

December 15, 2015

Steven T. Fox, Attorney
The Steven T. Fox Law Firm
1335 Dublin Rd, Suite 205-A
Columbus, Ohio 43215

Re: Clinical Alcohol Assessment for Adrian Maxey (DOB – 3/29/1993)

Dear Mr. Fox,

I performed a Clinical Alcohol Assessment for Mr. Maxey in reference to his OVI and disorderly conduct charges in Franklin County. This assessment included a 50 minute in-person clinical interview, and the administration of:

- A Michigan Alcohol Screening Test (MAST)
- An Alcohol Use Disorder Identification Test (AUDIT)
- A general anxiety/depression screening

The following items provide a summary of the screening results, my diagnostic opinion and professional recommendations:

MAST: score = 3 / *NEGATIVE SCREEN*; some problem symptoms indicated but mitigated upon clarification (screening appeared valid)

AUDIT: score = 5 / *NEGATIVE SCREEN*; scores of 8 or more indicate *hazardous use*, scores of 15 or more in men indicates *moderate to severe* disorder present (respondent appeared to provide forthright responses to questions)

Alcohol Use Risks or Symptoms: occasional use of 5 or more drinks in one sitting, one relative who possibly had problem alcohol use, 3 specific occasions of partial memory impact from alcohol use in the last 3 years; however, Mr. Maxey did not appear to clearly meet any of the 11 DSM-5 alcohol use disorder symptoms.

Present Use Status: presently not using alcohol with no plans to resume use anytime soon

Anxiety/Depression Screening: no clinically significant concerns reported

Substance Related Legal History Reported: two charges only – October 2015 OVI and December 2015 disorderly conduct

Clinical Interview/Summary: Mr. Maxey's written screenings gave indications of some negative impact from alcohol use but raw scores were not clearly indicative of a clinical alcohol use disorder. He reported his normal use of alcohol, before these charges, as 1-

2 drinks on 2-3 occasions per week. He also acknowledged use of a greater number of drinks about once every 2-3 months (social occasions).

Mr. Maxey and I discussed his OVI incident, disorderly conduct incident, and general use of alcohol at length. He was both remorseful and insightful about occasions of overusing alcohol and he also appears to have a high level of motivation to avoid future problem use, legal or otherwise; especially as he has much to lose in terms of his future occupation and which he has made great investment in. Mr. Maxey shared that he will be going to a 72 Driver Intervention Program and was open to any other preventative suggestions that I had. Though he did not make a clinical impression as someone meeting criteria for a DSM-5 alcohol use disorder, I recommended he meet with an outpatient counselor for further discussion and he was very open to the suggestion.

If the court possesses additional information about Mr. Maxey's use of alcohol or drugs that might aid in the accuracy of this assessment I would be happy to review it and consider any appropriate modifications or amendments to the present report.

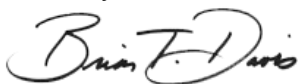
DSM-5 DIAGNOSIS in reference to substances: Z03.89 (suspected substance use condition not found)

Treatment Recommendations:

- 1) Alcohol Education – I agreed with and support Mr. Maxey's decision to complete a 72 hour Driver Intervention Program in the near future.
- 2) Outpatient Counseling for Prevention Planning – 2 outpatient sessions with a professional substance abuse counselor after completion of recommendation #1; update recommendations at session 2 or discharge as appropriate.

Thank you for the opportunity to assist the court, Mr. Maxey, and yourself in this important matter.

Sincerely,



Brian T. Davis, LISW-S, SAP
LIC# I-7948
cc: Adrian Gorzitze-Maxey

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160 & 165. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

Diagnostic Conclusions / Limitations: Directions Counseling Group provides Clinical Alcohol Assessments based on objective and standardized screenings and interviewing methods as well as self-reported information. Clinical conclusions are made to the best of the professional's ability with data on hand at the time of the assessment. Expanded assessments which involve additional background research, collateral information and third party verification can be provided as an additional service upon request.