephrine reuptake inhibitor (SNRI), to the maximum dosage, and that the drugs diminished Gillespie's ability to represent himself.

Two Aspects: Right to Mental Integrity
as a Fourteenth Amendment Liberty Interest

11. There are two aspects to mental integrity as a Constitutionally protected Fourteenth Amendment liberty interest:

a. The right to mental integrity as a liberty interest to be free from the *intentional infliction of severe emotional distress* while pursuing justice in the courts. Gillespie suffered a panic attack in court July 12, 2010 when Judge Cook refused to follow the directives of Court Counsel David A. Rowland as to ADA accommodations. (Exhibit 3).

b. The right to mental integrity as a liberty interest to be free from mind altering drugs while pursuing justice. Gillespie, in treating psychic wounds inflicted with malice aforethought by Mr. Rodems, could not avoid mind altering drugs anymore than a wounded soldier on the battlefield can avoid a tourniquet after losing a limb. Gillespie's doctor prescribed Effexor and other drugs in an effort to restore Gillespie's mental integrity shattered by the intention infliction of severe emotional distress by Mr. Rodems.

CHARACTERISTICS OF MR. RODEMS OUTRAGEOUS CONDUCT

12. a. Gillespie's amended ADA request of March 5, 2007 (Exhibit 4) was filed with the Hillsborough Co. Clerk of Court, with a copy provided to Mr. Rodems, and was a public record. Gillespie's amended ADA request was readily available to Judge James M. Barton, II, and every successor judge, to Gillespie's subsequent counsel Robert W. Bauer, and Eugene P. Castagliuolo, and all judicial and court personnel, including Hillsborough Chief Judge Manuel Menendez, Jr., Court Counsel David A. Rowland,

Hillsborough County Sheriff Major James Livingston¹, the Commander of the Court Operations Division, ADA Coordinator Gonzalo B. Casares, John William Gardner, an attorney and expert witness who testified for Rodems March 20, 2008 on attorneys fees, and Catherine Barbara Chapman, counsel for Mr. Bauer.

*STATE-SACNTIONED MISCONDUCT:
FAILURE TO REPORT PROFESSIONAL MISCONDUCT*

b. Members of the bench and bar have a duty to report professional misconduct:

Florida Bar Rule 4-8.3 Reporting Professional Misconduct

(a) Reporting Misconduct of Other Lawyers. A lawyer who knows that another lawyer has committed a violation of the Rules of Professional Conduct that raises a substantial question as to that lawyer's honesty, trustworthiness, or fitness as a lawyer in other respects shall inform the appropriate professional authority.

Florida Code of Judicial Conduct, Canon 3D. Disciplinary Responsibilities

(2) A judge who receives information or has actual knowledge that substantial likelihood exists that a lawyer has committed a violation of the Rules Regulating The Florida Bar shall take appropriate action.

Members of the bench and bar involved in this litigation know Mr. Rodems has committed substantial violations of the Rules of Professional that call into question his honesty but did not report the misconduct. This includes the misconduct of Mr. Rodems representing his firm and law partner against Gillespie, a former client, contrary to ethics rules and McPartland v. ISI Inv. Services, Inc., 890 F.Supp. 1029, M.D.Fla., 1995:

[1] Under Florida law, attorneys must avoid appearance of professional impropriety, and any doubt is to be resolved in favor of disqualification.

[2] To prevail on motion to disqualify counsel, movant must show existence of prior attorney-client relationship and that the matters in pending suit are substantially related to the previous matter or cause of

¹ Major Livingston earned a law degree in 1983 from the University of Memphis, and retired from the FBI as a Supervisory Special Agent after a 22-year career.

action. [3] In determining whether attorney-client relationship existed, for purposes of disqualification of counsel from later representing opposing party, a long-term or complicated relationship is not required, and court must focus on subjective expectation of client that he is seeking legal advice. [5] For matters in prior representation to be “substantially related” to present representation for purposes of motion to disqualify counsel, matters need only be akin to present action in way reasonable persons would understand as important to the issues involved. [7] Substantial relationship between instant case in which law firm represented defendant and issues in which firm had previously represented plaintiffs created irrebuttable presumption under Florida law that confidential information was disclosed to firm, requiring disqualification. [8] Disqualification of even one attorney from law firm on basis of prior representation of opposing party necessitates disqualification of firm as a whole, under Florida law.

Mr. Rodems’ misconduct also included disparaging Gillespie on the basis of mental illness and disability, obtaining a warrant to arrest Gillespie on false testimony during an ex-parte hearing, and securing a settlement for Gillespie’s former lawyer Mr. Bauer.

Markers of Mr. Rodems’ Misconduct Against Gillespie

c. Mr. Rodems intentionally inflicted emotional harm on Gillespie that is utterly intolerable and goes beyond all bounds of civilized society:

(1) Mr. Rodems abused his power or position by using a position of dominance;

(2) Mr. Rodems took advantage of or emotionally harmed Gillespie who he knows to be especially vulnerable from his law firm’s prior representation of Gillespie;

(3) Mr. Rodems repeated or continued acts that may be merely offensive and thus tolerable when committed only once, when Gillespie could not avoid the outrageous behavior by leaving, and thereby abandoning his claims. Even after Gillespie hired counsel, Mr. Bauer refused to allow Gillespie to attend hearings because of Rodems.

(4) Mr. Rodems used his position of power to obtain a warrant for Gillespie’s arrest, obtained by Rodems’ false testimony during several ex-parte hearings.

In none of these instances are the parties in a position of equality; in each of these instances Mr. Rodems used inequality to inflict severe emotional harm, and caused a warrant to issue for Gillespie's arrest, without regard for Gillespie's interests.

EVIDENCE IN SUPPORT OF MR. RODEMS OUTRAGEOUS CONDUCT

Mr. Rodems Knows Gillespie is Disabled from Prior Representation

13. Gillespie's amended ADA request of March 5, 2007 (Exhibit 4) shows at paragraph 1 that Gillespie was determined totally disabled by Social Security in 1994. Paragraph 3 shows Gillespie has the following medical conditions which are disabling and prevent him from effectively participating in court proceedings, including:

- a. Depression and related mood disorder. This medical condition prevents Plaintiff from working, meeting deadlines, and concentrating. The inability to concentrate at times affects Plaintiff's ability to hear and comprehend. The medical treatment for depression includes prescription medication that further disables Plaintiff's ability to do the work of this lawsuit, and further prevents him from effectively participating in the proceedings.
- b. Post Traumatic Stress Disorder (PTSD), makes Plaintiff susceptible to stress, such as the ongoing harassment by Defendants' lawyer, Mr. Rodems.
- c. Velopharyngeal Incompetence (VPI) is a speech impairment that affects Plaintiff's ability to communicate.
- d. Type 2 diabetes. This was diagnosed in 2006 after Defendants' representation.

Congenital Impairments and Later-in-Life Acquired Impairments

Some of Gillespie's disabilities are related to a congenital craniofacial disorder, and other impairments were acquired later in life such as diabetes and traumatic brain injury.

Record of Impairment Since Birth

Gillespie has a record of impairment since birth, and treatment of a speech disorder and facial disfigurement in Philadelphia through 1974. Follow-up treatment began in 1985

and continued through 1991 in Florida. Gillespie moved in 1994 to the West Coast at age 38 for treatment of velopharyngeal incompetence by Dr. Robert Blakeley, University of Oregon Health Sciences University, and then the University of Washington in Seattle. Gillespie returned to Florida in 1997 where inadequate medical care, lack of resources, and permanent damage to his mental integrity in this litigation has resulted in setbacks.

14. Exhibit 5 is a record of Gillespie’s medical history, congenital disorders and multiple operative procedures, medical conditions with ICD-9-CM Codes, speech and hearing prosthesis, unsuccessful treatment of velopharyngeal incompetence in 2006-2008 at the University of Florida Craniofacial Center, intentional infliction of severe emotional distress by Mr. Rodems, and a panic attack July 12, 2010 before Judge Martha Cook.

Congenital disorder: unilateral cleft lip (L), cleft palate, eustachian tube defect (L), retracted eardrum (L).

<u>Medical Conditions</u>	<u>ICD-9-CM Code</u>
Post Traumatic Stress Disorder (PTSD) with PTSD related panic attack in response to stimuli associated with a serve stressor	309.81
Anxiety disorder due to medical condition	293.89
Dysthymic disorder (chronic depression)	300.4
Depression	296.3
Cleft palate with unilateral cleft lip (L)	749.21
Facial disfigurement, scaring	709.2
Velopharyngeal Incompetence (VPI)	528.9
Voice disorder, hypernasality	784.43
Retracted eardrum (L)	384.28
Eustachian tube defect	381.89
Hearing loss	389.90
Diabetes (mellitus) NOS, Type 2 diabetes, adult onset	250.00
Brain trauma, head injury from a mugging (1988)	310.20

15. Exhibit 6 is a compilation of Gillespie's medical reports and doctor's letters from 1985 forward that establishes a record of impairment and seeking treatment.

Exhibit 6.1, Dr. Joseph Kusiak, American Oncologic Hospital, Jul-22-1985
Exhibit 6.2, Dr. Harvey M. Rosen, Pennsylvania Hospital, Aug-12-1985
Exhibit 6.3, Marilyn A. Cohen, BA, speech pathologist, CHOP, Sep-12-1985
Exhibit 6.4, Dr. Rosario F. Mayro, DMD, orthodontist, Mar-31-1985
Exhibit 6.5, Dr. Mark B. Snyder, DMD, periodontist, Apr-22-1985
Exhibit 6.6, Dr. Mark B. Snyder, DMD, periodontist, Jul-03-1985
Exhibit 6.7, Dr. Harvey M. Rosen, Pennsylvania Hospital, May-18-1987
Exhibit 6.8, Dr. Peter Randall, U. of Penn. Hospital, Jun-17-1987
Exhibit 6.9, Marilyn A. Cohen, BA, speech pathologist, CHOP, Mar-30-1989
Exhibit 6.10, Office of Dr. Ralph Millard, Miami, Florida, Dec-03-1990
Exhibit 6.11, Office of Dr. Ralph Millard, Miami, Florida, Dec-06-1990
Exhibit 6.12, Dr. Mutaz Habal, Tampa, Florida, May-05-1993
Exhibit 6.13, Dr. Jane Scheuerle, Tampa Bay Craniofacial Center, Jun-02-1993
Exhibit 6.14, Dr. Robert Blakeley, Craniofacial Disorders, OHSU, Jun-01-1994
Exhibit 6.15, Dr. William N. Williams, Craniofacial Center, UF, Nov-25-1996
Exhibit 6.16, Dr. J. Douglas Bremner, MD, Psychiatry, Yale, Sep-12-1997
Exhibit 6.17, Dr. Dr. Dorothy Lewis, Dissociative Disorders Clinic, Sep-12-1997

Velopharyngeal Incompetence

16. Gillespie has a record of velopharyngeal incompetence since birth. (Exhibits 5-6).

Velopharyngeal incompetence or inadequacy, from Wikipedia: (Exhibit 7)

Velopharyngeal inadequacy (VPI) is a malfunction of a velopharyngeal mechanism. The velopharyngeal mechanism is responsible for directing the transmission of sound energy and air pressure in both the oral cavity and the nasal cavity. When this mechanism is impaired in some way, the valve does not fully close, and a condition known as 'velopharyngeal inadequacy' can develop. VPI can either be congenital or acquired later in life.

A cleft palate is one of the most common causes of VPI. Cleft palate is an anatomical abnormality that occurs in utero and is present at birth. This malformation can affect the lip, the lip and palate, or the palate only. A cleft palate can affect the mobility of the velopharyngeal valve, thereby resulting in VPI. http://en.wikipedia.org/wiki/Velopharyngeal_inadequacy

Dr. Kusiak noted Gillespie "...has a significantly hypernasal speech pattern with obvious velopharyngeal incompetence." (Exhibit 6.1). Dr. Rosen noted "There is marked velopharyngeal escape. (Exhibit 6.2). Ms. Cohen wrote "Mr. Gillespie's speech is characterized by hypernasality with nasal escape....I do not feel he would benefit from a course of speech therapy at this point in time as this appears to be an anatomic defect. (Exhibit 6.3). Dr. Mutaz Habal craniofacial surgeon wrote: (Exhibit 6.12)

The patient presents with velopharyngeal incompetency and is leaking air both posteriorly and anteriorly. The palate is short and does not appear to have much activity. Prior to preparing Mr. Gillespie for a surgical procedure, I would like to do a complete visualization of his problem to see if the pharyngeal flap needs to be removed and enough time allowed for the tethered flap to adjust, or if a complete flap with two small posts on each side is appropriate in order to allow him to communicate and be understood despite his hypernasal speech which at the present time cannot be comprehended.

Dr. Jane Scheuerle of the Tampa Bay Craniofacial Center wrote: (Exhibit 6.13)

Because of the oro-nasal fistula and velar limits, Mr. Gillespie is utilizing extreme measures to make his speech intelligible. He is applying undue stress to the laryngeal and pharyngeal musculature to control the normal air stream. Because of his extra effort in striving to meet the demands of society, he is at risk for damaging his larynx. (page 1, ¶1)

Because of his present oro-facial-pharyngeal status, Mr. Gillespie is not advised to use his full voice in long-term verbalization....When he attempts to use a stronger (louder) voice, the increased air pressure increases the hypernasal resonance and thereby decreases the effectiveness of his speech. He loses intelligibility and fatigues rapidly. (page 1, ¶2)

Mr Gillespie is experiencing severe speech expression problems due to inadequate intra-oral and oronasal structures. Although he has had several surgeries in an earnest attempt to resolve this problem, none of the procedures have completed the treatment he requires in order to produce clear verbal communication. (page 2, ¶2)

He must not shout, use his speaking voice in excess, or be exposed to excessive or continual loud noise because of both the hearing factor and the need to override the noise with use of a loud voice. (page 2, ¶4)

Due to his current physical disability Mr. Gillespie is experiencing rejection in job applications. (page 3, ¶5c)

Dr. Robert Blakeley, Director, Craniofacial Disorders Program, wrote: (Exhibit 6.14)

This 38 year old man has a repaired unilateral cleft lip and palate. His primary surgery was done in Pennsylvania and he had some secondary work including a pharyngeal flap for speech, in Florida.

Since speech treatment for serious hypernasality has been unsuccessful up to this point, the patient came to me for consultation about a speech plan.

Examination shows objectionable hypernasality with moderate nasal emission of air which markedly weakens all 16 air pressure phonemes. Use of the fiber-optic nasendoscope on May 26th verified that the pharyngeal flap, done three years ago (for speech), has pulled loose....

Impaired speech as related to employment: (Exhibit 8, p. 13)

From a psychological standpoint Neiman and Duncan emphasized the importance of speech. This study revealed that speech was the single factor that adversely affected the selection of prestigious jobs even in the presence of a facial disfigurement. It would appear that speech should be given top priority.

Jim Lehman, Jr., MD, AboutFace Newsletter, March/April, 1993, "Ask a Professional" column and personal communication.

Adult speech issues noted at the First International Symposium for Long Term Treatment in Cleft Lip and Palate at the University of Bern, Switzerland. (Exhibit 8, p13)

When an adult does not speak correctly, those around him notice it immediately, and speculate whether or not the affected person is of normal intelligence. For this reason, we feel that correct speech has many important consequences." (J. Weissen, 1979) "From the beginning our team considered speech evaluation and speech therapy as most important, because receptive speech, i.e. that which one hears, is dependent on the entire environment (i.e. 360 degrees) as opposed to the operative cosmetic result which is only visual, i.e. maximal field of 180 degrees." (Weissen & M. Bettex, 1979)

The importance of speech has been noted since antiquity: Publilius Syrus, circa 42 B.C.,

"Speech is a mirror of the soul: as a man speaks, so is he." (Exhibit 8, p. 12).

Erving Goffman on craniofacial impairments: (Exhibit 8, p. 14)

"The closer the defect is to the communication equipment upon which the listener must focus his attention, the smaller the defect needs to be to throw the listener off balance. These defects tend to shut off the afflicted individual from the stream of daily contacts, transforming him into a faulty interactant, either in his eyes or in the eyes of others".

Craniofacial Disorder - No Theory for Psychological Treatment

16. Gillespie has a record of craniofacial disorder since birth. (Exhibits 5-6). The diagnosis and treatment of craniofacial anomalies (CFA) requires a team from many fields, including audiology, craniofacial surgery, genetics, nursing, oral and maxillofacial surgery, orthodontics, otolaryngology, dentistry, plastic surgery, prosthodontics, psychology, social work, speech-language pathology and speech science. A paper by Bennett and Stanton, "Psychotherapy for Persons with Craniofacial Deformities: Can We Treat without Theory?" was published in the Cleft Palate-Craniofacial Journal, July 1993, Vol. 30 No. 4. (Exhibit 9). The paper states "Numerous studies have documented psychosocial problems associated with cleft lip and palate." The researches asked "How is it that psychological services are so difficult to come by in a population which has consistently been identified as needing psychological care?". Gillespie submits this as evidence of a paucity of effective treatment for his impairment, especially as related to speech impairment. The paper only considered the visual aspects of CFA. But research shows cleft palate children are at risk for language development problems. A screening device was the subject of a study, "Parent Questionnaire for Screening Early Language Development in Children with Cleft Palate". The MacArthur Communicative Development Inventory was used. A control group was also tested. The cleft group

demonstrated evidence of delays in expressive language development. The cleft group had a mean vocabulary of 177 words, compared with 288 words for the control group. The cleft group used shorter, less complex sentences. Intelligibility was poorer in the cleft group. Within the cleft group, hypernasality ratings of moderate and severe were associated with expressive language delays. (Exhibit 8, page 12).

Hearing Impairment

17. Gillespie has a record of hearing impairment since birth. (Exhibit 5-6). Gillespie's hearing deficit was misunderstood in Hillsborough Co., as set forth in the Complaint in U.S. District Court, case no. 5:10-cv-503 (Doc. 1), beginning at paragraph 47. While Gillespie has anatomic impairments, a retracted eardrum and an eustachian tube defect, he believes the basis of his hearing problem in court involves cognitive issues while under stress, including a deficit in short term memory. Just 24 hours before a hearing May 5, 2010 the Hillsborough court agreed to provide Gillespie *Computer Aided Realtime Translation* (CART) without first determining whether this accommodation would work; ultimately it did not provide any benefit.

Mental Illness- Result of Bullying

18. Gillespie has a record of seeking treatment of mental illness that dates to 1985. (Exhibit 5). However, as shown by Bennett and Stanton (Exhibit 8), there is a lack of treatment theory for CFA, and services are hard to come by, even though "Numerous studies have documented psychosocial problems associated with cleft lip and palate." Gillespie's psychosocial problem associated with cleft lip and palate is psychological trauma from violence and bullying associated with cleft lip and palate. Wikipedia notes:

Bullying of the disabled: It has been noted that disabled people are disproportionately affected by bullying and that this can be seen as a hate crime issue. The bullying is not limited to those who are visibly disabled such as wheelchair-users or physically deformed such as those with a cleft lip but also those with learning disabilities such as autism and dyspraxia.

http://en.wikipedia.org/wiki/Bullying#Bullying_in_other_areas

Psychological trauma is a type of damage to the psyche that occurs as a result of a traumatic event. When that trauma leads to posttraumatic stress disorder, damage may involve physical changes inside the brain and to brain chemistry, which changes the person's response to future stress.

A traumatic event involves a single experience, or an enduring or repeating event or events, that completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. The sense of being overwhelmed can be delayed by weeks, years or even decades, as the person struggles to cope with the immediate circumstances. Psychological trauma can lead to serious long-term negative consequences that are often overlooked even by mental health professionals: "If clinicians fail to look through a trauma lens and to conceptualize client problems as related possibly to current or past trauma, they may fail to see that trauma victims, young and old, organize much of their lives around repetitive patterns of reliving and warding off traumatic memories, reminders, and affects."

Trauma can be caused by a wide variety of events, but there are a few common aspects. There is frequently a violation of the person's familiar ideas about the world and of their human rights, putting the person in a state of extreme confusion and insecurity. This is also seen when people or institutions, depended on for survival, violate or betray or disillusion the person in some unforeseen way.

http://en.wikipedia.org/wiki/Psychological_trauma

a. Post-traumatic stress disorder (PTSD), as defined by Wikipedia:

Posttraumatic stress disorder[note 1: Acceptable variants of this term exist] (PTSD) is a severe anxiety disorder that can develop after exposure to any event that results in psychological trauma. This event may involve the threat of death to oneself or to someone else, or to one's own or someone else's physical, sexual, or psychological integrity, overwhelming the individual's ability to cope. As an effect of psychological trauma, PTSD is less frequent and more enduring than the more commonly seen post traumatic stress (also known as acute stress response). Diagnostic symptoms for PTSD include re-experiencing the original trauma(s) through flashbacks or nightmares, avoidance of stimuli associated with the

trauma, and increased arousal—such as difficulty falling or staying asleep, anger, and hypervigilance. Formal diagnostic criteria (both DSM-IV-TR and ICD-10) require that the symptoms last more than one month and cause significant impairment in social, occupational, or other important areas of functioning.

http://en.wikipedia.org/wiki/Posttraumatic_stress_disorder

b. Depression, as defined by Wikipedia:

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable; experience loss of appetite or overeating, have problems concentrating, remembering details, or making decisions; and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present.

Depressed mood is not necessarily a psychiatric disorder. It is a normal reaction to certain life events, a symptom of some medical conditions, and a side effect of some medical treatments. Depressed mood is also a primary or associated feature of certain psychiatric syndromes such as clinical depression.

http://en.wikipedia.org/wiki/Depression_%28mood%29

c. Major depressive disorder, as defined by Wikipedia:

Major depressive disorder (MDD) (also known as recurrent depressive disorder, clinical depression, major depression, unipolar depression, or unipolar disorder) is a mental disorder characterized by an all-encompassing low mood accompanied by low self-esteem, and by loss of interest or pleasure in normally enjoyable activities. This cluster of symptoms (syndrome) was named, described and classified as one of the mood disorders in the 1980 edition of the American Psychiatric Association's diagnostic manual. The term "depression" is ambiguous. It is often used to denote this syndrome but may refer to other mood disorders or to lower mood states lacking clinical significance. Major depressive disorder is a disabling condition that adversely affects a person's family, work or school life, sleeping and eating habits, and general health. In the United States, around 3.4% of people with major depression commit suicide, and up to 60% of people who commit suicide had depression or another mood disorder.

http://en.wikipedia.org/wiki/Major_depressive_disorder

ABC News in a Health Report with John McKenzie entitled "Growing up damaged" reported on research by Yale University scientists on the effects of child abuse:

Scientists believe that repeated abuse causes stress in the child, and the production of stress hormones. Too much of these hormones can damage, even kill nerve cells in the brain. And scientists are discovering the abuse need not be physical. Researchers affiliated with Harvard University tested people who had been subjected as children to severe psychological abuse, subjected to repeated screaming, and yelling, and harsh critical language. The results were startling. Juxtaposed brain scan images appear) This is a scan of a health brain, and this from someone who was verbally abused as a child. Although subtle, you can actually see a difference. Right here in the pathway linking the left and right hemispheres of the brain. In the abused, the area is smaller, narrower; that can lead to hyperactivity and impulsive behavior. And the effects appear lasting. Researchers find these brain abnormalities in adults well into their forties and fifties.

Gillespie contacted Drs. Bremner and Lewis who appeared on "Growing up damaged" seeking treatment. (Exhibit 5, and Exhibits 6.16-6.17). Gillespie wrote:

Thank you for your recent appearance on the ABC News Health Report with John McKenzie entitled "Growing up damaged." I am interested in additional information about the subject, including diagnostic recommendations.

My interest is personal. Born with a craniofacial disorder affecting both speech and appearance, I was subjected to severe psychological abuse, both familial and societal. At age 41 I am currently disabled with "mental health issues," but I do not believe an accurate diagnosis has been made in my case.

Dr. Bremner responded September 12, 1997 with an offer, one that later did not materialize: (Exhibit 6.16)

Thank you for your interest in our research program on victims of childhood abuse and the brain. If you or anyone else is interested, you can stay for free in our research unit and obtain financial compensation which more than offsets travel expenses, as well as a comprehensive diagnostic and biological assessment, including brain imaging. You can call 203 737 5791 for information.

Dr. Lewis responded September 4, 1997 and wrote: (Exhibit 6.17)

Thank you for your letter of August 22, 1997. Unfortunately I do not know of someone in your area who specializes in the complications of craniofacial disorders. I am sorry I cannot be of more help.

Dr. Bremner's study, *Deficits in short-term memory in adult survivors of childhood abuse*, shows childhood physical and sexual abuse is associated with long-term deficits in verbal short-term memory. These findings of specific deficits in verbal (and not visual) memory, with no change in IQ, are similar to the pattern of deficits that we have previously found in patients with combat-related PTSD." (Exhibit 10)

Traumatic Brain Injury

19. a. Gillespie sustained traumatic brain injury (TBI) August 20, 1988. Gillespie was assaulted by a gang of street criminals in center city Philadelphia who tried to steal his Rolex watch. The assault began when one man ran in front of Gillespie and quickly knelt down, while another man pushed Gillespie from behind, causing him to fall head-first onto the cement sidewalk. Gillespie's head hit the sidewalk and he lost consciousness. Specifically, Gillespie's forehead bone just above his right eye, at the eyebrow, made violent contact with the cement sidewalk at a high velocity. Gillespie was also bleeding from a laceration caused by the impact. A nearby police surveillance team observed the assault, apprehended the assailants, and assisted Gillespie. The police took Gillespie in a patrol car to Hahnemann University Hospital Emergency Department. Gillespie was treated in the ER. The ER report is provided at Exhibit 11. The ER report shows Gillespie received sutures to close a laceration to his right outer eye and did not remember the incident. Gillespie had severe head pain, loss of cognitive and motor functions for several

weeks, and difficulty speaking and forming sentences. The ER report shows Gillespie was 32 years-old, and left Hahnemann early the next morning against medical advice.

b. Gillespie departed New York harbor later that morning aboard the Queen Elizabeth 2 (QE2) for a trip to Europe. The \$50,000 trip was paid in advance, with return flight on British Airways Concorde, following the sale of his car business for \$1.9 million. Gillespie was treated onboard QE2 by ship's doctor for the duration of the crossing for head pain and loss of cognitive and motor functions. The rest of the crossing he spent in his cabin. Upon reaching Southampton, England Gillespie was still quite ill and spent a lot of time in his hotel room. By the third week when Gillespie arrived in Paris his condition improved some, but he still had difficulty speaking and forming sentences.

c. Within several months Gillespie appeared to have recovered from the brain injury, but now that assessment appears incorrect. Today Gillespie shows long-term consequences of TBI. The injury diminished Gillespie's business ability, and he never held substantial employment since. Today Gillespie does not have a bank account because he cannot manage one. Gillespie went from self-sufficiency to total disability in 1994. Gillespie's inability to manage funds resulted in two bankruptcy proceedings, homelessness, and reliance on payday loan stores, which is how he met Barker, Rodems & Cook, P.A. The bankruptcies are:

Chapter 7 bankruptcy, discharged January 7, 1993, case 92-20222, U.S. Bankruptcy Court, Eastern District of Pennsylvania.

Chapter 7 bankruptcy, discharged March 5, 2003, case 02-14021-8B7, U.S. Bankruptcy Court, Middle District of Florida.

Traumatic brain injury (TBI) has been in the news in recent years as a result of military injuries, and injuries in professional sports like football. This has caused Gillespie to reassess the long-term consequences of the assault he sustained August 20, 1988.

Wikipedia, traumatic brain injury:

Traumatic brain injury (TBI), also known as **intracranial injury**, occurs when an external force traumatically injures the brain. TBI can be classified based on severity, mechanism (closed or penetrating head injury), or other features (e.g., occurring in a specific location or over a widespread area). *Head injury* usually refers to TBI, but is a broader category because it can involve damage to structures other than the brain, such as the scalp and skull.

TBI is a major cause of death and disability worldwide, especially in children and young adults. Causes include falls, vehicle accidents, and violence....

Brain trauma can be caused by a direct impact or by acceleration alone. In addition to the damage caused at the moment of injury, brain trauma causes *secondary injury*, a variety of events that take place in the minutes and days following the injury....

TBI can cause a host of physical, cognitive, social, emotional, and behavioral effects, and outcome can range from complete recovery to permanent disability or death...

http://en.wikipedia.org/wiki/Traumatic_brain_injury

Diabetes Type 2, Adult Onset

20. Gillespie was diagnosed with adult onset type 2 diabetes in 2006. The record shows Gillespie claimed exemption under section 222.25(2), Florida Statutes, for a debtor's interest in professionally prescribed health aids that included an ACCU-CHEK Compact Plus diabetes meter, serial no. GT13259382. Gillespie's claim of exemption was in response to Mr. Rodems' garnishment of his exempt social security disability money, more fully described in the *Affidavit and Inventory of Personal Property of Neil J. Gillespie and Designated Exemptions, Amended*, July 29, 2010 in Hillsborough case

no. 05-CA-7205. Gillespie's diabetes meter included software that allowed him to keep a record of his glucose readings. Wikipedia, Diabetes mellitus type 2, Complications:

Type 2 diabetes is typically a chronic disease, associated with a ten year shorter life expectancy. This is partly due to a number of complications with which it is associated including: two to four times the risk of cardiovascular disease, including ischemic heart disease and stroke, a 20 fold increase in lower limb amputations, and increased rates of hospitalizations. In the developed world, and increasingly elsewhere, type 2 diabetes is the largest cause of non-traumatic blindness and kidney failure. It has also been associated with an increased risk of cognitive dysfunction and dementia through disease processes such as Alzheimer's disease and vascular dementia. Other complications include: acanthosis nigricans, sexual dysfunction, and frequent infections

http://en.wikipedia.org/wiki/Diabetes_mellitus_type_2#Complications

Gillespie's doctor said his ideal blood sugar level is 110. Records show Gillespie's blood sugar level May 25, 2011 at 8:41 p.m. reached 245. This was a week before a civil contempt hearing June 1, 2011 before Hillsborough Judge James Arnold. Through a series of ex-parte hearings, Mr. Rodems presented false testimony and obtained a warrant to arrest Gillespie on a writ of bodily attachment.

Gillespie is Law Abiding, College Educated, Former Business Owner

21. Gillespie's amended ADA request of March 5, 2007 (Exhibit 4) shows at paragraph 4 that prior to the onset of the most disabling aspects Plaintiff's medical condition(s), he was a productive member of society, a business owner for 12 years, and a graduate of both the University of Pennsylvania and The Evergreen State College. In support that Gillespie is a law-abiding citizen with no record of arrest or conviction, he submits the following evidence:

- a. Florida Department of Law Enforcement (FDLE) Criminal History Information for Neil Joseph Gillespie, Sep-12-2010, search results: FDLE found NO Florida criminal history based on the information provided. (Exhibit 12).
- b. Email of Hillsborough County Sheriff's Office (HCSO), sent Wednesday, August 31, 2011, at 1:56 PM by Corporal Howard Lindsey #5243 to Barbara Sanchez, HCSO Records Custodian: (Exhibit 13).

Ms. Sanchez, I have spent approximately 45 minutes searching diligently to locate any record of arrest or otherwise for Mr. Gillespie. At this time I am unable to find any paper record or video of this individual and my search covered June 20, 2011 thru June 22, 2011. Please let me know if I can be of any other assistance.
- c. Gillespie became an Eagle Scout December 3, 1971. (Exhibit 14). The Boy Scouts allowed Gillespie a modicum of normalcy and chance for success in an otherwise physically and psychologically abusive school environment.
- d. Gillespie graduated *cum laude* from the University of Pennsylvania, Wharton Evening School, with an *Associate in Business Administration*, (ABA), December 23, 1988 when he was thirty-three (33) years old. Disability delayed his education. He attended night school while operating a business. (Exhibit 15).
- e. Gillespie graduated from The Evergreen State College, *Bachelor of Arts*, (BA), December 16, 1995 when he was thirty-nine (39) years old. (Exhibit 16). Gillespie moved to the West Coast to continue treatment for velopharyngeal incompetence with Dr. Robert Blakeley, U. Oregon Health Sciences University.

As part of his course work, Gillespie wrote and submitted in 1995 a psychology paper *Psychosocial Implications of Congenital Craniofacial Disorders*. That paper is submitted here as Exhibit 8 in support of this disability request.

f. A letter from Gillespie's former accountant, Terry D. Silver, CPA, setting forth their relationship and Gillespie's business interests from 1978 through 1991. (Exhibit 17). The business allowed Gillespie flexibility to manage his disabilities, along with the fact that many of Gillespie's employees were WWII combat veterans who also suffered PTSD, and therefore understood that illness.

g. A compilation of news stories about Gillespie's car business located in Langhorne, PA, culminating with its sale for \$1.9 million in 1988 (Exhibit 18).

Insurance Denial Delayed Gillespie's Rehabilitation and Education

h. Insurance denial on the basis of "pre-existing condition" delayed Gillespie's rehabilitation and education as set forth in Exhibit 5, page 2:
The "pre-existing condition" issue continues today for other afflicted persons. NPR.org reported February 28, 2010 during the White House summit on health care that "Senate Majority Leader Harry Reid told of a constituent, Jesus Gutierrez. Gutierrez and his wife had a baby who had a cleft palate. Surgeons fixed the cleft palate, but then, Gutierrez says, his insurer wouldn't pay. "They told us that she cannot be insured," he says. "My wife and I can be insured, but she cannot be insured because she had a pre-existing condition." Gutierrez and his wife were left with \$98,000 in medical and surgical bills."

<http://m.npr.org/news/Health/124170302?singlePage=false&textSize=large>

Mr. Rodems' Law Firm's Prior Representation
of Gillespie, Including Disability Matters

22. Gillespie's amended ADA request of March 5, 2007 (Exhibit 4) shows:
2. Defendants are familiar with Plaintiff's disability from their prior representation of him. Defendants investigated his eligibility to receive services from the Florida Department of Vocational Rehabilitation (DVR). DVR determined that Plaintiff was too severely disabled to benefit from services. Defendants concurred, and notified Plaintiff of their decision in a letter to him dated March 27, 2001. (Exhibit A). Defendants were also informed of Plaintiff's medication for depression by fax dated October 6, 2000, Effexor XR 150mg. (Exhibit B).
23. Gillespie's petition to the Supreme Court of Florida, SC11-1622, shows in Appendix 14 (Exhibit 19). information Mr. Rodems had about Gillespie's disability and his efforts with the Florida Division of Rehabilitation in DLES case no: 98-066-DVR. Rodems' partner Mr. Cook wrote to Gillespie March 21, 2001 "We have reviewed them [DVR claims] and, unfortunately, we are not in a position to represent you for any claims you may have. Please understand that our decision does not mean that your claims lack merit, and another attorney might well to represent you." A copy of the letter is attached to Gillespie's amended ADA request of March 5, 2007 (Exhibit 4). Mr. Cook previously represented to Gillespie that he would represent him with DVR, as set forth in *Plaintiff's First Amended Complaint*, 05-CA-7205, paragraph 43.
24. Rodems' partner Mr. Cook represented Gillespie at a deposition May 14, 2001 and published Gillespie's privileged medical information, as described in *Verified Notice of Filing Disability Information of Neil J. Gillespie* filed May 27, 2011. This document was later filed in U.S. District Court, M.D. Florida, case no. 5:10-cv-503. (Doc. 36). In

turn this document was submitted in this Court as Exhibit 36 to Gillespie's initial accommodation request made April 7, 2012. From page 6, paragraph 15:

15. The Defendants published Gillespie's privileged medical information during a deposition with AMSCOT Corporation. (Eugene R. Clement v. AMSCOT Corporation, case no. 99-2795-CIV-T-26C, US District Court, MD Fla., Tampa). Gillespie was deposed May 14, 2001 by John A. Anthony, attorney for AMSCOT. Approximately twenty pages of the 122 page transcript concerned Gillespie's disability, treatment and rehabilitation. Defendants failed to object to interrogatories about Gillespie's privileged medical information. The transcript is submitted as Exhibit 4. The deposition was transcribed by, and a transcript produced by, Chere J. Barton, the wife of Judge James M. Barton II who presided over this case from February 2007 through May 2010, and who sanctioned Gillespie \$11,550 for discovery errors and a misplaced defense to a motion to dismiss. Judge Barton was disqualified May 24, 2010 due to a long-standing business relationship with his wife and the Defendants.

The Amscot deposition May 14, 2001 by John Anthony shows Gillespie's disability. The following is representative but not all-inclusive:

From page 9:

- 14 Q Have you ever been treated for depression?
15 A Yes.
16 Q How recently?
17 A I'm under current treatment for depression.
18 Q I'm sorry?
19 A Currently.
20 Q Who is your physician?
21 A That would be Dr. Figueroa.
22 Q And where is he located?
23 A St. Petersburg.
24 Q And how long have you been with Dr. Figueroa?
25 A The last couple of years.

From pages 10-11:

- 22 Q I'm talking about for any period of time, from
23 the day you were born until now. Tell me about your
24 psychiatric history. I was trying to do it from most
25 recent going backwards; but if that's a problem for you,
I tell me the first time that you saw a psychiatric doctor or

- 2 a psychologist or a counselor.
3 A That would have been in 1985.
4 Q 1985?
5 A Yes.
6 Q And who is that?
7 A That would have been Dr. Wainwright.
8 Q Dr. Wainwright?
9 A Yes.

From page 12

- 12 Q What is that? What does craniofacial mean?
13 A Having to do with the head and face.
14 Q You were having surgery on your head and face?
15 A Yes.
16 Q And what did that result from? What was the need
17 for that?
18 A That was to correct a birth defect.
19 Q And what sort of a birth defect?
20 A A cleft lip and palate.
21 Q So not as a result of any accident or trauma?
22 A No.
23 Q So that surgery was causing you emotional
24 problems, and that's why you visited her?
25 A The procedures, yes. There was a number of

From page 24:

- 4 Are you currently taking any medication for your
5 emotional situation?
6 A I am taking medication. Yes.
7 Q And what's the medication that you're taking now?
8 A I'm taking Effexor and Levoxyl.
9 Q Do either of those go by any other name that you
10 know of?

From page 27:

- 6 A I went there to undergo medical treatment for
7 speech.
8 Q As a result of your surgery?
9 A As a result of pharyngeal incompetence.
10 Q What does that mean in the vernacular?
11 A That's a speech disorder.

16 Q You said you had a cleft lip or palate?

17 A And palate.

18 Q And palate.

19 A It relates to a -

20 Q A cleft palate?

21 A Yes.

From page 30

18 Q What does posttraumatic stress disorder mean?

19 THE DEPONENT: Is that calling for a medical -

20 MR. COOK: Just answer to the best of your -

21 Q (By Mr. Anthony) I know you're not a doctor, and

22 I know you're not a lawyer. I'm just asking you to tell me

23 what you think it means.

24 A Yes. It's a stress-related illness.

25 Q What do you think caused it?

From page 31

1 A Exposed to repeated stresses.

2 Q What stresses? Like bankruptcy?

3 A No. No.

4 Q Employment?

5 A No. I would say they would have to do with the

6 birth defect. Yes.

7 Q What birth defect, the one that's already fixed?

8 A The cleft lip and palate. Yes.

9 Q That's causing you stress now?

10 A No. It caused me stress growing up. I was

11 physically attacked by students in school from a young age,

12 and that sort of thing.

13 Q Did that make you upset?

14 A Yes.

25. Gillespie sent Mr. Cook a letter May 21, 2001 about the deposition and negative attitudes toward people born with a cleft palate. Gillespie wrote in part: (Exhibit 20).

While using Copernic recently I came across some information illustrating the negative attitudes some people have toward persons born with cleft palate. Given the number of disability questions raised by John Anthony during my recent

deposition, I thought you might find this data informative. Enclosed is the printout of the web page.

I hate people with hare-lips. I think you all
are disgusting and should be killed at birth.
God has punished your parents for their sins.

This was left on a cleft support website, <http://www.cleft.net/stories/messages/971.html>

Gillespie experienced a lifetime of similar hate speech. Gillespie's paper, *Psychosocial Implications of Congenital Craniofacial Disorders* shows other examples of negative attitudes toward people with congenital deformities. (Exhibit 8, p. 7).

Mr. Rodems' Misuse of Gillespie's Disability Information

26. Gillespie's amended ADA request of March 5, 2007 (Exhibit 4) shows:
5. On March 3, 2006, Ryan Christopher Rodems telephoned Plaintiff at his home and threatened to use information learned during Defendants prior representation against him in the instant lawsuit. Mr. Rodems' threats were twofold; to intimidate Plaintiff into dropping this lawsuit by threatening to disclose confidential client information, and to inflict emotional distress, to trigger Plaintiff's Post Traumatic Stress Disorder, and inflict injury upon Plaintiff for Defendants' advantage in this lawsuit.
 6. On March 6, 2006, Mr. Rodems made a false verification the Court about the March 3, 2006 telephone call. Mr. Rodems submitted Defendants' Verified Request For Bailiff And For Sanctions, and told the Court under oath that Plaintiff threatened acts of violence in Judge Nielsen's chambers. It was a stunt that backfired when a tape recording of the phone call showed that Mr. Rodems lied. Plaintiff notified the Court about Mr. Rodems' perjury in Plaintiff's Motion With Affidavit To Show Cause Why Ryan Christopher Rodems Should not Be Held In Criminal Contempt Of Court and Incorporated Memorandum Of Law submitted January 29, 2007.
 7. Mr. Rodems' harassing phone call to Plaintiff of March 3, 2006, was a tort, the *Intentional Infliction of Emotional Distress*. Mr. Rodems' tort injured Plaintiff by aggravating his existing medical condition. From the time of the call on March 3, 2006, Plaintiff suffered worsening depression for which he was treated by his doctors.

- a. On May 1, 2006 Plaintiff's doctor prescribed Effexor XR, a serotonin-norepinephrine reuptake inhibitor (SNRI), to the maximum dosage.
- b. Plaintiff's worsening depression, and the side effects of the medication, lessened Plaintiff's already diminished ability to represent himself in this lawsuit.
- c. On October 4, 2006 Plaintiff began the process of discontinuing his medication so that he could improve his ability to represent himself in this lawsuit.
- d. On or about November 18, 2006, Plaintiff discontinued the use of anti-depression medication, to improve his ability to represent himself in this lawsuit.

8. Mr. Rodems continued to harass Plaintiff during the course of this lawsuit in the following manner:

- a. Mr. Rodems lay-in-wait for Plaintiff outside Judge Nielsen's chambers on April 25, 2006, following a hearing, to taunt him and provoke an altercation.
- b. Mr. Rodems refused to address Plaintiff as "Mr. Gillespie" but used his first name, and disrespectful derivatives, against Plaintiff's expressed wishes.
- c. Mr. Rodems left insulting, harassing comments on Plaintiff's voice mail during his ranting message of December 13, 2006.
- d. Mr. Rodems wrote Plaintiff a five-page diatribe of insults and ad hominem abusive attacks on December 13, 2006.

27. Evidence of Mr. Rodems' outrageous conduct described in the preceding paragraph was submitted in the Affidavit of Neil J. Gillespie, on the Conflict of Interest and ADA denial by Florida Judge Claudia R. Isom in case 05-CA-7205, Hillsborough Co., July 30, 2012. This affidavit shows a three-month window of misconduct by Mr. Rodems that was repeated for four (4) more years.

28. Evidence of Mr. Rodems' outrageous conduct in this matter is found in the **Complaint** (Doc. 1) and **Exhibits 1-15** (Doc. 2) in District Court case no. 5:10-cv-503, the **First Amended Complaint** (Doc. 15) in District Court case no. 5:11-cv-539, and in this Court 12-11028-B, **Motion to Reconsider, Vacate or Modify Order**, May 31, 2012.

29. Mr. Rodems conduct was so outrageous that Gillespie's then-counsel Mr. Bauer prohibited him from appearing as a witness in his own case. Mr. Bauer sent Gillespie this email July 8, 2008 at 6.05PM stating in part:

"No - I do not wish for you to attend hearings. I am concerned that you will not be able to properly deal with any of Mr. Rodems comments and you will enflame the situation. I am sure that he makes them for no better purpose than to anger you. I believe it is best to keep you away from him and not allow him to prod you. You have had a very adversarial relationship with him and it has made it much more difficult to deal with your case. I don't not wish to add to the problems if it can be avoided." [A.¶44]

Mr. Rodems' Politically Motivated Warrant to Arrest Gillespie

30. Evidence of Mr. Rodems' outrageous conduct to obtain a warrant to arrest Gillespie on false testimony presented during ex-parte hearings is found in Gillespie's **Petition For Writ of Mandamus**, Supreme Court of Florida, SC11-1622, submitted to this Court as Exhibit 62 April 7, 2012 with his first motion for ADA accommodation.

Violation of the Protection and Advocacy for Individuals with Mental Illness Act

31. On June 1, 2011 Judge James Arnold, in cooperation with Mr. Rodems, issued a politically motivated warrant to arrest Gillespie to force a "walk-away" settlement in the state and federal actions. (District Court, 5:11-cv-539-oc, Doc. 15, ¶13, page 9). As set forth in the First Amended Complaint, paragraph 16:

16. Gillespie is an individual with mental illness as defined by 42 U.S.C. Chapter 114 The Protection and Advocacy for Individuals with Mental Illness Act, § 10802(4)(A) and (B)(i)(III). Gillespie was involuntarily confined in a municipal detention facility for reasons other than serving a sentence resulting from conviction for a criminal offense. Gillespie's involuntary confinement was in the George E. Edgecomb Courthouse, 800 E. Twiggs Street, Tampa, Florida. On June 1, 2011 Judge Arnold issued a politically motivated warrant to arrest Gillespie for the purpose of harming Gillespie by abuse as defined § 10802(1) and neglect as defined by § 10802(5) to force a walk-away settlement agreement in the state

action, and to force a walk-away settlement agreement in the federal action, Gillespie's civil rights and ADA lawsuit against the Thirteenth Judicial Circuit, Florida, et al., for the misuse and denial of judicial process under the color of law, and denial of disability accommodation. Gillespie was involuntary confined by two (2) fully armed deputies of the Hillsborough County Sheriff's Office, and involuntarily held during an improper full deposition, post final summary judgment, an open-ended deposition without time limit, with no lunch break, and no meals usually given to an inmate, until Gillespie suffered injury and agreed to sign a walk-away settlement agreement. Gillespie was so impaired when he signed the agreement that the record shows he was unable to make the settlement decision himself.

Dr. Karin Huffer, Gillespie's ADA Advocate, Invisible Disabilities

32. Beginning in 2010 Dr. Karin Huffer was Gillespie's ADA accommodation advocate and designer. (Exhibit 5, ¶63). Dr. Huffer diagnoses, treats, and serves patients with invisible disabilities*, and is the author of *Overcoming the Devastation of Legal Abuse Syndrome*. Dr. Huffer provided Gillespie a letter October 28, 2010 documenting the abuses in this case. (Exhibit 21). Dr. Huffer wrote in part:

As the litigation has proceeded, Mr. Gillespie is routinely denied participatory and testimonial access to the court. He is discriminated against in the most brutal ways possible. He is ridiculed by the opposition, accused of malingering by the Judge and now, with no accommodations approved or in place, Mr. Gillespie is threatened with arrest if he does not succumb to a deposition. (p1, ¶2)

At this juncture the harm to Neil Gillespie's health, economic situation, and general diminishment of him in terms of his legal case cannot be overestimated and this bell cannot be unring. He is left with permanent secondary wounds. (p1-2)

Additionally, Neil Gillespie faces risk to his life and health and exhaustion of the ability to continue to pursue justice with the failure of the ADA Administrative Offices to respond effectively to the request for accommodations per Federal and Florida mandates. It seems that the ADA Administrative offices that I have appealed to ignore his requests for reasonable accommodations, including a response in writing. It is against my medical advice for Neil Gillespie to continue the traditional legal path without properly being accommodated. It would be like sending a vulnerable human being into a field of bullies to sort out a legal problem. (p2, ¶2)

The record of his ADA accommodations requests clearly shows that his well-documented disabilities are now becoming more stress-related and marked by depression and other serious symptoms that affect what he can do and how he can do it particularly under stress. Purposeful exacerbation of his symptoms and the resulting harm is, without a doubt, a strategy of attrition mixed with incompetence at the ADA Administrative level of these courts. I am prepared to stand by that statement as an observer for more than two years. (p2, ¶4).

Dr. Huffer's ADA Report of Gillespie is contained in the *Verified Notice of Filing Disability Information of Neil J. Gillespie*, submitted to this Court as Exhibit 36 April 7, 2012 with his first motion for ADA accommodation. *Invisible disabilities, Wikipedia:

Invisible disabilities are disabilities that are not immediately apparent. Some people with visual or auditory disabilities who do not wear glasses or hearing aids, or discreet hearing aids, may not be obviously disabled. Some people who have vision loss may wear contacts. A sitting disability is another category of invisible impairments; sitting problems are usually caused by chronic back pain. Those with joint problems or chronic pain may not use mobility aids on some days, or at all.

Invisible disabilities can also include chronic illnesses and conditions, such as renal failure, color blindness, diabetes, epilepsy, and sleep disorders if those ailments significantly impair normal activities of daily living. Other invisible disabilities include, but are not limited to AIDS/HIV, ADHD, depression, anxiety disorders, cancer, allergies, and autism. In the United States, 96% of people with chronic medical conditions show no outward signs of their illness, and 10% experience symptoms that are considered disabling.

http://en.wikipedia.org/wiki/Invisible_disability

\$100,000 Cost to Gillespie - Violation of Mental Integrity

33. Florida attorney Seldon J. Childers estimated on September 17, 2009 the non-pecuniary cost of this litigation to Gillespie at \$100,000, as set forth in the Complaint (Doc. 1) in U.S. District Court, MD of FL, Ocala, Case 5:10-cv-503-oc, paragraph 135:

"Plaintiff is likely suffering from physical and emotional ill effects resulting from the litigation, as described in *Legal Abuse Syndrome*, the book provided to me by Plaintiff. It is always difficult to put a dollar figure on the non-pecuniary costs of any case, and this case is no different. In attempting to evaluate the physical and

emotional costs of going forward with the litigation, I considered both short and long-term effects, and the opportunity cost caused not just by direct time invested in the case but also by loss of energy related to physical and emotional side-effects. My estimate was \$100,000, but this figure is subjective and the Plaintiff may wish to adjust this figure upwards or downwards. There is 100% probability these costs will be incurred regardless of the outcome of the litigation."

(September 17, 2009, Economic Analysis Spreadsheet, page 4, paragraph 4)

Gillespie's Misplaced ADA Request For Counsel, Hillsborough Co.

34. Gillespie made a misplaced ADA request September 26, 2006 to Hillsborough Judge Richard A, Nielsen: (Exhibit 22.1)

Dear Judge Nielsen,

In reply to the telephone message from your judicial assistant Myra Gomez, I am disabled and being treated for depression and anxiety, which limits my ability to participate in court proceedings and meet deadlines. I request that you provide an accommodation for my disability under the Americans with Disabilities Act (ADA), specifically the appointment of counsel to represent me in this lawsuit and counterclaim.

- K. Christopher Nauman, Assistant Court Counsel, replied on behalf of Judge Nielsen September 29, 2006: (Exhibit 22.2)

In your letter to Judge Nielsen you indicate that you are being treated for depression and anxiety and are therefore requesting the appointment of counsel to represent you with your pending civil lawsuit as a reasonable accommodation under the ADA. While depression and anxiety are conditions that may or may not be considered impairments under the ADA, depending on whether these conditions result from a documented physiological or mental disorder, your specific request for the appointment of counsel to represent you in a civil lawsuit is not a reasonable or appropriate accommodation under the ADA.

Disqualification of Mr. Rodems - Appropriate ADA Accommodation

35. This Court does not need to consider whether the appointment of counsel was reasonable under the ADA in 2006. Gillespie retained counsel in March 2007 from the

Florida Bar Lawyer Referral Service, Robert W. Bauer, and the same disability issues continued in this case without Gillespie: Outrageous conduct by Mr. Rodems. [A.¶40-45] Mr. Rodems also failed to cooperate with Mr. Castagliuolo. [A.¶46]. Even with counsel, Gillespie could not be protected as required by the ADA. Therefore, disqualification of Ryan Christopher Rodems was appropriate under the ADA in September 2006. Of course, disqualification of Mr. Rodems was appropriate April 25, 2006 pursuant to Bar Rules, and the holding of McPartland v. ISI Inv. Services, Inc., 890 F.Supp. 1029, M.D.Fla., 1995. [A.¶18]. Upon information and belief, Asst. Court Counsel Nauman had a duty to inform Judge Nielsen that Mr. Rodems' appearance was improper pursuant to Bar Rules, and the holding of McPartland, let alone the ADA.

36. On July 9, 2010 Count Counsel David A. Rowland responded by email at 3.28 p.m. to Gillespie to his ADA request (also copied to Mr. Rodems and ADA Coordinator Gonzalo). (Exhibit 23.1). A Mr. Rowland wrote: "Attached is a response to your July 6, 2010 ADA request for accommodation." Mr. Rowland provided Gillespie a PDF letter from the Thirteenth Judicial Circuit Legal Department dated July 9, 2010, and wrote:

Dear Mr. Gillespie:

This is a response to your July 6, 2010 ADA request for accommodation directed to Gonzalo Casares, the Thirteenth Judicial Circuit ADA Coordinator. You request the same ADA accommodations previously submitted on February 19, 2010. Your February 19, 2010 ADA request was a request for the court to take the following case management actions:

1. Stop Mr. Rodems' behavior directed toward you that is aggravating your post traumatic stress syndrome....

Mr. Rowland stated that ADA Coordinator Gonzalo had no authority stop Rodems outrageous conduct. Rowland wrote "All of your case management requests -

that opposing counsel's behavior be modified,...must be submitted by written motion to the presiding judge of the case. The presiding judge may consider your disability, along with other relevant factors, in ruling upon your motion." Mr. Rowland also provided the letter to Gillespie by U.S. Postal Mail. (Exhibit 23.2). Mr. Rowland's email to Gillespie arrived on Friday afternoon, July 9, 2010 at 3:28 p.m., less than one business day before a hearing before Judge Martha Cook on Monday July 12, 2010 at 10:30 a.m.

37. Unknown to Mr. Rowland at the time, on July 9, 2010 Gillespie filed by hand delivery to the Hillsborough Clerk, *Emergency Motion to Disqualify Defendants' Counsel Ryan Christopher Rodems & Barker, Rodems & Cook, PA*. This serendipitous filing was exactly what Mr. Rowland suggested to Gillespie. On July 12, 2010 Gillespie handed the motion to disqualify Mr. Rodems directly to Judge Cook at the start of the hearing, but Judge Cook refused to consider the motion. Gillespie suffered a panic attack, and was treated by Tampa Fire Rescue. Gillespie was excused by Judge Cook, who proceeded ex-parte. Judge Cook then created a false record of Gillespie's panic attack in the Order of July 29, 2010. Judge Cook wrote: "[t]he Plaintiff voluntarily left the hearing prior to its conclusion... loudly gasping and shouting he was ill and had to be excused." At footnote 2 Judge Cook wrote: "Mr. Gillespie refused medical care from emergency personnel when called by bailiffs and left the courthouse immediately after learning that the conference was completed."

38. Gillespie made an affidavit September 27, 2010 impeaching Judge Cook, along with treatment records of Gillespie by Tampa Fire Rescue. Gillespie submitted his

affidavit as Exhibit 13 to the Complaint in District Court case 5:10-cv-503, but the District Clerk refused to put the document on the Courts CM/ECF system. [N.¶17.E8]. A copy of Gillespie's affidavit is provided as Exhibit 3.

39. Gillespie made an affidavit September 27, 2010 on Judge Cook's refusal to consider the disqualification of Mr. Rodems, and impeaching Judge Cook's Order of July 22, 2010 "Order Denying Plaintiffs Emergency Motion to Disqualify Defendants' Counsel Ryan Christopher Rodems & Barker, Rodems & Cook, PA". Gillespie submitted his affidavit as Exhibit 12 to the Complaint in District Court case 5:10-cv-503, but the District Clerk refused to put the document on the Courts CM/ECF system. [N.¶17.E8]. A copy of Gillespie's affidavit is provided as Exhibit 24.

The ADA Required Disqualification of Mr. Rodems

40. The ADA required the disqualification of Mr. Rodems in Hillsborough County. On February 12, 2010 Mr. Rodems filed *Defendant's Motion For An Order Determining Plaintiff's Entitlement To Reasonable Modifications Under Title II Of The Americans With Disabilities Act*. (Exhibit 25). Using Mr. Rodems' motion as a basis for determining a reasonable ADA accommodation, Rodems' disqualification was appropriate. Beginning with footnote 1 of Mr. Rodems' motion:

Under Title II of the ADA, "no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." 42 U.S.C. § 12132. "A public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity." 28 C.F.R. § 35.130(7). "Public entity" includes "any State or local government" and "any

department, agency, special purpose district, or other instrumentality of a State or States or local government" 42 U.S.C. § 12131(1).

As set forth in this disability request, Mr. Rodems was the disability impediment to Gillespie and his lawsuit. Even after Gillespie hired Mr. Bauer, the outrageous conduct of Mr. Rodems prevented Gillespie from even attending a hearing. Later when Gillespie hired Mr. Castagliuolo, the outrageous conduct of Mr. Rodems continued. Rodems refused to return calls to Mr. Castagliuolo, or even provide Castagliuolo with a copy of the writ of bodily attachment. This was during a time when Deputy Dunlap of the Marion County Sheriff's Office was pounding on Gillespie's door day after day, trying to arrest Gillespie. Gillespie lived in fear that Deputy Dunlap would smash down the door, and given Gillespie's PTSD, that may have resulted in a tragedy. Mr. Rodems put law enforcement in harm's way for no reason, other than to feed his need for revenge.

At footnote 2 of Mr. Rodems' motion:

Under Title II of the ADA, "[d]isability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment." 28 C.F.R. § 35.104. "The phrase physical or mental impairment" includes "[a]ny mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." 28 C.F.R. § 35.104. "The phrase major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working." 28 C.F.R. § 35.104. A "qualified individual with a disability" is "an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity." 42 U.S.C. § 12131(2).

As set forth in this disability request, Gillespie is disabled, has a record of impairment, and is regarded as having such an impairment. Even Mr. Rodems agrees on this, and often sent Gillespie letters or left phone messages such as this one December 13, 2006:

"I recognize that you are a bitter man who apparently has been victimized by your own poor choices in life. You also claim to have mental or psychological problems, of which I have never seen documentation. However, your behavior in this case has been so abnormal that I would not disagree with your assertions of mental problems."

As set forth in footnote 3 of Mr. Rodems' motion:

If Plaintiff has a "disability," then the "reasonable modifications" he may request are those necessary for him to meet "the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity." 42 U.S.C. § 12131(2).

As set forth in this disability request, the reasonable ADA modification was the disqualification of Mr. Rodems, which was required under McPartland v. ISI Inv. Services, Inc., 890 F.Supp. 1029, M.D.Fla., 1995. This accommodation would not have cost the court anything, other than the cost of paper to enter the order of disqualification.

Gillespie v. HSBC Bank: Objective Control Case, U.S. District Court

41. Gillespie provided this Court as Exhibit 58 to his ADA disability request of April 7, 2011, *Plaintiff's Response To Order To Show Cause*, in District Court case no. 5:10-cv-503. (Doc. 58). On page 25, paragraph 15a, Gillespie provided an objective control case with which to measure Mr. Rodems, Gillespie v. HSBC Bank, et al., Case No. 5:05-cv-362-Oc-WTH-GRJ, US District Court, Middle District of Florida, Ocala Division.

Gillespie brought his dispute to the Thirteenth Judicial Circuit for a fair and just adjudication. But Mr. Rodems has prevented a lawful adjudication of the dispute because his exercise of independent professional judgment is materially limited by his personal conflict and interest. There is an objective control case that serves as constant much like the control group in a research project. Gillespie

commenced two pro se lawsuits in August 2005 because he could not find or afford counsel to represent him. One lawsuit in this Court involved a credit card dispute, Gillespie v. HSBC Bank, et al, Case No. 5:05-cv-362-Oc-WTH-GRJ, US District Court, Middle District of Florida, Ocala Division. The HSBC lawsuit was resolved a year later with a good result for the parties. Gillespie was able to work amicably with the counsel for HSBC Bank, Traci H. Rollins and David J. S'Agata, counsel with Squire, Sanders & Dempsey, LLP and the entire case was concluded in 15 months.

The case also shows the Hon. William Terrell Hodges was able to understand Gillespie's pleadings in 2006, and found Gillespie stated a cause of action by Order (Doc. 32) on November 25, 2006. (Exhibit 26).

Motion to Suspend Rules Pursuant to Rule 2, Federal Rules of Appellate Procedure

42. Gillespie moves pursuant to FRAP Rule 2 to suspend for good cause any rule that would prevent this Circuit Court from considering this disability request. In support thereof Gillespie states his mental ability has declined due to "permanent secondary wounds" described in the October 28, 2010 letter of Dr. Huffer, injuries which resulted from the intentional infliction of severe emotional distress, or torture, by private attorneys, judges and people acting on the part of the state.

Conclusion

41. As set forth in this motion, Gillespie is disabled, he has a record of impairment, and is considered impaired. Mr. Rodems' law firm previously consulted with Gillespie on disability matters with DVR. Mr. Rodems has, with malice aforethought, inflicted severe emotional distress upon Gillespie as a strategy in this litigation, and has deprived Gillespie of his right to mental integrity contrary to the his liberty interest under the Fourteenth Amendment. Mr. Rodems should have been disqualified April 25, 2006 under

the holding of McPartland v. ISI Inv. Services, Inc., 890 F.Supp. 1029, M.D.Fla., 1995. Mr. Rodems should have also been disqualified in September 2006 under the ADA.

WHEREFORE, Gillespie moves for the following, and also includes a general request that the Court grant such other and further relief as it deems just and equitable.

A. Gillespie moves for Declaratory Judgment finding that Mr. Rodems' representation against Gillespie was unlawful under the holding of McPartland v. ISI Inv. Services, Inc., 890 F.Supp. 1029, M.D.Fla., 1995, and the ADA.

B. Gillespie moves for Declaratory Judgment in his favor the following cases:
Gillespie v. Barker, Rodems & Cook, PA, et al., 05-CA-7205, Hillsborough Co.
Gillespie v. Thirteenth Circuit, FL, et al., 5:10-cv-503, US District Court, MD FL
Estate of Gillespie v. Thirteenth Circuit, FL, et al., 5:11-cv-539, US Dist Ct, MD FL

C. Gillespie moves for appointment of a Guardian ad Litem.

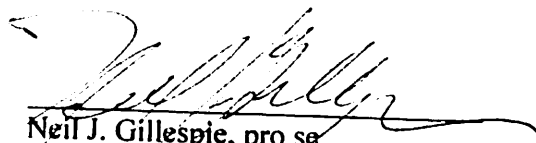
D. Gillespie moves for authorization to e-file.

F. Gillespie moves for a 30 minute limit on hearings, depositions, etc. due to disability.

G. Gillespie moves for appointment of counsel anytime his freedom is at stake.

Gillespie apologies to the Court for the length of this pleading, and its other shortfalls. If he had more time and skill, Gillespie would submit a better pleading. Each day Gillespie's mental health deteriorates as a result of this litigation. Today Gillespie is unable to submit the Exhibits with this pleading, there is not enough time. Gillespie will prepare them tonight and submit the Exhibits tomorrow. Gillespie planned to submit this pleading Friday August 3, 2012 as stated in his cover letter to Clerk of Court Mr. Ley. Gillespie regrets that he was unable to meet that deadline, and offers his most sincere apology.

RESPECTFULLY SUBMITTED, August 6, 2012.



Neil J. Gillespie, pro se
8092 SW 115th Loop
Ocala, Florida 34481
(352) 854-7807

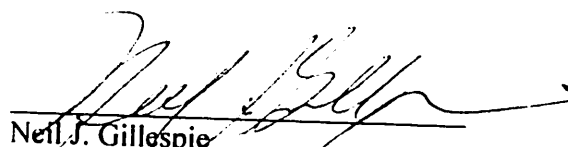
I HEREBY CERTIFY that a copy of the foregoing was email August 6, 2012 to the following:

Catherine Barbara Chapman (For Robert W. Bauer, et al)
(catherine@guildaylaw.com)
Guilday, Tucker, Schwartz & Simpson, P.A.
1983 Centre Pointe Boulevard, Suite 200
Tallahassee, FL 32308-7823
(Service in PDF by email only)

Gillespie respectfully requests that Ms. Chapman forward a PDF copy to Mr. Rodems because Gillespie cannot afford due to indigence and/or insolvency to mail a paper copy to Mr. Rodems.

Gillespie cannot have email or telephone communication with Mr. Rodems because of Mr. Rodems past misconduct toward Gillespie.

Ryan C. Rodems, Esquire (For himself and his firm Barker, Rodems & Cook, PA)
Barker, Rodems & Cook, PA
501 E. Kennedy Blvd, suite 790
Tampa, Florida 33602



Neil J. Gillespie

**UNITED STATES COURT OF APPEALS
FOR THE ELEVENTH CIRCUIT**

ELBERT PARR TUTTLE COURT OF APPEALS BUILDING
56 Forsyth Street, N.W.
Atlanta, Georgia 30303

John Ley
Clerk of Court

For rules and forms visit
www.ca11.uscourts.gov

August 09, 2012

Neil J. Gillespie
8092 SW 115TH LOOP
OCALA, FL 34481

Appeal Number: 12-11213-C
Case Style: Neil Gillespie v. Thirteenth Judicial Circuit, F, et al
District Court Docket No: 5:10-cv-00503-WTH-TBS

I am returning to you unfiled the papers which you have submitted. This case is closed.

Sincerely,

JOHN LEY, Clerk of Court

Reply to: Walter Pollard, C
Phone #: (404) 335-6186

PRO-3 Letter Returning Papers Unfiled