

WRIT TO TAKE INTO CUSTODY

STATE OF MISSISSIPPI
LAFAYETTE COUNTY

RE: Matthew Beardon

DEC - 7 P 4: 10

CHANCERY CAUSE NO.

CV 2021-691 (L)

BY DC

13

Matthew Beardon

An Affidavit having been made, alleging that one Matthew Beardon within your County, is in need of mental treatment, you are hereby commanded to immediately take said person into your custody and place him at the Lafayette County Detention Center and retain custody of said person until further order of the undersigned, so that he may be examined according to law by those duly appointed by the Clerk. You shall report hereon of your compliance herewith and file same with the Clerk of this Court.

Given under my hand and official seal, this the 7th day of Dec, 20 21 at

3:50 (a.m.) (p.m.)

Lawrence L. Little
CHANCELLOR

Custody Taken: _____ day of _____, 20____, at _____ (a.m.) (p.m.)

Delivered To: _____ at _____ (a.m.) (p.m.)

Persons present at the time and place of taking custody (preferably relatives or friends):

NAME

ADDRESS

BY: _____, SHERIFF
_____, Deputy

IN THE CHANCERY COURT OF LAFAYETTE COUNTY, MISSISSIPPI

IN THE MATTER OF
THE ALLEGED TO BE IN NEED
OF MENTAL TREATMENT

Matthew Leonard

FILED
STATE OF MISSISSIPPI
LAFAYETTE COUNTY

2021 DEC - 7 PM 4:42

CAUSE NO.

CN2021-691(b)

CHANCERY CLERK

BY DC

TS

APPOINTMENT OF SPECIAL MASTER

The above styled matter having come before the Court according to the law in the premises and the Court, having jurisdiction of the subject matter and all necessary parties, finds that a Special Master should be appointed and act according to the law in the premises.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that Matt Moore, a duly licensed and practicing attorney, be and is hereby appointed Special Master, with full power and authority to conduct the hearing in the above styled matter and to act in said capacity according to the Constitution and the Law.

ORDERED, ADJUDGED AND DECREED, on this the 7th day of

Dec, 20 21.

Lawrence H. Tull
CHANCELLOR



FILED
STATE OF MISSISSIPPI
LAFAYETTE COUNTY

MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY
2021 DEC 10 NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM (NICS) ENTRY FORM

CHANCERY CLERK
The following information is provided to the Mississippi Department of Public Safety/Mississippi Criminal Information Center by the Court listed below as required by MCA § 9-1-49.
BY DC 19

- ☐ Initial entry of "Federal Prohibited Person" information for NICS exclusion (ADD)
☐ Correction of "Federal Prohibited Person" information for NICS exclusion (CORRECT)
☐ Person restored to reason or enters an order of relief from a firearms disability (REMOVE)

Name of Court providing "Federal Prohibited Person Information": <u>Lafayette Chancery Clerk</u>	Originating Agency I.D. (ORI): <u>MS036</u>
Name & Title of person submitting information: <u>Tina Johnson Deputy Clerk</u>	Court Telephone Number: <u>662-234-2131</u>

**The following information is required

Complete Name: (Federal Prohibited Person) <u>Matthew Beardon</u>		Court Case/Cause no: <u>CV2021-691</u>
Sex: <u>M</u>	Race: <u>W</u>	Date of Birth: <u>3/24/1987</u>
Federal Prohibited Person Information that is the basis of this report: <u>Mental Commit</u>		

The following is any additionally known information

Social Security Number: <u>250-67-6401</u>	Driver's License Number:	State Identification Card Number:
Place of Birth: <u>7</u>	State of Residence: <u>MS</u>	Scars, Marks, Tattoos:
Other Information:		

MAIL OR FAX COMPLETED FORM TO:

3891 RICHMOND AVE. PEARL, MS 39208 • TELEPHONE 601-933-2600 • FAX 601-933-2676 • www.dps.state.ms.us
POLICE CLERK/SPU 3.1

IN THE CHANCERY COURT OF LAFAYETTE COUNTY, MISSISSIPPI

FILED
STATE OF MISSISSIPPI
IN THE MATTER OF

Matthew Reardon

2021 DEC -9 P 2:58

CAUSE NO.

CN 2021-191(L)

CHANCERY CLERK

BY DC

TS

APPOINTMENT OF ATTORNEY

TO:

Paul Chimich

The above styled matter having come before this Court according to law in the premises, and the said Respondent having been found to be entitled to appointment of counsel according to the Statutes of the State, you are hereby appointed and directed to represent the said Matthew Reardon at the hearing in the above styled matter, which will be set according to law and notice thereof duly given.

ORDERED, ADJUDGED AND DECREED, this the 7th day of

December, 20 21.

[Signature]
SPECIAL MASTER

CN2021-41(6)

FILED PATIENT INFORMATION SHEET

STATE OF MISSISSIPPI

LAFAYETTE COUNTY

Patient Name: Matthew Reardon Security No.: 250 67 6401

Address: 503-7 CR 12 371 Water Valley, MS 38965

Home: CHANCERY CLEVER Work: _____ DOB: 3-24-87 Sex: M

Race: W Religion: _____

County of Residence: Lafayette County of Commitment: Lafayette

CLIENT DEMOGRAPHICS

Marital Status: (1) Single (2) Married (3) Separated (4) Divorced (5) Widowed (6) Unknown

Living Arrangement: (1) Lives alone (3) With Parents (5) With Children (7) With Relatives (9) With others

(2) With Spouse (4) With 1 Parent (6) With Siblings (8) With Legal Guardian NA

Residential Arrangements: (1) Private Residence (3) Homeless (5) Community Program (7) Other

(2) Other Independent Residence (4) Institution (6) Correctional Facility NA

Education: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 Veteran: yes

CLIENT BACKGROUND INFORMATION

Birth Country US State _____ County _____ City _____

Language English U.S. Citizen ☒ MS Citizen _____

Hispanic: (1) Cuban (2) Mexican (3) Puerto Rican (4) Other Hispanic _____

Employment Disabled Occupation _____

Criminal History _____ Charges Pending Yes _____ No ☒ per Carrie

PHYSICAL IMPAIRMENT

01 Deafness and Blindness	05 Ambul. Only w/assist. Device	97 Other
02 Deafness/Severe Hearing Loss	06 Unable to Commun. w/verb Spch	<u>NA</u>
03 Blind/Severe Vision Loss	07 Traumatic Brain Injury	98 Unknown
04 Non ambulatory	08 Major Medical Condition	99 Not Applicable

INSURANCE INFORMATION

Medical Number: _____ Medicaid Number: _____

Third Party: _____ Name of Insured: _____

Insurance Co.: _____ Name of Employer: _____

Contract No.: _____ Group Employer: _____

If Veteran, list amount of compensation: _____

Referrals

Please refer to the 2021 Community Transition Guide for updated referral contact information

Respondent's County of Residence: Lafayette

Was a referral made to a Crisis Stabilization Unit(CSU)? ☐ Yes ☒ No

Which CSU?

Was the respondent accepted at the CSU? ☐ Yes ☐ No

If No, what was the denial reason:

Does the Respondent have stable and independent living arrangements? ☒ Yes ☐ No

If No, then refer to CHOICE Housing Program

Referral Date:

CHOICE Referral Staff Contact:

Resolution:

Is the respondent currently employed? ☒ Yes ☐ No

If No, then refer to Supported Employment Program

Referral Date:

Supported Employment Staff Contact:

Resolution:

Has the Respondent had 2 or more psychiatric hospital or emergency admissions in the past 12 months?
OR Does the Respondent present with significant and major psychiatric symptoms (e.g., suicidality, psychosis) and has not benefited from traditional outpatient services? ☐ Yes ☒ No

If Yes, then refer to PACT or ICORT (dependent on respondent's county of residence)

Referral Date:

PACT/ICORT Staff Contact:

Resolution:

Is the Respondent between 15-30 years old? ☐ Yes ☒ No

Is this the Respondent's first episode of psychosis? ☐ Yes ☒ No

If the answer is Yes to both, Then refer to NAVIGATE First Episode Psychosis Service

Referral Date:

NAVIGATE Staff Contact:

Resolution:

Administrative Information			
Date of Service	Start Time	Stop Time	Service Location
12/08/2021	08:00 AM	09:00 AM	Lafayette - Main

Electronically Signed by: Staci Waites, , M.Ed., LPC, 12/08/2021 11:14 AM

☐ Dementia ☐ Epilepsy ☐ Chemical Dependency ☐ Mental Illness
☐ Intellectual/Developmental Disability

2) The following referrals for appropriate evaluation or treatment have been provided:

- a.
- b.
- c.

☒ It **IS** recommended that this respondent receive a civil commitment exam. Based on the data available for the current Pre Screening Evaluation the following symptomatology cannot be managed/treated in a less restrictive environment:

1. Matthew Reardon has a diagnosis of Bipolar Disorder, PTSD, cannabis use disorder, and alcohol use disorder. He has little to no insight into his mental illness and refuses to take medication. Matthew was hospitalized under a civil commitment in June 2021 and released on an OPC, which he was noncompliant with. He is currently exhibiting symptoms such as mood instability, impulsiveness, paranoia, severe delusions, and obsessions involving local high-ranking professionals including the AG, judges, mayor, and sheriff.
2. Matthew has recently (3x within the past week) been found inside the Lafayette County courthouse videotaping proceedings and people within the building. When approached by law enforcement, he became belligerent.
3. A higher level of care is needed to stabilize Matt, protect him and the community, and assist him with improving his quality of life by preventing further decompensation.

Comments:

Conspiracy Theories reported today:

"I am a marine corp veteran. Law enforcement took my guns for no reason. Todd Lynch said I came after him with an AR15.

"The city has destroyed my life."

"I have been banished from Oxford and forced to sign a covenant not to sue."

"They have me wearing a fake tag as a felon and a stalker."

"I have an ethical obligation to let people know of the wrong doings in their local government. It all started with election fraud in the 2017 mayoral race with Robyn Tannehill"

"Scott Mills (chief deputy) and Joey East (sheriff) are criminally linked. The circuit clerk is on it too. The mayor's husband, Ray Tannehill, is one of the most influential attorneys in the city. He was my ex-wife's attorney in my child custody issue."

"I just had 9 charges put on me by Lafayette County and Liz. I will put criminal charges on them for filing a false report. Especially on Liz. She accused me of rape in 2018. I signed charges on her 3 weeks ago and now I will file more."

"I know I can use the Bipolar Disorder if I have to. I have that in my back pocket. I can say I was impulsive when I pled guilty in 2017. They took advantage of someone with an undiagnosed mental illness. I was framed for a crime I did not commit. They only locked me up so they could change 2 city ordinances. I know there was election fraud. I can prove it. I was denied the board of supervisors"

"The mayor, Joey East, the AG, David O'Donald, and John Luther (judge) are all in on this. Robert Whitwell (judge) is at the top. He is a conflict. It was the pauper's oath. I have 2 cases in the supreme court and a third one is coming. I am going after them."

"I have a website, Riding with the Outlaw. I own a production company, Outlawed Productions. I am creating a documentary to expose the corruption in this county." *** the website is really operational

"I am fearful for my life. In the 1980s, Louise Boston was killed by the Lafayette County Sheriff's Department while in the jail on a writ. She died in custody because she was refused medical attention. I know I will die tonight. They are going to kill me to silence me." *** Boston V Lafayette County, 1987, Boston died of blood clots in her lung, Lafayette County was cleared of any wrong doing

Interview with Madelyn ("wife" of 4 years) -

"Matt was arrested in Bruce and sent to the hospital in Tupelo. We didn't understand the process after he got out. Is that what this is about? He is mental health is stable. I have no concerns for me or my children. Our only problem in our marriage is his obsession with the 2017 election. It is ruining him. He is so brave and wants to do the right thing but he is fighting a losing battle."

IN THE CHANCERY COURT OF LAFAYETTE COUNTY, MISSISSIPPI

IN RE: MATTER OF

Matthew Reardon

FILED
STATE OF MISSISSIPPI
LAFAYETTE COUNTY

RESPONDENT, A PERSON ALLEGED TO

2021 DEC -9 P 2:57

CAUSE NO

2021-691(L)

BE IN NEED OF MENTAL TREATMENT

CHANCERY CLERK
ORDER CONFIRMING AND APPROVING JUDGEMENT OF SPECIAL MASTER

AND DISBURSEMENT OF FEES

HAVING carefully examined all of the papers on file in this action and being apprised of all of the proceedings, including the ORDER OF COMMITMENT; and

Being wholly and completely satisfied that the actions of the SPECIAL MASTER have been done according to the requirement of law, and particularly the statutory requirements of Section 41-21-61, et seq., Mississippi Code of 1972;

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED as follows:

- (1) All of the action taken by the Special Commissioner in this action, including the ORDER OF COMMITMENT rendered by him, be and the same are hereby approved, ratified and confirmed in all respects.
- (2) As is authorized by Section 41-21-79, Mississippi Code of 1972, and because the Respondent is indigent, all costs in this proceedings shall be paid out of the funds of the County (GENERAL FUND), and the Chancery Court Clerk is hereby authorized, empowered and directed to issue county warrants against said fund payable to the person named and in the amount as follows:

EXAMINING PHYSICIAN \$ 0

EXAMINING PHYSICIAN \$ 0

SHERRY J. WALL \$ 0
CHANCERY CLERK- COURT COSTS

SHERRY J. WALL \$ 0
CHANCERY CLERK- SERVICES RENDERED

Mat Moore \$ 150.00
SPECIAL MASTER

Paul Chiuiche \$ 150.00
APPOINTED ATTORNEY FOR RESPONDENT

ORDERED, ADJUDGED AND DECREED, this the 9th day of Dec., 20 21.

Lawrence R. Little
CHANCELLOR

FILED
STATE OF MISSISSIPPI IN THE CHANCERY COURT OF THE 18th DISTRICT
LAFAYETTE COUNTY OF Lafayette COUNTY, MISSISSIPPI

2021 DEC -9 P 2:58

IN THE MATTER OF Matthew Reardon, alleged to be mentally ill.

BY DC TS

No. 2021-691(L)

ORDER OF COMMITMENT

This matter having come on for hearing in accordance to law, and the Court having found as follows:

I

The Respondent (please mark one):

- ☒ was present at the hearing
☐ knowingly waived a hearing with the approval of the Court (Waiver attached)
☐ was unable to attend the hearing for the following reasons: _____

II

The Court has jurisdiction over the subject matter and all the necessary parties;

III

The Court (please mark one):

- ☒ received a record of all drugs or other treatment received by the Respondent pending the hearing
☐ has determined that an accurate record of drugs or medication is not practical for the following reasons: _____

IV

The Respondent was not so under the influence of drugs, medication or other treatment as to be hampered in participating in the proceedings.

V

The Respondent has recently threatened/attempted to physically harm self/others:

VI

The Respondent has recently failed to care for self:

was prescribed medication
of July 2021 and has admitted to not taking medications

VII

The Respondent, by clear and convincing evidence, is a mentally ill person who poses a substantial likelihood of physical harm to self/others: _____

VII

The following out-patient care/alternative living arrangements/other has/have been considered as alternative to institutionalization and have been found not suitable for the following reasons:

IX

There is no suitable alternative to judicial commitment: Upon Release from State

Hospital, Respondent is to report to Clinician for follow-up care and compliance of treatment and medication.

IT IS THEREFORE ORDERED AND ADJUDGED that the Respondent be committed to:

MS State Hospital OR any Mississippi Department of Mental Health program for observation, diagnosis, and treatment as may be determined and coordinated by the aforementioned treatment program;

_____ for holding, treatment, and medication until discharged OR until a bed becomes available at a Mississippi Department of Mental Health program.

(Said commitment to remain in effect not to exceed ninety days, unless terminated earlier as provided by law.)

SO ORDERED AND ADJUDGED, this the 9th day of December, 2021.

Matt Moore, Special Master
TYPE NAME

[Signature]
SIGNATURE

APPROVED BY:

Lawrence L. Witte, Chancellor
TYPE NAME

[Signature]
SIGNATURE

APPROVED AS TO THE FORM ONLY:

Paul Chambers, Attorney
TYPE NAME

[Signature]
SIGNATURE

History or Present Danger to Others: ☒ Yes ☐ No (If Yes, mark appropriate statement(s) below)

- ☐ Thoughts of suicide ☐ Threats of suicide ☐ Plan for Suicide ☐ Pre-occupation with death
☐ Suicide gesture ☐ Suicide attempts ☐ Self-mutilation ☐ Family history of suicide
☒ High risk behavior ☒ Inability to care for self ☒ Provoking harm to self from others
☐ Other

Describe

"Todd Lynch said I threatened him with an AR15. My ex accused me of raping her. CPS has been after me with my kids
Everyone thinks I am dangerous, but I am not."

Violence Risk Assessment

Current thoughts about harming another person ☐ Yes ☒ No

If Yes, whom.

If yes, how long have you had these thoughts:

If yes, specific plan:

Access to means to carry out plan:

Source of Information ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:

Violence Risk Factors Present

Present	Unknown	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Male Gender
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspiciousness/Perception of hidden threat
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Early offense history
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Psychopathy
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Violent Fantasies
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Previous violence against other people
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Childhood physical abuse
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comorbid MI & Substance Use Dx
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anger
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Antisocial Personality Diagnosis

Frequency, type, recency:

Frequency, severity, type:

Frequency, severity:

Source of Information ☐ Respondent ☐ Affiant ☒ Chart Review ☐ Other:

Substance Use

Do you currently use? ☒ Yes ☐ No

	Past Use	Amount	Frequency	Age of Initiation
Alcohol	Denied, but diagnosed with an alcohol use disorder through Communicare			
Marijuana	Denied, but diagnosed with a cannabis use disorder through Communicare			
Opioids				
Amphetamines				
Hallucinogenic				
Prescription Medication				
Over the counter medication				

History of legal charges related to substance use? ☐ Yes ☒ No

Three words not assessed

President "Biden, Good job Brandon"

Counting Response Not assessed

Word Recall Not assessed

Completed Written Command: ☐ Yes ☒ No

If no, Describe Not assessed

What do you understand the reason for our meeting today to be?

"I felt like I was stabbed in the back. I am aware of fraud in the circuit court. I have 2 days to submit my documentation to the supreme court. It is not a coincidence that this writ was taken out on me now. This is an intentional ploy to derail me from my legal matters. It is intentional sidelining by the local government."

Source of Information: ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:

Psychiatric Symptoms Past Month

Respondent(R) Informant(I)

Depressive Symptoms

- ☒ Depressed mood/Appears Sad
- ☒ Lack of Interest/Pleasure
- ☒ Appetite Change or Sig Weight Change
- ☒ Insomnia (Difficulty Falling Asleep)
- ☒ Feelings of Worthlessness
- ☒ Fatigue or Loss of Energy
- ☒ Diminished Concentration
- ☒ Indecisiveness

R

I

Anxiety Symptoms

- ☒ Worry
- ☒ Restlessness
- ☒ Easily Fatigued
- ☒ Irritability
- ☒ Muscle Tension
- ☒ Difficulty Concentrating
- ☒ Sleep Disturbance
- ☒ Other: "I have never had these symptoms until now. Now I have all of these symptoms now because of what is being done to me."

R

I

- ☒ Hypersomnia (Sleeping Excessively)
- ☒ Recurrent Thoughts of Death
- ☒ Motor Retardation
- ☒ Motor Agitation
- ☒ Feelings of Hopelessness
- ☒ Other: "I have never had these symptoms until now. Now I have all of these symptoms now because of what is being done to me."

R

I

Somatic Symptoms

- ☒ Headaches
- ☒ Chest Discomfort/Pain
- ☒ Faintness
- ☒ Hot or Cold Flashes
- ☒ Stomach Aches/Pains

R

I

Mania & Hypomania Symptoms

- ☒ At least 1 week
- ☒ 4 consecutive days < weeks
- ☒ Flight of ideas/racing thoughts
- ☐ Decreased need for sleep
- ☒ Increased self-esteem of Grandiosity
- ☒ More talkative than usual
- ☒ Excessive involvement in activities with high potential for painful consequences
- ☒ Distractibility
- ☐ Reports Fearing School

R

I

Heart Palpitations

- ☒ Dizziness or Vertigo
- ☒ Shaking/Trembling
- ☒ Tingling in hands or feet
- ☒ Excessive Sweating
- ☒ Other:

R

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Thought Disorder Symptoms

- ☒ Hallucinations

R

I

Auditory

Visual

Olfactory

Tactile

Gustatory

Specific Hallucinations:

R

I

R

I

R

I

R

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R

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R

I

- | | | |
|---|----------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Delusions | <input type="checkbox"/> R | <input checked="" type="checkbox"/> I |
| <input checked="" type="checkbox"/> Persecutory | <input type="checkbox"/> R | <input checked="" type="checkbox"/> I |
| <input checked="" type="checkbox"/> Grandiose | <input type="checkbox"/> R | <input checked="" type="checkbox"/> I |
| <input checked="" type="checkbox"/> Paranoid | <input type="checkbox"/> R | <input checked="" type="checkbox"/> I |
| <input type="checkbox"/> Absence of emotions | <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> Absence of speech | <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> Absence of movement | <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> Lack of Hygiene | <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> Lack of eating/feeding | <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> Other: | <input type="checkbox"/> R | <input type="checkbox"/> I |

Specific Delusions:

Obsessive Compulsive Symptoms

- Obsessive Thoughts ☒ Yes ☐ No
- Severity ☒ Mld ☐ Moderate ☐ Severe
- Specific Obsessions Conspiracy theories
- Obsessive Thoughts ☐ Yes ☐ No
- Severity ☐ Mld ☐ Moderate ☐ Severe
- Specific Obsessions

- | | |
|----------------------------|---------------------------------------|
| <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> R | <input checked="" type="checkbox"/> I |
| <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> R | <input type="checkbox"/> I |
| <input type="checkbox"/> R | <input type="checkbox"/> I |

TRAUMA HISTORY

Trauma Exposure ☐ Yes ☒ No

Trauma Triggers:

- | | | | | |
|----------------------------|---|---|---|---|
| Environmental: | <input type="checkbox"/> Crowding | <input type="checkbox"/> Dark room | <input type="checkbox"/> Confusing signs | <input type="checkbox"/> Slamming doors |
| | <input type="checkbox"/> Room checks | <input type="checkbox"/> Noise | <input type="checkbox"/> Too hot or too cold | <input type="checkbox"/> Leaving bedroom door open |
| Interpersonal: | <input type="checkbox"/> Lack of privacy | <input type="checkbox"/> Arguments | <input type="checkbox"/> People Yelling | <input type="checkbox"/> Being approached by men or |
| | <input type="checkbox"/> Being stared at | <input type="checkbox"/> Smells | <input type="checkbox"/> People too close | <input type="checkbox"/> Contact with Family |
| | <input type="checkbox"/> Confined spaces | | <input type="checkbox"/> Feeling pressured | <input type="checkbox"/> Being ordered to do something |
| | <input type="checkbox"/> Being ignored | <input type="checkbox"/> Tall or large people | | <input type="checkbox"/> Being approached by men or women |
| Other Triggers | <input type="checkbox"/> Being Teased / picked on | <input type="checkbox"/> Being touched | <input type="checkbox"/> People focusing on my symptoms | |
| | <input type="checkbox"/> Taste | <input type="checkbox"/> Time of Day | <input type="checkbox"/> Sounds | <input type="checkbox"/> Sights |
| | <input type="checkbox"/> Wringing hands | | <input type="checkbox"/> Sensations/textures | |
| Warning Signs of Emotional | <input type="checkbox"/> Heart Pounding | <input type="checkbox"/> Pacing | <input type="checkbox"/> Breathing Hard | <input type="checkbox"/> Clenching teeth |
| escalations: | <input type="checkbox"/> Crying | <input type="checkbox"/> Giggling | <input type="checkbox"/> Flushed/red face | <input type="checkbox"/> Shortness of Breath |
| | <input type="checkbox"/> Bouncing legs | <input type="checkbox"/> Singing | <input type="checkbox"/> Can't sit still | <input type="checkbox"/> Cursing/swearing |
| | <input type="checkbox"/> Sweating | <input type="checkbox"/> Rocking | <input type="checkbox"/> Clenching fists | <input type="checkbox"/> Wringing hands |
| Source of information | <input checked="" type="checkbox"/> Respondent | <input type="checkbox"/> Affiant | <input type="checkbox"/> Chart Review | <input type="checkbox"/> Other: |

Suicide Assessment

Prior Attempts: ☐ Yes ☒ No

Friend or Family Member Completed Suicide: ☐ Yes ☒ No

List Methods of Attempts and Approximate Dates	List Methods of Suicides and Approximate Dates

Source of Information: ☐ Respondent ☐ Affiant ☐ Chart Review ☐ Other:

Behaviors Exhibited by Respondent

Describe:

Source of Information: ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:

Physical Appearance

Aids: ☒ Glasses ☐ Contacts ☐ Hearing Aids
Attire: ☒ Clean ☐ Dirty ☐ Torn/worn through ☐ Appropriate for occasion
☐ Appropriate for weather ☐ Other
Hair: ☒ Clean ☐ Dirty ☐ Disheveled ☐ Styled
Nails: ☒ Clean ☐ Dirty
Skin: ☒ Clean ☐ Dirty ☐ Bruised ☐ Cuts/Scrapes
☐ Sores ☐ Tattoos
Teeth: ☒ Clean ☐ Dirty ☐ Decay ☐ Missing

Unusual alterations or distinguishing features:

Source of Information: ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:

Behavioral Observations

Motor Activity

Diminished: ☐ Frozen ☐ Catatonic ☐ Almost motionless ☐ Little animation
☐ Psychomotor retardation ☐ Slowed reaction time ☐ Other:
Normal: ☒ Purposeful ☒ Coordinated ☐ Other:
Excessive: ☐ Restless ☐ Squirming ☐ Fidgety ☐ Hyperactive
☐ Constant movement ☐ Other:
Unusual: ☐ Other:

Speech

Slowed: ☐ Sluggish ☐ Paucity ☐ Impoverished ☐ Unspontaneous
☐ Single word answers ☐ Minimal response ☐ Other:
Normal: ☒ Initiates ☒ Productive ☒ Alert/responsive ☒ Spontaneous
☐ Smooth ☐ Animated ☐ Other:
Pressured: ☐ Expansive ☐ Rapid ☐ Excessively wordy ☐ Fast
☐ Rushed ☐ Other:
Verbose: ☐ Non stop ☐ Long winded ☐ Over productive ☐ Frequent run ons
☐ Flight of ideas ☐ Hyper verbal ☐ Other:
Unusual: ☐ Other:

Thought Process:

Attention: ☐ Normal ☐ Unengaged ☐ Distractible ☒ Hyper vigilant
☒ Hyper focused
Insight: ☐ Good ☐ Fair ☐ Poor ☐ No insight
Preoccupations: ☐ Somatics ☐ Children ☐ Job ☐ Spouse/Sig Other
☐ Self ☐ Finances ☒ Other: Conspiracy theory

Source of Information: ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:

Affect: ☐ Flat ☐ Blunted ☐ Constricted ☒ Normal ☐ Broad

Facial Expression:

☐ Vacant ☐ Blank ☐ Strained ☐ Pained ☐ Grimacing ☐ Smiling ☒ Other: WNL

Summary & Recommendations

Based on the data gathered for the current Pre Evaluation Screening.

☐ It is **NOT** recommended that this respondent receive a civil commitment exam.

1) Current available information indicates that present symptomatology is due to

Adult Pre-Evaluation

Date: 12/08/2021 Time In: 08:00 AM

Time Out: 09:00 AM

Interview Location: Lafayette - Main

Individuals Present: Matt (LCDC), Rachel Alcorn and Melody Madari (Communicare), Madelyn ("wife" - via phone at 662-816-5590)

Interpretative Aids/Assisted Devices: None reported

Pending Felony Charges: ☐ Yes ☒ No

Cause Number 2021-691

CMHC Region: Region II

In the Chancery court of Lafayette

County Voluntary CSU Admission Sought: ☐ Yes ☒ NoMobile Crisis Involvement: ☐ Yes ☒ No

Information from this interview will be reported on a standardized form and submitted to the chancery court and civil commitment examiners. You have the right to refuse to participate. Other sources of information including a review of your legal medical records and interviews with family member and the affiant requesting commitment will be included in this report.

Respondent Demographics

DOB: 03/24/1987

Name: REARDON, MATTHEW

Age: 34 Yrs Gender: Male

Race: White/Caucasian

Social Sec #: 250-67-6401

Medical #: N/A

Medicare #: False

Home Address: 117 CR 401, Oxford, MS 38915

Phone Number: 662-550-9752

Name & Ages of Children:

Names not reported /

"2 year old, 3 year old, 7 year old stepdaughter that live with me
7 year old daughter that he has not seen in 6 months (lives with bio mom)
"wife" Madelyn is currently pregnant, due in May 2022"

Respondent resides with minor children:

☒ Yes ☐ No

Respondent has visitation rights to minor children:

☒ Yes ☐ No

Respondent has legal guardian/conservator:

☐ Yes ☒ NoSource of Information: ☐ Respondent ☐ Affiant ☐ Chart Review ☐ Other:**Affiant Demographics**

Affiant Name: Rachel Alcorn

Relation of Respondent: CMHC Provider

Phone Number: 662-234-7521 Home Address: 152 Hwy 7 South, Oxford, MS 38655

Source of Information: ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:**Respondent Psychosocial Information**

Current Living:

☐ Alone ☒ Family/Friends ☐ Assisted Living ☐ Homeless ☐ Other:

Housing: Private Residence

Dwelling: House

Home Address: 117 CR 401, Oxford, MS 38655

Marital Status: Married

Employed: ☐ Yes ☒ No Employer/Position:

Length of Job:

If unemployed (most recent job?):

"They have cost me my career path. I had a job working with a commercial property owner but the mayor's best friend ended that. I used to draw \$8000 a month of residual income from when I helped a national company build a salesforce but that has dropped down to \$1500 a month now. I own a production company called Outlawed Productions and I am working on a documentary"

Highest Level of Education Completed: Some college

Religious Preference or Practice: Christian

Source of Information: ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:**Psychiatric History**

Current Psychotropic Medications:

"I was put on medicine when I was at the hospital in Tupelo. I do not remember the name. I could not afford it. I will not take it anyway. It makes me not feel right. It clouds up my head. I believe I think and feel clear without meds"

Is the medication helpful or problematic: ☐ Helpful ☒ Problematic

Psychiatric Hospitalizations: Yes

Locations and Dates (If Known): "Tupelo, June or July 2021, a brief stint when the walls were closing in on me"

Outpatient Treatments: See below

Locations and Dates (If Known): Denied; however, Communicare records indicate Matt opened a case with Communicare in June 2021 after being at Tupelo CSU under a civil commitment and released under an OPC. Intake only, no treatment received, noncompliant with OPC.

Psychological Testing: None reported

Provider and Dates (If Known): None reported

Source of Information: ☐ Respondent ☐ Affiant ☐ Chart Review ☒ Other: Respondent and records

Medical Status & Treatment History

Current Medications (not listed above):

None reported

Is the medication helpful or problematic: ☐ Helpful ☐ Problematic

Known Medication Allergies: None reported

Currently Under Physician Care For: None reported

Physician's Name: None reported

Conditions Treated In The Past: None reported

Provider and Dates (If Known): None reported

Medical Hospitalization History: None reported

Physical Disabilities: None reported

Current Communicable Diseases:

☐ HIV/AIDS ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ MRSA ☐ Influenza ☐ TB(Tuberculosis)
☐ Head Lice ☐ Scabies ☐ Body Lice ☐ STIs ☒ Other: None reported

Currently Pregnant: ☐ Yes ☒ No

Source of Information: ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:

Developmental Disability

History of Special Education Ruling: ☐ Yes ☒ No

If yes, Describe:

Documented IQ below 70: ☐ Yes ☒ No

If yes, Describe:

Documented sub-average intellectual functioning before age 18: ☐ Yes ☒ No

If yes, Describe:

Documented Adaptive Functioning Deficits: ☐ Yes ☒ No

If yes, Describe:

Specific Observed Adaptive Functioning Deficits:

None reported

Source of Information: ☒ Respondent ☐ Affiant ☐ Chart Review ☐ Other:

Mental State Exam

Oriented to Date: Time: Place: "Lafayette County Jail"

* Cue for three words (provide words) *** Not oriented to day, date, or time. "It is early in the morning. My brain is cloudy."

CV2021-691(L)

FILED CERTIFICATE OF EXAMINING PHYSICIAN/PSYCHOLOGIST

STATE OF MISSISSIPPI

We, Dr. Milton Hobbs and Sharon Upton, ACNP do hereby

certify that on the 3rd day of December, 2021, we conducted a

thorough mental and physical examination of Matthew Reardon of

Lafayette County, Mississippi, and that it is our opinion that said person (is) (is not)

suffering from mental illness, more particularly described as Bipolar & delusional

manifested by:

☒ grossly disturbed behavior/faulty perceptions, and poses a substantial likelihood of physical harm:

☒ by recent threats or attempts to harm self or others.

☒ by failure to provide necessary care for self.

- and -

☒ requires treatment to prevent further disability or deterioration.

Said person (is) (is not) in need of observation, diagnosis, and treatment through:

☒ Inpatient Treatment/Hospitalization ☐ Court Ordered Outpatient Services at Communicare

Facts supporting these findings include: Mr. Matthew Reardon is a 34 year

old male with a history of mental illness requiring inpatient treatment.
He was at the North MS State hospital 7/2021 & he quit taking
his psychiatric medications at the time of discharge. He repeats
himself frequently. He is very preoccupied with ongoing legal
cases. Inpatient treatment is recommended at this time.

So certified this 8 of December, 2021.

M. Hobbs, MD

Physician/Psychologist Signature

____/____

Units/Minutes

Sharon Upton, ACNP

Physician/Psychologist Signature

____/____

Units/Minutes

Darius, a black

Equinox LX 61450

503 CR 371 Water Valley, MS 38965

STATE OF MISSISSIPPI
LAFAYETTE COUNTY

WRIT TO TAKE CUSTODY

STATE OF MISSISSIPPI
LAFAYETTE COUNTY

2021 DEC 7

P 4:10

CHANCERY CLERK

CHANCERY CAUSE NO.

CV2021-691(L)

BY DC

BY DC

An Affidavit having been made, alleging that one Matthew Beardon within your County, is in need of mental treatment, you are hereby commanded to immediately take said person into your custody and place him at the Lafayette County Detention Center and retain custody of said person until further order of the undersigned, so that he may be examined according to law by those duly appointed by the Clerk. You shall report hereon of your compliance herewith and file same with the Clerk of this Court.

Given under my hand and official seal, this the 7th day of Dec, 20 21 at

3:50 (a.m.) (p.m.)

Lawrence R. Kittle
CHANCELLOR

Custody Taken: 7 day of December, 20 21, at 5:30 (a.m.) (p.m.)

Delivered To: L.C.D.C. at 5:50 (a.m.) (p.m.)

Persons present at the time and place of taking custody (preferably relatives or friends):

NAME

ADDRESS

Mike Dennis
Jos Quales

BY: Jos East SHERIFF
Jos East Deputy

IN THE CHANCERY COURT OF LAFAYETTE COUNTY, MISSISSIPPI

FILED
STATE OF MISSISSIPPI
LAFAYETTE COUNTY
IN THE MATTER OF
2021 DEC -9 P 2:57

Matthew Reardon

CAUSE NO.

CV 2021-691(L)

CHANCERY CLERK

BY DC

B

APPOINTMENT OF PHYSICIAN/PSYCHOLOGIST

TO:

Dr. Thomas Hobbs
Sharon Upton, ACNP

An Affidavit having been made by Communicare that Respondent Matthew Reardon is in need of mental treatment, you are hereby appointed and directed to make a full inquiry into the mental condition of and make a thorough physical and mental examination of such person at Communicare within twenty-four (24) hours of this notice.

You are further ordered at the beginning of the examination to tell said Matthew Reardon in plain language of the purpose of the examination, its possible consequences and his right to refuse to answer questions and to have his lawyer present, and to report your findings in writing within the time set by law to Sherry Wall, Clerk of Chancellor of the Chancery Court.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, AND ISSUED this 9th day of December, 2021, at _____ (a.m.)(p.m.)

[Signature]
SPECIAL MASTER