

SHORT TITLE: Zeiny Versus Dr. Hirsch and Good Samaritan Hospital	CASE NUMBER:
---	--------------

4. Plaintiff (*name*): Al Zeiny
 is doing business under the fictitious name (*specify*):

and has complied with the fictitious business name laws.

5. Each defendant named above is a natural person

- | | |
|---|---|
| a. <input checked="" type="checkbox"/> except defendant (<i>name</i>): Good Samaritan Hosp
(1) <input type="checkbox"/> a business organization, form unknown
(2) <input checked="" type="checkbox"/> a corporation
(3) <input type="checkbox"/> an unincorporated entity (<i>describe</i>):

(4) <input type="checkbox"/> a public entity (<i>describe</i>):

(5) <input type="checkbox"/> other (<i>specify</i>): | c. <input type="checkbox"/> except defendant (<i>name</i>):
(1) <input type="checkbox"/> a business organization, form unknown
(2) <input type="checkbox"/> a corporation
(3) <input type="checkbox"/> an unincorporated entity (<i>describe</i>):

(4) <input type="checkbox"/> a public entity (<i>describe</i>):

(5) <input type="checkbox"/> other (<i>specify</i>): |
|---|---|

- | | |
|---|---|
| b. <input type="checkbox"/> except defendant (<i>name</i>):
(1) <input type="checkbox"/> a business organization, form unknown
(2) <input type="checkbox"/> a corporation
(3) <input type="checkbox"/> an unincorporated entity (<i>describe</i>):

(4) <input type="checkbox"/> a public entity (<i>describe</i>):

(5) <input type="checkbox"/> other (<i>specify</i>): | d. <input type="checkbox"/> except defendant (<i>name</i>):
(1) <input type="checkbox"/> a business organization, form unknown
(2) <input type="checkbox"/> a corporation
(3) <input type="checkbox"/> an unincorporated entity (<i>describe</i>):

(4) <input type="checkbox"/> a public entity (<i>describe</i>):

(5) <input type="checkbox"/> other (<i>specify</i>): |
|---|---|

Information about additional defendants who are not natural persons is contained in Attachment 5.

6. The true names of defendants sued as Does are unknown to plaintiff.

- a. Doe defendants (*specify Doe numbers*): 100 were the agents or employees of other named defendants and acted within the scope of that agency or employment.
- b. Doe defendants (*specify Doe numbers*): _____ are persons whose capacities are unknown to plaintiff.

7. Defendants who are joined under Code of Civil Procedure section 382 are (*names*):

8. This court is the proper court because

- a. at least one defendant now resides in its jurisdictional area.
- b. the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.
- c. injury to person or damage to personal property occurred in its jurisdictional area.
- d. other (*specify*):

9. Plaintiff is required to comply with a claims statute, **and**

- a. has complied with applicable claims statutes, **or**
- b. is excused from complying because (*specify*):

SHORT TITLE: Zeiny Versus Dr. Hirsch and Good Samaritan Hospital	CASE NUMBER:
--	--------------

10. The following causes of action are attached and the statements above apply to each (*each complaint must have one or more causes of action attached*):

- a. Motor Vehicle
- b. General Negligence
- c. Intentional Tort
- d. Products Liability
- e. Premises Liability
- f. Other (*specify*):

Medical Malpractice

11. Plaintiff has suffered

- a. wage loss
- b. loss of use of property
- c. hospital and medical expenses
- d. general damage
- e. property damage
- f. loss of earning capacity
- g. other damage (*specify*):

Personal Injury, Mental Health Deterioration and Emotional Pain and Suffering

12. The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a. listed in Attachment 12.
- b. as follows:

13. The relief sought in this complaint is within the jurisdiction of this court.

Monetary and Punative Damages

14. **Plaintiff prays** for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. (1) compensatory damages
- (2) punitive damages

The amount of damages is (*in cases for personal injury or wrongful death, you must check (1)*):

- (1) according to proof
- (2) in the amount of: \$

15. The paragraphs of this complaint alleged on information and belief are as follows (*specify paragraph numbers*):

Date: 10/23/2012

 Al Zeiny
 (TYPE OR PRINT NAME)

 (SIGNATURE OF PLAINTIFF OR ATTORNEY)

1 Name: Al Zeiny, Ph.D.
2 Address: 20471 Williams Ave
Saratoga, CA 95070-5427

3 Phone Number: (408)458-0240
4 E-mail Address: I@Zeiny.net
Web Site: http://Zeiny.net

5 Plaintiff Pro Se

6 **SUPERIOR COURT OF CALIFORNIA**
7 **SANTA CLARA COUNTY**

8 Al Zeiny, an individual, Plaintiff,)
9 vs.) **AMENDED COMPLAINT**
10 Anita Hirsch, M.D., an Individual,) **CASE NO. 112CV231180**
11 Good Samaritan Hospital, a business entity,) **JURY TRIAL REQUESTED**
12 and)
13 DOES 1 to 100, inclusive, Defendants)
14 _____)

15
16 **PARTIES**

17 **1. Plaintiff** Al Zeiny
20471 Williams Ave
18 Saratoga, CA 95070-5427
Phone Number: (408) 458-0240

19 **2. Defendants**
20 1. Anita Hirsch, M.D.
400 Carlton Ave, Suite 3
Los Gatos, CA 95032
21 2. Good Samaritan Hospital
2425 Samaritan Drive
22 San Jose, CA 95124

23
24 **JURISDICTION AND VENUE**

25 All of the facts, acts, omissions, events and circumstances herein mentioned and
26 described occurred at the facility of Good Samaritan Hospital, 2425 Samaritan Drive,
27 San Jose, CA 95124, in the county of Santa Clara, State of California, and the
28 defendants, and each of them, have principal place of business in said county and

1 state, and/or legally doing business in said county and state, and thus, are within
2 the jurisdiction of the above-referenced court.

3 **GENERAL ALLIGATIONS**

- 4 1. Prior to the commencement of this action, plaintiff served notice upon named
5 defendants, excluding any DOE defendants, pursuant to Code of Civil Procedure,
6 §364, advising of his intention to sue.
- 7 2. The true names and capacities, whether individual, corporate, associate or
8 otherwise of defendants sued herein as DOES 1 to 100, are unknown to plaintiff
9 at the time of filing this complaint, who therefore sues said defendants by
10 such fictitious names.
- 11 3. Plaintiff will ask leave of court to amend this complaint to show such true
12 names and capacities of such defendants when the names of such defendants have
13 been ascertained. Plaintiff is informed and believes and thereupon alleges that
14 that each of the defendants designated herein, including DOES, are responsible
15 in some manner and liable herein by reason of negligence and other actionable
16 conduct, and that such conduct, was a substantial factor in causing the
17 injuries to plaintiff complained as hereinafter alleged.
- 18 4. Each defendant acted within the course and scope of said agency, employment
19 and/or service with the permission, consent and ratification of each of the co-
20 defendants in performing the acts hereinafter alleged with the specificity
21 which give rise to plaintiff's injuries. Each and every defendant aforesaid,
22 when acting as a principal, was negligent in the selection, hiring and
23 supervision of each and every other defendant as its agent, servant, employee
24 and/or partner.
- 25 5. Plaintiff is informed and believes and thereupon alleges that at all times
26 mentioned herein, defendant Anita Hirsch, M.D., including, but not limited to,
27 DOES 1 through 25, inclusive were, and now are, physicians licensed in the
28 state of California to practice medicine in said state.

1 6. Further, each of these defendants held and now holds themselves out as
2 possessing that degree of skill, expertise, learning and ability as that of
3 other similar medical practitioners in the same area of expertise or medical
4 specialty, in providing services to persons, including plaintiff, under said
5 license, for compensation. That said defendants held themselves out as having
6 that degree of skill, knowledge or implied physician-patient relationship gave
7 rise to the physician's duty to exercise reasonable care toward the plaintiff.

8 7. Plaintiff is informed and believes and thereupon alleges that at all times
9 mentioned herein, defendants Good Samaritan Hospital including, but not limited
10 to, DOES 26 through 50, inclusive, were, and now are, entities authorized and
11 licensed to conduct hospital business, including engaging in the owning,
12 operating, maintaining and managing thereof, for the purpose of rendering of
13 medical, hospital, emergency, diagnostic, nursing and other services to the
14 general public for compensation, in the State of California, including the
15 rendering of services to plaintiff.

16 8. Plaintiff is informed and believes and thereupon alleges that at all times
17 mentioned herein, defendants, including, but not limited to, DOES 51 through
18 75, inclusive, were, and now are, nurses, technicians, attendants, employees,
19 assistants, consultants or other medical professionals employed or retained by
20 defendants, Good Samaritan Hospital and DOES 51 to 75, inclusive, and each of
21 them, licensed by the State of California, to practice nursing in said State
22 and further, that each of them hold themselves out as possessing that degree of
23 skill, expertise, learning and ability ordinarily possessed and exercised by
24 other practitioners engaged in health service; in providing services to
25 persons, including the plaintiff, under said license, for compensations.

26 9. Plaintiff is informed and believes and thereupon alleges that at all times
27 mentioned herein, Good Samaritan Hospital and DOES 76 through 100, inclusive,
28 were, and are now, corporations, partnerships, sole proprietorships, joint

1 ventures or associations, duly organized, licensed, and existing under and by
2 virtue of the laws of the State of California to provide medical services, care
3 or assistance to persons, including plaintiff, under said license, for
4 compensations.

5 10. From and after the time of the employment, defendants, and each of them,
6 negligently failed to exercise the proper degree of knowledge and skill in
7 examining, diagnosing, treating and caring for the plaintiff as hereinafter
8 described.

9 **FACTUAL ALLEGATIONS**

10 1. Plaintiff lost control of himself and attempted suicide on October 20, 2011.
11 The Police Report is attached as (Attachment 1). Plaintiff was then
12 hospitalized in Mission Oak's mental hospital for five days.

13 2. During plaintiff stay in the mental hospital, Dr. Hirsch was the treating
14 psychiatrist. In the first counseling session, Dr. Hirsch and plaintiff were
15 discussing the abuse of the CIA renegade individuals/unit that caused plaintiff
16 to attempt suicide. During this counseling session, Dr. Hirsch offered
17 plaintiff a deal on the behalf of the CIA renegade individuals/unit. The deal
18 was to give plaintiff one year of disability benefits in exchange of plaintiff
19 leaving the country to find a job in the United Arab Emirates or to return
20 permanently to Egypt, which is plaintiff's national origin. Plaintiff refused
21 the deal.

22 3. Dr. Hirsch then proceeded to say that plaintiff should be worried about
23 newspapers writing about him designing nuclear power plants while in a state of
24 mental illness. Plaintiff replied to this threat by saying that newspapers
25 shouldn't know about his medical condition because of the privacy act.
26 Therefore, he has nothing to worry about.

27 4. Dr. Hirsch's first session was focused around discussing plaintiff's problems
28 with the CIA renegade individuals/unit and plaintiff felt that she was

1 interrogating plaintiff on their behalf. Plaintiff felt this way because Dr.
2 Hirsch was completely focused on the problem with the CIA renegade
3 individuals/unit and was getting into lots of details that were irrelevant to
4 his medical condition at all and that would not help his treatment. Only CIA
5 renegade individuals/unit would be interested into discussing these details.

6 5. While it may be permissible for Dr. Hirsch to communicate with the CIA, her
7 communication with them shouldn't interfere with her job as plaintiff's
8 treating psychiatrist. Dr. Hirsch should have given plaintiff the care and
9 attention that other patients get in similar situations. She should have been
10 focused on addressing plaintiff's needs rather than the needs of the CIA
11 renegade individuals/unit.

12 6. Plaintiff's mandatory 72 hours hold expired on Sunday, October 23, 2011 but Dr.
13 Hirsch extended his stay so that she could see him on Monday, October 23.
14 Plaintiff asked the staff when Dr. Hirsch is going to come and they replied
15 that she would be coming in on Monday evening.

16 7. Dr. Hirsch showed up on Monday, October 24 very late at night, approximately at
17 9:40. She was tired and exhausted. She didn't spend much time with plaintiff.
18 The conversation that she had with plaintiff was about extending plaintiff's
19 stay in the hospital for few more days in order for her to meet with plaintiff.
20 In addition, Dr. Hirsch told plaintiff that, if he doesn't agree with the
21 voluntary admission, then Dr. Hirsch is going to write a mandatory admission to
22 hold plaintiff in the hospital. Plaintiff selected the voluntary admission and
23 signed the voluntary admission form.

24 8. During plaintiff's five day hospital stay, the nurses and staff in the hospital
25 attempted several times to ask plaintiff questions regarding his case against
26 the CIA renegade individuals/unit. As a result, plaintiff was in a constant
27 state of fear and anxiety in the hospital, and his mental health condition
28 deteriorated further. Plaintiff recalls the first name of one of the nurses who

1 asked him most of the questions, his name is John. Plaintiff also recalls that
2 one of the counselors who was conducting one of the group therapy sessions was
3 asking him questions about his case against the CIA renegade individuals/unit
4 such as how did the plaintiff find out that the CIA renegade individuals/unit
5 were conspiring with his employer to establish pretext to terminate his
6 employment.

7 9. Plaintiff informed his wife during one of the visits about his conversation
8 with Dr. Hirsch and the deal she offered as well as the threat she implied.
9 Plaintiff's wife decided to meet with Dr. Hirsch to discuss plaintiff's
10 concerns. Plaintiff's wife requested to meet with Dr. Hirsch and she was told
11 that Dr. Hirsch was busy. She was also told to wait for Dr. Hirsch to finish if
12 she wanted to see her. Plaintiff's wife waited for more than two hours to meet
13 with Dr. Hirsch. The nurse then told plaintiff's wife that Dr. Hirsch had left
14 for home. Plaintiff's wife was upset. The testimony of plaintiff's wife is
15 attached (Attachment 2).

16 10. Plaintiff's wife had attempted to see Dr. Hirsch several times but she couldn't
17 get in touch with Dr. Hirsch. Plaintiff's wife felt that Dr. Hirsch had been
18 trying to avoid meeting with her. Plaintiff and his wife were wondering how
19 come Dr. Hirsch didn't want to meet with the wife of her patient to inquire
20 about his condition before attempting suicide, how did he behave, how did he
21 treat his wife and the kids ...etc. This information is very essential in
22 diagnosing and treating plaintiff's mental illness.

23 11. On Tuesday, October 25, 2011, in the morning, Plaintiff felt that his condition
24 was getting worse due to the interrogatory questions about his case with the
25 CIA renegade individuals/unit, deals and threats offered on their behalf, and
26 focusing on their interest rather than treating the patient. As a result,
27 Plaintiff felt that staying in the hospital was going to cause his medical
28 condition to deteriorate further. Plaintiff also felt that Dr. Hirsch was not

1 to be trusted with his medical treatment due to her failure to focus on his
2 medical treatment as well as attend diligently. Plaintiff also felt that the
3 staff, in particular the nurse John, were not to be trusted either for their
4 interrogatory questions on behalf of the CIA renegade individuals/unit.
5 Plaintiff then decided to end his hospital stay and leave against medical
6 advice.

7 12. Later plaintiff obtained Dr. Hirsch's medical report (Attachment 3). The report
8 shows a conflict in the statement made about his discharge. The report states
9 that the discharge was made against medical advice but at the same time
10 suggests that there was no evidence of any paranoid psychosis and that I denied
11 being suicidal. The report also speaks about plaintiff's wife wanting plaintiff
12 home to help transport their children to school. Plaintiff's wife testified in
13 her affidavit that she had never seen or talked to Dr. Hirsch at all.

14 13. As a result of plaintiff's experience during his stay in the mental hospital,
15 plaintiff developed paranoia and fear. After plaintiff got out of the mental
16 hospital and started seeing his regular psychiatrist Dr. Fisher, Dr. Fisher
17 added paranoia to his diagnosis of plaintiff in his written notes during
18 plaintiff's office visits (Attachment 4).

19 14. Plaintiff visited Dr. Fisher on October 19, 2011, which is the day right before
20 his hospital admission, and on October 26, 2011, which is the day right after
21 his dismissal from the hospital. Dr. Fisher's office notes show that
22 plaintiff's medical condition didn't improve at all during his five day stay in
23 the hospital.

24 15. As a result of failure to treat plaintiff during his five day hospital stay,
25 and failure to address plaintiff's need, as well as deals, threats and
26 interrogatory questions about plaintiff's case against the CIA renegade
27 individuals/unit, plaintiff's condition got worse and he attempted suicide
28 again on August 13, 2012.

1 16. Due plaintiff's bad experience with Dr. Hirsch and Mission Oak Hospital, he
2 refused to be hospitalized in Mission Oak Hospital again. Plaintiff was
3 hospitalized in John Muir Hospital in Concord instead.

4 17. As a result of failure to treat plaintiff during his five day hospital stay,
5 plaintiff has been on medical disability since October 20, 2011 and until the
6 date of filing this amended complaint. Plaintiff's psychiatrist anticipates
7 that plaintiff will remain on medical disability for a long period of time.

8 18. As a result of plaintiff's medical disability, plaintiff income decreased to
9 60% of his regular income and his employment was terminated. In addition,
10 plaintiff had other medical expenses as well.

11 **First Cause of Action**

12 **(Against All Defendants and DOES 1 through 100 for Medical Malpractice)**

13 1. Plaintiff incorporates by reference the allegations of the Paragraphs 1 to 18
14 of this complaint as though set forth in full herein.

15 2. During said periods of time herein above alleged, defendant, Anita Hirsch,
16 M.D., an individual, Good Samaritan Hospital and DOES 1 to 100, inclusive, and
17 each of them, agreed to perform and undertook to perform for plaintiff all
18 services necessary to treat his medical condition, including but not limited
19 to, examination, monitoring and diagnosis; and in doing so, established a
20 physician/nurse/hospital/care giver relationship to plaintiff, giving rise to
21 each defendant's duty to him to provide skilful management of his condition,
22 inclusive, and each of them, agreed to perform, and undertook to perform for
23 plaintiff all services necessary to treat his medical condition, including but
24 not limited to examinations, monitoring, and diagnosis; and in doing so,
25 established a physician/nurse/hospital/care giver relationship with the
26 plaintiff, giving rise to each defendant's duty to him to provide skilful
27 management of his condition.

1 3. During said periods of time herein above alleged, defendants, Anita Hirsch,
2 M.D., an individual; Good Samaritan Hospital and DOES 1 to 100, inclusive, and
3 each of them, were negligent, careless and unskillful in the management of
4 plaintiff's mental condition, and engaged in other actionable conduct, thereby
5 causing the injuries and damages to plaintiff. Said acts and or omissions
6 included, but were not limited to failure to properly diagnose and treat mental
7 health condition, failure to provide treatment provided to patient in similar
8 health condition. Said conduct also included negligent evaluation, monitoring,
9 diagnosis and treatment, as well as deliberate and reckless disregard of the
10 patient's well-being by failing to attend diligently during plaintiff's stay in
11 the mental hospital from October 20, 2011 to October 25, 2011.

12 4. During the time of plaintiff's admission to Good Samaritan Hospital,
13 defendants, and each of them, were engaged and employed for valuable
14 consideration to provide health care to plaintiff, supervise, examine,
15 diagnose, test, prescribe, dispense, treat, inject and perform all things
16 necessary for the proper care and treatment of plaintiff, in connection with
17 his mental condition. It is herein alleged that said treatment and care was
18 performed in a manner which was negligent and below the standard accepted in
19 the community. Said negligence included, but was not limited to, negligent
20 monitoring, intervention, evaluation, testing, diagnosis and treatment.

21 5. In holding themselves out as possessing that all degree of skill, knowledge and
22 ability normally exercised by competent skilled medical facilities, physicians
23 and health care practitioners in the community, defendants owed plaintiff a
24 legal duty to use due care in their respective medical responsibilities,
25 treatment and supervision of the plaintiff as their patient.

26 6. As a direct and proximate result of the defendants', and each of their, breach
27 of duty and failure to adhere to the standard of practice in the community with
28 respect to medical treatment rendered to plaintiff, plaintiff suffered serious

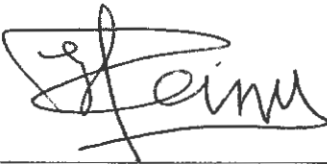
1 mental injuries and another attempt of suicide, all to his damage in an amount
2 presently unknown but consistent with this court's jurisdiction, and plaintiffs
3 seek leave of court to insert the exact amount thereof when it is known.

4 7. As a direct, proximate and legal result of defendants' negligence, carelessness
5 and recklessness, plaintiff was caused to suffer severe emotional injuries and
6 conditions as above described, including but not limited to further
7 deterioration to his mental health in an amount presently unknown but
8 consistent with this court's jurisdiction, and plaintiff seeks leave of court
9 to insert the exact amount thereof when it is known.

10 Prayers for Relief

11 Plaintiff prays for judgment against defendants, and each of them, as follows;

- 12 1. For general damages in a sum in excess of the jurisdictional limits of this
13 Court all according to proof at time of trial;
- 14 2. All medical and incidental expenses, past and future, according to proof at
15 time of trial;
- 16 3. Past and future loss of wages and impairment to earning capacity according to
17 proof at time of trial;
- 18 4. General damages for scarring and disfigurement according to proof at time of
19 trial.

20
21 

22
23
24 Al Zeiny

25 Date:

26 10/23/2012
27
28

Attachment 1

Police Report

(5 Pages)

**Office of the Sheriff, Santa Clara County
INCIDENT REPORT**

55 W. Younger Avenue, San Jose, Ca. 95110

- INJURY
- BOOKING
- CITE RELEASE

CASE NO.

11-293-0042S

BEAT **S2**

- TYPE OF FORCE: HANDS/FEET KNIFE/CUTTING INSTR.
 FIREARM OTHER

REPORT TYPE **5150 WI [O] Mental Illness/72 hour hold**

LOCATION OF INCIDENT **20471 Williams Avenue / Saratoga / 95070**

OCCURRED	DATE	TIME	DAY
ON OR FROM	10/20/11	3:53	Thu
TO	10/20/11	3:53	Thu
REPORTED	10/20/11	3:53	Thu

CASE "V" = VICTIM "R" = REPORTING PARTY "W" = WITNESS "O" = OTHER

ASSIGNED **V01** LAST, FIRST, MIDDLE (FIRM, IF BUSINESS) **Zeiny AI** STATE OF CA.

RACE Unkno M F DOB **02/15/1968** AGE HT WT

NOT ASSIG INTERPRETER NEEDED: SPANISH VIETNAMESE OTHER

RECORDS ADDRESS **20471 Williams Avenue** CITY/STATE **Saratoga, CA.** ZIP **95070** PHONE **(408) 458-0246** DL NUMBER STATE

ABC BUSINESS NAME/SCHOOL NAME AND ADDRESS CITY/STATE ZIP PHONE SSN

DOM. VIOL. VICTIM INFORMATION: NON DISCLOSURE (WHERE APPLICABLE) INJURY SART BLOOD URINE PHOTOGRAPH STUDENT

CCAPCIVU **001** LAST, FIRST, MIDDLE (FIRM, IF BUSINESS) **Elgaish-Elzeiny Manal** RACE M F DOB AGE HT WT

DET. DIV. VICTIM ADVISED: SEXUAL ASSAULT VIC/WIT ASSIST. DOMESTIC VIOLENCE INTERPRETER NEEDED: SPANISH VIETNAMESE OTHER

POSTAL ADDRESS CITY/STATE ZIP PHONE DL NUMBER STATE

TRAFFIC BUSINESS NAME/SCHOOL NAME AND ADDRESS CITY/STATE ZIP PHONE SSN

TRANSIT VICTIM INFORMATION: NON DISCLOSURE (WHERE APPLICABLE) INJURY SART BLOOD URINE PHOTOGRAPH STUDENT

OTHER VICTIM VEHICLE YEAR MAKE MODEL BODY TYPE COLOR LICENSE/VIN STATE

R/O'S NAME (LAST, FIRST, MIDDLE) SAME AS VICTIM # CITY/STATE ZIP DAMAGE TO VEHICLE

CLASS EVIDENCE VICTIM VEHICLE WAS: STOLEN IMPOUNDED STORED LEFT AT SCENE RELEASED AT SCENE HELD F/PRINTS PRINTED

PROPERTY (NOT FOR EVIDENCE) / COMPLETE SYNOPSIS OF INCIDENT

ITEM#	QTY	BRAND	MODEL	DESCRIPTION OF PROPERTY	SERIAL NO.	VALUE
1	0					\$0.00

THIS REPORT IS FOR INSURANCE PURPOSES AND TO ALERT THE SHERIFF'S OFFICE OF THE CRIME.

Synopsis: **V01 dialed 911 and told dispatch that he wanted to kill himself by taking a lot of prescription pills. Upon arrival at the residence, V01 was incoherent, shaking and would not respond to any of my questions. V01 had empty pill bottles around him and several prescription pills scattered on the floor. It is unknown how much pills V01 swallowed. V01 admitted to having anxiety disorder. Based on V01's statements and the amount of pills found next to V01, I placed V01 on a 72-hour hold for psychiatric evaluation at EPS.**

Where Occurred	Property Attacked	Method of Entry	Suspect Actions
<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Agriculture/Crops	<input type="checkbox"/> Attempt Only	<input type="checkbox"/> Approach From Front
<input type="checkbox"/> Assembly Plant	<input type="checkbox"/> Alcohol/Beer/Wine	<input type="checkbox"/> Body Force	<input type="checkbox"/> Approach From Rear
<input type="checkbox"/> Bar or Lounge	<input type="checkbox"/> Auto Parts/Access	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> Demand Money
<input type="checkbox"/> Bank/Finance Co.	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Broke Glass	<input type="checkbox"/> Force Victim to Move
<input type="checkbox"/> Bus/Rail Stop	<input type="checkbox"/> Bldg Materials	<input type="checkbox"/> Cut Lock/Screen	<input type="checkbox"/> Fought With Victim
<input checked="" type="checkbox"/> Bus/Rail Vehicle	<input type="checkbox"/> Cameras/Vidio Equip	<input type="checkbox"/> Key/Pass Key	<input type="checkbox"/> Injury Inflicted
<input type="checkbox"/> Construction Site	<input type="checkbox"/> Clothing	<input type="checkbox"/> Lock Punch	<input type="checkbox"/> Knew Location Cash
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Computer/Elec Equip	<input type="checkbox"/> Pried	<input type="checkbox"/> Multiple Suspects
<input type="checkbox"/> Driveway	<input type="checkbox"/> Checks (All Types)	<input type="checkbox"/> Removed	<input type="checkbox"/> Molested Victim
<input type="checkbox"/> Dr.'s/Dentist Office	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Point of Entry	<input type="checkbox"/> Masturbated
<input type="checkbox"/> Farm/Ranch	<input type="checkbox"/> Curr/Money/Coins	<input type="checkbox"/> On Premise	<input type="checkbox"/> Made Threats
<input type="checkbox"/> Field/Pasture	<input type="checkbox"/> Farm/Ranch Equip	<input type="checkbox"/> Door	<input type="checkbox"/> Pt Prop in Bag
<input type="checkbox"/> Garage	<input type="checkbox"/> Firearm(s)	<input type="checkbox"/> Garage Door	<input type="checkbox"/> Ransacked
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Furniture	<input type="checkbox"/> Sliding Door	
<input type="checkbox"/> Grocery/Market	<input type="checkbox"/> Household Appliance	<input type="checkbox"/> Roof	
		<input type="checkbox"/> Window	

MO Continued in Narrative

OTHER MO INFORMATION

ASSOCIATED CASE NUMBERS: OTHER ROUTING:

OFFICER'S NAME	ID NUMBER	DATE	SHIFT/DAYS OFF	SUPERVISORS REVIEW	ID NUMBER	DATE	PAGE	OF	
Adlawan, Rhandee	1790	10/20/11	546	1 SSM	Powers, Michael E.	1464	10/20/11	1	5

LOCATION OF ORIGINAL EVENT (IF KNOWN) 20471 Williams Avenue / Saratoga / 95070	VICTIM NAME (LAST, FIRST, MIDDLE (FIRM, IF BUSINESS)) Zeiny AI
--	--

1 Attachments - Application for 72-hour hold detention for Evaluation
 2 and Treatment
 3 - CD containing photographs of the scene
 4
 5

6 INVESTIGATION:
 7

8 On 10-20-11 at approximately 0353 hours, I responded to 20471 Williams
 9 Avenue in Saratoga for a possible attempted suicide call. Radio
 10 communications informed us that the person who called wanted to kill
 11 himself. The person who called later identified himself as V01 AI
 12 Zeiny. V01 Zeiny stated that "he was going to swallow a lot of
 13 medication" to kill himself.

14
 15 Deputy Lopez #2009, Deputy Denney #2015, Deputy Tarazi #2029 and I
 16 arrived at residence at approximately 0358 hours. We came to the door
 17 and were allowed to enter the residence by V01 Zeiny's wife, O01
 18 Manal Elgaish-Elzeiny.

19
 20 Deputy Lopez and I went into the living room and found V01 Zeiny knelt
 21 down in T-shirt and underwear in front of the couch with his face
 22 imbedded on the cushion. V01 Zeiny's arms were crossed across his
 23 body, he was shivering and moaning. There were several bottles of
 24 prescription medication and scattered white pills next to him.

25
 26 There was an empty bottle of Oxycodone and 2 unopened bottles of
 27 Venlafaxine. The scattered pills next to V01 Zeiny were Lamotrigine.
 28 All the medications were prescribed to V01 Zeiny. I asked V01 Zeiny
 29 what type of pills he took and how much pills he had taken. V01 Zeiny
 30 did not answer and continued to shiver. V01 Zeiny would not respond

SANTA CLARA CO. SHERIFF'S
 OFFICE CONFIDENTIAL RECORD
 FOR OFFICIAL USE ONLY
 RELEASED TO: AI Zeiny
 DATE: 12-26-2011 BY: MZ431

LOCATION OF ORIGINAL EVENT (IF KNOWN) 20471 Williams Avenue / Saratoga / 95070	VICTIM NAME (LAST, FIRST, MIDDLE (FIRM, IF BUSINESS)) Zeiny AI
--	--

1 to any of my questions.

2

3 Deputy Lopez and I pulled V01 Zeiny away from the couch and placed him
 4 on his side on the floor of the living room. V01 Zeiny assumed the
 5 fetal position while he was lying on the floor.

6

7 While on the floor, V01 Zeiny suddenly reached out for the pills
 8 scattered on the floor (Lamotrigine) and tried to put them in his
 9 mouth. Deputy Tarazi and I were able to grab V01 Zeiny's arms before
 10 he was able to get any of the pills. For V01 Zeiny's safety, Deputy
 11 Lopez placed him in handcuffs.

12

13 Engine #17 and EMS Medic -22 arrived and administered first aid to V01
 14 Zeiny. While EMS was attending to V01 Zeiny, I contacted his wife,
 15 Other 01 Manal Elgaish-Elzieny. 001 Manal was distraught and kept on
 16 wanting to console her husband even though we already told her that
 17 her husband was being treated by medical personnel. After explaining to 001
 18 Manal what we are doing, she calmed down and told me the following:

19

20 STATEMENT OF OTHER 01 MANAL ELGAIISH-ELZIENY:

21

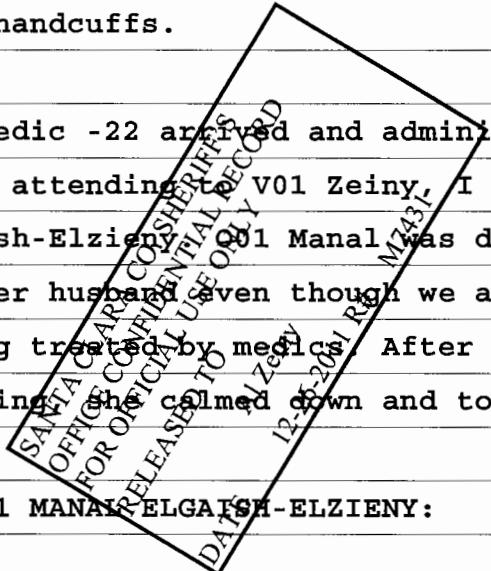
22 001 Manal was worried about her husband. She denied her husband had
 23 any kind of mental disorder. She did not know what was happening. 001
 24 went to sleep at approximately 2200 hours on 10-19-11. She was
 25 awakened by the door bell (when we arrived) and noticed her husband
 26 was in the living room with the pills.

27

28 INVESTIGATION CONTINUED:

29

30 While being treated by medical personnel, V01 Zeiny snapped out of his



LOCATION OF ORIGINAL EVENT (IF KNOWN) 20471 Williams Avenue / Saratoga / 95070	VICTIM NAME (LAST, FIRST, MIDDLE (FIRM, IF BUSINESS)) Zeiny AI
--	--

1 condition and asked where he was, who we are, and what we were doing

2 inside his house. V01 Zeiny said he was not "crazy" and admitted to

3 just having an anxiety disorder.

4

5 V01 Zeiny was transported by EMS medic -22 to Valley Medical Center

6 (VMC) Emergency Room for treatment.

7

8 Based on the initial statement of V01 Zeiny and the unknown amount of

9 prescription pills taken by V01 Zeiny, I believed V01 Zeiny was a

10 danger to himself due to a mental disorder. I placed a 72-hour

11 detention for evaluation and treatment hold, per WI 5150, on V01

12 Zeiny. I provided the detainment form to EMS Medic-22 as they left

13 the scene with V01 Zeiny.

14

15 Deputy Denney took digital photos of the scene and the prescription

16 pills. The photos were then copied onto 2 compact discs. One copy was

17 submitted as an attachment for this report and the other was

18 submitted as evidence in the evidence locker room at the West Valley

19 Substation.

20

21 End of Report

22

23 PLEOs

24 Deputy Adlawan #1790 - Original Report

25 Deputy Denney #2015 - Assist, Photos

26 Deputy Tarazi #2029 - Assist, No Report

27 Deputy Lopez #2009 - Assist, No Report

SANTA CLARA COUNTY SHERIFF'S
 OFFICE CONFIDENTIAL RECORD
 FOR OFFICIAL USE ONLY
 RELEASED TO: Zeiny
 DATE: 12-20-2019 R# M7431

OFFICER'S NAME	ID NUMBER	DATE	SHIFT/DAYS OFF	SUPERVISORS REVIEW	ID NUMBER	DATE	PAGE	OF
Adlawan, Rhandee	1790	10/20/11 546	1 SSM	Powers, Michael E.	1464	10/20/11 1701	4	5

REPORT TYPE 5150 WI [O] Mental Illness/72 hour hold	<input type="checkbox"/> SUPPLEMENTAL	PROPERTY	CASE NO. 11-293-0042S	<input type="checkbox"/> HEALTH HAZARD
---	---------------------------------------	-----------------	---------------------------------	--

SOURCE CODE: "F" = FINDER "O" = OWNER "S" = SUSPECT "V" = VICTIM

V01	Zeiny AI	<input type="checkbox"/> STATE OF CA.	Res: 20471 Williams Avenue RPh: (408) 458-0246 BPh: Bus:	Office of the Sheriff Santa Clara County 55 West Younger Avenue San Jose CA 95110 (408) 299-2211
-----	-------------	---------------------------------------	--	--

PROPERTY CODES D = DISPOSAL REQUEST E = EVIDENCE F = FOUND K = SAFEKEEPING O = UNDER OBSERVATION	<input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> FINDER'S CLAIM <input type="checkbox"/> 5150 / 8102 W and I <input type="checkbox"/> DV/120285	LOCATION CODES L# = LOCKER NUMBER F = FREEZER R = REFRIGERATOR V = VICTIM
---	--	---

ITEM#	CODE	SOURCE	QTY	PROPERTY TYPE	BRAND/MAKE	MODEL	LOCATION
1	E	V01	1	Compact Disc			BAR CODE
SERIAL NUMBER				LOCATION COLLECTED		VALUE	163027
DESCRIPTION						LOC CODE	163027
						PROCESS EVIDENCE	163027
							163027

SANTA CLARA CO. SHERIFF'S
 OFFICE CONFIDENTIAL RECORD
 FOR OFFICIAL USE ONLY
 RELEASED TO
 DATE 12-26-2011 R# M7431

FOLLOW UP OFFICER:	PIN#:	FOLLOW UP OFFICER'S SPECIAL INSTRUCTIONS:
--------------------	-------	---

RELEASE TO:	<input type="checkbox"/> PERSON NAMED ABOVE NAME ADDRESS CITY <input type="checkbox"/> FOLLOWING NAMED PERSON
-------------	---

WHO HAS BEEN NOTIFIED ON THE FOLLOWING DATE	BY OFFICER	TO PICK UP THE FOLLOWING ITEM	AUTHORITY FOR RELEASE	CASE STATUS
---	------------	-------------------------------	-----------------------	-------------

STAFF OFFICER'S APPROVAL	APPROVAL DATE	RELEASED BY	DATE/TIME RELEASED
--------------------------	---------------	-------------	--------------------

I ACKNOWLEDGE RECEIPT OF THE ABOVE SPECIFIED ITEMS	NAME	ADDRESS	CITY	DATE
--	------	---------	------	------

<input type="checkbox"/> DESTROY THE FOLLOWING ITEM(S)#	AUTHORITY FOR DESTRUCTION	WITNESSED BY
---	---------------------------	--------------

<input type="checkbox"/> AUCTION THE FOLLOWING ITEM(S)#	AUTHORITY FOR AUCTION	CASE STATUS
---	-----------------------	-------------

RELEASE TO:	NAME	ADDRESS	CITY
-------------	------	---------	------

WHO HAS BEEN NOTIFIED ON THE FOLLOWING DATE	BY OFFICER	TO PICK UP THE FOLLOWING ITEM	AUTHORITY FOR RELEASE	CASE STATUS
---	------------	-------------------------------	-----------------------	-------------

STAFF OFFICER'S APPROVAL	APPROVAL DATE	RELEASED BY	DATE/TIME RELEASED
--------------------------	---------------	-------------	--------------------

I ACKNOWLEDGE RECEIPT OF THE ABOVE SPECIFIED ITEMS	NAME	ADDRESS	CITY	DATE
--	------	---------	------	------

OFFICER'S NAME	ID NUMBER	DATE	SHIFT/DAYS OFF	SUPERVISORS REVIEW	ID NUMBER	DATE	PAGE	OF
Adlawan, Rhandee	1790	10/20/11 546	1 SSM	Powers, Michael E.	1464	10/20/11 1701	5	5

Attachment 2

Testimony of Plaintiff's Wife

(11 Pages)

1 SUPERIOR COURT OF CALIFORNIA

2 SANTA CLARA COUNTY

3 -----

4

5 AL ZEINY,)
6 Plaintiff,) Affidavit for Manal Elgaish-Elzieny
7 vs.)
8 Anita Hirsch, M.D. ET AL.,)
9 Defendants)

10

11 Personally appeared before me, Manal Elgaish-Elzieny, who after being
12 duly sworn, deposes and says as follows:

- 13 1. I am over the age of eighteen years of age.
- 14 2. I have known Al Zeiny since 1988 and we have been married since
15 1990. We have four children; Mohamed is 20 years old who is studying
16 pre-optometry in Auburn University, Alabama, Ahmed is 18 years old
17 who is studying Civil Engineering in San Jose State University, Sara
18 is 14 years old who is sophomore in Saratoga high school and Leena
19 is 11 years old and in the sixth grade in Redwood Middle School.
- 20 3. Our family has gone through tremendous amount of pain and suffering
21 during the period of 2007 to date due to actions done by federal
22 agents. My husband lost his job on October 2008, had to quit his
23 next job after five weeks of employment in December 2008 and was in
24 the process of losing his last job in October 2011.
- 25 4. Our family suffered so much during the move from Augusta, Georgia to
26 Los Gatos, California. I had to give up my job in the medical
27 college of Georgia and look for another job for 5 months in the bay
28 area. Our family made of six people had to live in a small apartment

1 in Los Gatos for two and half years before we can afford to buy a
2 house in Saratoga. We had a tremendous decrease of the standard of
3 living due to the substantial difference in the cost of living
4 between Augusta, Georgia and the bay area.

5 5. After my husband lost his job with WSMS in October 2008, he
6 expressed suspicions, but wasn't sure, that the FBI was behind the
7 loss of his employment with WSMS. Shortly after that my husband came
8 back home from the Islamic Center to tell me the story that he was
9 talking to one person whom my suspected to be an FBI informant and
10 he threatened him that if he complains about the FBI, he will be
11 caught overseas on one of his trips to visit family members in Egypt
12 and he will be tortured. He also said that the same person told him
13 that his Egyptian family members may be arrested and tortured as
14 well.

15 6. Since April, 2009, I started hearing complaints from my husband that
16 he is being treated differently as compared to his peers in his new
17 job and people are suspicious about him. He reported to me a
18 coworker who stays late to watch him and look over his shoulders, as
19 well as makes up excuses to come and look at my husband's screen. I
20 expressed concerns that he may end up losing his new job as well.

21 7. During the month of July 2009, my husband informed me that he has
22 submitted a complaint to the human resources of his current employer
23 Areva to inquire about the source of him being treated with
24 suspicion and different than his coworkers. I became mad at him and
25 expressed concerns that he may lose his current job because of this
26 complaint. I asked him to withdraw the complaint and he informed me
27 later that he did.

- 1 8. As a result of what my husband was complaining about, I noticed
2 significant decline in his mode and ability to focus. I also noticed
3 sharp mode swings during the year 2011.
- 4 9. In November 2009, my husband told me that Tarek Jabali, who was a
5 person whom we knew from Blossom Valley Muslim Community Center has
6 also given him the same threat he got in Augusta Georgia about a
7 year ago after identifying himself as an FBI agent. Shortly after, I
8 started noticing that Mr. Jabali has been following me with his car
9 on my way to work several times and he made it so obvious that I
10 can't missit.
- 11 10. During the month of May 2010, my husband reported to me that he
12 received evidence from his ongoing lawsuit against his previous
13 employer in Aiken WSMS that he was fired because FBI agents have
14 visited WSMS to inquire about him and now he is sure about that. In
15 the past he wasn't sure but he was suspicious about it.
- 16 11. In September 2010, after the return of my husband from a trip to
17 Egypt, my husband informed me that his former supervisor Bill Thomas
18 had testified during his deposition that the CIA was also
19 involved. My husband also told me that he was being followed around
20 everywhere he goes during his visit to Egypt. He also told me that
21 he has filed three complaints to Congressman Michael Honda about his
22 concerns last July before he leaves to Egypt because he was worried
23 that he might be caught and tortured during his trip to Egypt.
- 24 12. On October 20, 2011 I woke up to find that my husband has attempted
25 to swallow a large number of pills and the police are in our house.
26 During the days preceding his attempt of suicide, I have seen a very
27 sharp decline in his mode, substantial amount of sadness and
28 significant lack of ability to focus during the month of October

1 2011. I asked him what is going on and he didn't provide me with a
2 satisfactory answer. When I talk to him, he is looking at me but he
3 is not listening to what I am saying.

4 13. My husband was taken to the hospital after his attempt of suicide
5 and he stayed in the hospital for six days.

6 14. During my visits to my husband in the hospital, he told me that his
7 treating physician, Dr. Hirsch, has offered him a deal of one year
8 of disability benefit in exchange of him either returning back to
9 Egypt or find another job in United Arab Emirates. She also told him
10 that he doesn't want to see the newspaper talking about him and say
11 that he is designing nuclear power plants when he is mentally ill
12 and she was implying a threat to him.

13 15. I decided to meet with Dr. Hirsch to discuss my husband's concerns.
14 I requested to meet with her and I was told that she is busy. I was
15 also told to wait for her to finish if I want to see her. I waited
16 for more than two hours to meet with her but the nurse came to tell
17 me that Dr. Hirsch left home. I was upset. I have attempted to see
18 her several times after that but I couldn't get hold of her. I felt
19 that she has been trying to avoid meeting with me. I was wondering
20 how come she didn't want to meet the wife of her patient to inquire
21 about the condition before attempting suicide, how did he behave,
22 how did he treat me and the kids ...etc. I expected her to do that
23 even before meeting with my husband.

24 16. During the period where my husband was staying in the mental
25 hospital, his laptop at home was making very loud whistling kind of
26 sound every time it gets turned on. I called my husband in the
27 hospital and made him listen to the sound over the phone. My husband
28 instructed me to mute the microphone. I then tried muting the

1 microphone but the microphone will not mute at all. My husband
2 laptop never acted like this before. He asked me to restart the
3 computer several times and the problem continued to persist. I then
4 told my husband that this problem started after he went to the
5 hospital and it is very likely that someone has installed a spyware
6 on the computer while we were in the hospital. My husband agreed and
7 said that he will check on the problem when he returns home. After
8 returning home, he inspected the computer and informed me that the
9 microphone was indeed under the control of a spyware and he had to
10 reformat the hard drive to get rid of the spyware.

11 17. After my husband dismissal from the hospital, I have been observing
12 people who are not from our neighborhood staying right outside of
13 our house, some of them were holding electronic devices with antenna
14 in their hands and some of them had one or two big dogs in their
15 cars. My daughter Leena has also noticed this happening several
16 times. Many times when I drive my daughter Leena to school and
17 return back home, I find the same people still waiting in their cars
18 right outside of our house. I have noticed that several times. This
19 made me afraid of my husband safety and I asked him to lock the
20 house very well and have his phone near him at all times.

21 18. Few weeks after my husband dismissal from the hospital, I noticed
22 that the house has a large number of flies everywhere. We never had
23 this problem before. After investigating the problem, my husband
24 reported to me that the new duct that we just installed in our house
25 three months ago is squished and cut by a card board cutter. After
26 my husband got someone to fix the ducts, the flies' problem
27 completely disappeared. I had a concern that this damage may have
28

1 been caused by FBI technicians that were trying to install spying
2 devices in the crawling space under the house.

3 19. After dismissal from the hospital, my husband was in so much fear
4 and needed the feeling of security. My husband told me that if one
5 of us works with the FBI, then we will be secured from harm. I
6 agreed and then later decided to give him the impression that I am
7 cooperating with the FBI to comfort him. I felt that this is a good
8 way to calm my husband down. I then hinted to him that I am
9 cooperating with the FBI and we are secured. My husband was happy to
10 hear the good "news". I often hinted this to my husband to calm him
11 down in particular after something happens that panics him.

12 20. I have noticed that suspicious people enter our front and backyard
13 claiming that they are being sent to perform estimates on our
14 construction work. I asked my husband if he knows about them and he
15 answered that he doesn't know anything about them. I felt that they
16 might have been in our yard to install spying devices.

17 21. In January 2012, someone hacked into my Wells Fargo account and
18 transferred money from our home equity loan account to my personal
19 checking account and then this person used the money to purchase
20 items online. I reported the problem to the bank and the bank
21 investigated the problem. I was later informed by the bank that the
22 ones who did the transactions were approved after they answer
23 challenging identity confirmation questions. This made me believe
24 that the person who did the fraudulent transactions has so much
25 power and is related to the FBI. I then felt very threatened because
26 they have so much power to reach us and we have no way to stop them
27 but I kept my feelings to myself to calm my husband down.

1 22. Towards the end of May 2012, my husband came back from the Islamic
2 Center very angry. I asked him about the reason and he told me that
3 Mr. YaqoobAlziq told him in Arabic that he is being leashed from his
4 private part. Since then, I noticed that my husband is angry and
5 nervous and he didn't calm down until he filed his lawsuit in court
6 at the end of May 2012.

7 23. My husband reported to me that he has received two death threats;
8 the first one was towards the end of May 2012 when he was walking in
9 the square north-east of Saratoga high school and the second one
10 when he was walking in Saratoga high school track in July 2012. He
11 felt that these threats are intended to make him nervous and they
12 may not be serious threats but I was very concerned about these
13 threats and I took them seriously. I told my husband that it is
14 better to be safe than sorry and I suggested that he requests
15 protection from the court. Later my husband told me that he did
16 notify the court.

17 24. My son Ahmed often comes and tells me about people whom he observed
18 watching our house or following him and his dad when they go
19 somewhere together.

20 25. In the end of May 2012, my son Ahmed and my husband came from
21 outside around 11:30pm to tell me the story of someone that was
22 following them, brought out a police dog from his car and unleashed
23 him to attack my son and my husband if they step out of the car. I
24 was so concerned about that but I kept my fear to myself. I suggested
25 to them that they should be extra careful and not to stay that late
26 outside of the house.

27 26. My husband was logical and convincing in our discussions. What he
28 says made sense to me most of the time. Sometimes we disagree but as

1 an overall evaluation, I will say that the basis of my husband's
2 assumptions made sense to me.

3 27. My husband often complained about his lack of ability to prove many
4 of his hypotheses and he is not able to decide if they are true or
5 false. He often describes to me the observations and basis of what
6 he assumed and it made sense to me most of the time. I often agree
7 with him and sometimes I disagree. I often reminded my husband that
8 he shouldn't base any assumptions on his observations of what I say
9 in our conversations. I wanted to make sure that he is not misled
10 by his understanding that I am cooperating with the FBI but at the
11 same time I wanted to make him continue to do so.

12 28. Due to the long daily experience with my husband and what we have
13 experienced together, I can understand the basis of his assumptions
14 and hypotheses even if I disagree with them. He wasn't out of the
15 line when making assumptions and they were reasonable. In addition,
16 as an Engineer who has good knowledge of the theory of
17 probabilities, he associated a probability with each of his
18 assumptions and he links assumptions together in a clever way. He
19 was fair in his estimates of the probability associated with his
20 assumptions.

21 29. My husband often reports to me some observations that made him
22 believe that a person is either an FBI or CIA agent but my husband
23 told me that he will never be sure about this without seeing a valid
24 government id and none of those people ever showed him government
25 id. My husband has also expressed concerns that some of his
26 observations of other people's behavior may have been intended to
27 mislead him to believe that they are affiliated with FBI or CIA and
28

1 he has no way of telling if the behavior of the people that he
2 observed is genuine or intended to mislead him.

3 30. My husband often reports to me experiments that he conducted to
4 confirm an assumption or hypothesis and the conclusions. We often
5 have discussion about them and sometimes I disagree. But as an
6 overall I can say the experiments and the associated conclusions are
7 very reasonable.

8 31. I have heard many stories from him about FBI, his attempts to retain
9 lawyers, FBI visiting his lawyers and many other stories. The name
10 of the CIA was not mentioned until the beginning of June 2012 after
11 my husband reported to me that he received a letter from the FBI and
12 the letter ignored mentioning most of his claims. My husband then
13 told me that he will amend his complaint to include the CIA as a
14 defendant.

15 32. My husband always believed that the CIA and FBI are not all bad and
16 what is happening is done by a corrupt unit or corrupt individuals
17 inside the organizations. He was always determined that it is his
18 duty as a good citizen to fight corruption and to bring corrupt
19 people to justice but I had serious concerns that we will be
20 punished for doing that and his mental health may deteriorate
21 further as a result. I tried hard to talk him out of this
22 confrontation because it is way bigger than his size but he always
23 insisted to seek justice regardless of the price. He kept saying
24 that no one should accept injustice and no one should be asked to
25 accept injustice.

26 33. I felt this is not fair to the family because we all are going to be
27 harmed and our lives will always be threatened but my husband
28 insisted. I gave up trying to talk him out of this confrontation and

1 started to support him instead and keep my fears locked into my
2 heart.

3 34. After my husband filed his lawsuit in court at the end of May 2012,
4 I felt that he is relieved and he is getting stronger. I felt that
5 he is relaxing because he is seeking justice. I supported him and
6 that made him feel much better as well.

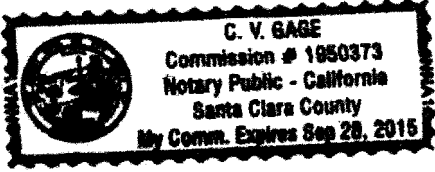
7 35. On the fourth of July, my husband asked me explicitly for the first
8 time if I work with the CIA or not. I felt that it is time to tell
9 him the truth because he is much stronger now than before and he has
10 been relaxed since he filed the lawsuit in court. I then informed
11 him that I am not cooperating with neither the CIA or the FBI. His
12 response was that he understands that I am not supposed to tell
13 anyone and he respects that. He continued to believe that I am
14 cooperating with the CIA. We often had arguments about that but he
15 finally got convinced that I have nothing to do with CIA or FBI. My
16 husband now appreciates the trick and feels that it was a very smart
17 idea to do that for he wouldn't be able to relax and stay calm if I
18 didn't do this. He told me that feeling of security that he got out
19 of this belief was very helpful to him. He is so grateful to me for
20 doing this to help him recover from his fear of getting harmed by
21 the corrupt individuals inside the CIA after his dismissal from the
22 hospital.

23 FURTHER, YOUR DEPONENT SAYETH NAUGHT.
24
25
26
27
28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Manal Elgaish-Elzeiny
ELZEINY ME
Manal Elgaish-Elzeiny

Sworn to and subscribed before me
this 5th day of August, 2012.



[Signature]

Notary Public for the State of California
SANTA CLARA COUNTY
My Commission Expires: SEPTEMBER 28, 2015

Attachment 3

Dr. Hirsch Medical Report

(3 Pages)

PATIENT: ZEINY, AL
UNIT: M000828641
ACCT: M00346835791
TYPE: IN
LOCATION: M.BH
ROOM: M.210

BH DISCHARGE SUMMARY

Anita Hirsch, MD

ADMISSION DATE: 10/21/2011
DISCHARGE DATE: 10/25/2011

DISCHARGE DIAGNOSES:

AXIS I: Bipolar disorder, mixed, with paranoid psychosis, resolved delirium of unknown etiology.

AXIS II: Deferred.

AXIS III: History of sleep apnea per patient account, possible overdose attempt.

AXIS IV: Job and financial stressors.

AXIS V: 40.

DISCHARGE MEDICATIONS:

None (AMA discharge).

COURSE IN HOSPITAL:

This was the first psychiatric admission for this 43-year-old married Egyptian male who was admitted on a 5150 for danger to self from Santa Clara Valley Medical Center's emergency psychiatry service. He had been found confused, incoherent, tremulous, attempting to swallow bottles of pills. He does not recall this incident but only relies on his wife's observations whom he trusts. He denied deliberately taking an overdose and could not recall any mistakes he might have made in taking his regularly scheduled medications. At the time of admission, he was not confused. He was moderately hypervocal and pressured and was obsessively preoccupied with fears of losing his job and possible intrusion from the FBI that might harm his career. His speech was only intermittently loud and he did not display flight of ideas but was quite tangential. He had some mild lability as he was severely anxious and at other times irritable. At the time of admission, it was decided to hold the Vyvanse which he had been

BH DISCHARGE SUMMARY

ORIGINAL

Page 1 of 3

PATIENT: ZEINY, AL
UNIT: M000828641
ACCT: M00346835791
TYPE: IN
LOCATION: M.BH
ROOM: M.210

taking prior to admission. He was continued on Lamictal and reluctantly Effexor, but he insisted on the latter. On the 22nd, he was very sedated and refused his morning medications. He was malodorous. He was demanding an increase in Lamictal, from 300 milligrams to 400 milligrams. Seroquel 50 milligrams orally at bedtime was started on the 22nd. On the 23rd he was less paranoid and irritable but expansively speaking of bring a lawsuit against the FBI for their harassment of him. On the 24th he was calmer, less fearful and less pressured. There was minimal focus on the FBI and the associated harassment. He was relieved that his boss was genuinely concerned that he had been hospitalized and his boss apparently conveyed to his wife that the company cannot do without him. He complained of significant mood swings, though did not appear to have that much lability and wanted his Lamictal again increased to 400 milligrams. He did not have any explanation for the delirium that he experienced when placed on a 5150 by the police. It was thought at that time that his paranoid symptoms were likely enhanced if not originated from Vyvanse. The Lamictal was increased to the preadmission dose of 400 milligrams by mouth at bedtime and the patient continued on a lower dose of Effexor XR at 150 milligrams orally at bedtime. On the 24th he agreed to stay in the hospital voluntarily in an attempt to further clarify the source of his delirium and to further refine his medication regimen. Suddenly on the morning of the 25th, he decided to discharge because his wife was having a difficult time transporting the children to school. This was clearly an impulsive decision or was one that he was planning on making anyway, but did not share that with the psychiatrist the day before when he agreed to sign a voluntary and stay several more days in the hospital. Because of the dramatic circumstances in which he was found prior to admission and the suspected overdose, perhaps inadvertent, it was decided to discharge him against medical advice. His wife clearly indicated that she had wanted him home and never expressed any concerns about the possibility of his again becoming confused or hurting himself. By the time of discharge, he was euthymic. There was no evidence of any paranoid psychosis and he denied any suicidal preoccupation.

GOOD SAMARITAN HOSPITAL
SAN JOSE, CALIFORNIA

PATIENT: ZEINY, AL
UNIT: M000828641
ACCT: M00346835791
TYPE: IN
LOCATION: M.BH
ROOM: M.210

DISCHARGE PLAN:

The patient likely will follow up with Dr. _____ Fisher whom he was seeing prior to admission. He is undoubtedly returning to live with his wife and children.

Anita Hirsch MD Date: Time:

AH: TRANSTECH

D: 10/25/2011 22:00:10 T: 10/26/2011 02:26:55 DOCUMENT: 876613

Attachment 4

Office Visit Notes for Plaintiff's Psychiatrist

(11 Pages)

DUKE FISHER, M.D.

841 Blossom Hill Road, #209
San Jose, CA 95123

Phone: (408) 363-6533

Fax: (408) 226-3635

1010 Cass Street, #C-3
Monterey, CA 93940

Patient Name: Al Zeiny

PROGRESS NOTES


09/24/2009: The patient seen for medication management. He is having trouble with lack of efficacy in the afternoon in terms of his Vyvanse. I am going to increase the Vyvanse to 40 mg twice a day and monitor for tolerance and response and continue the Effexor XR 150 mg in the morning and Lamictal 200 mg at night. The patient given a month supply of all three medications.

Signed: 
Duke Fisher, MD


10/08/2009: The increase of the Vyvanse to 40 mg twice has helped in terms of the efficacy of the Vyvanse with greater focus and concentration and patient now seems stable and given appropriate prescription for 30 days of the Effexor, Lamictal, and Vyvanse. No other medication changes.

Signed:  **COPY**
Duke Fisher, MD


10/15/2009: The patient missed appointment.

Signed: 
Duke Fisher, MD

10/22/2009: The patient is going to Egypt for two and a half months so I shall give appropriate prescription in terms of Vyvanse. He is okay in terms of Effexor and Lamictal. The patient is having some anxiety about the trip but on balance he is doing quite well. No medication changes today.

Signed: 
Duke Fisher, MD

01/20/2010: The patient missed appointment.


Signed: 
Duke Fisher, MD

02/04/2010: The patient continues to feel reasonably efficacy in terms of medications. He continues to take Vyvanse 40 mg twice a day, Effexor XR 150 mg daily, and Lamictal 200 mg daily. No breakthrough depressive episodes and focus and concentration is good.


Signed: 
Duke Fisher, MD

Progress Notes
Re: Al Zeiny
Page Two

03/04/2010: The patient continues to do well on current medication. No medication changes. The patient given 30-day supply of all medications.

Signed: Duke Fisher, MD 

04/01/2010: The patient having trouble with depression and has had breakthrough depressive episodes. So I shall increase the Effexor XR to 300 mg daily and monitor for tolerance and response. Possibility of all possible side effects described to the patient. No other medication changes.

Signed: Duke Fisher, MD 

04/15/2010: The patient canceled appointment.

Signed: Duke Fisher, MD 

COPY

05/06/2010: The patient doing somewhat better but still having some depression. So I am going to add Lamictal to his medication regimen and will add 50 mg of Lamictal and monitor for tolerance and response. This will give a total of 250 mg of Lamictal after going on additional 25 mg for 7 days then going up to 50 mg. Vyvanse and Effexor will remain the same.

Signed: Duke Fisher, MD 

06/03/2010: The patient is now stable and doing well and feels the addition of Lamictal has helped. The patient given prescription for #60 of the Vyvanse 40 mg to be taken twice a day, #60 of the Effexor XR to be taken two in the morning, #30 of the Lamictal 200 mg to be taken once a day, and #100 of the 25 mg to be taken two at night. No other medication changes.

Signed: Duke Fisher, MD 

DF:dsb
DOT:06/24/10

DUKE FISHER, M.D.

841 Blossom Hill Road, #209
San Jose, CA 95123

Phone: (408) 363-6533

Fax: (408) 226-3635

1010 Cass Street, #C-3
Monterey, CA 93940

Phone: (831) 372-3018

Fax: (831) 372-5452

Patient Name: Al Zeiny

PROGRESS NOTES

07/01/2010: The patient seen for medication management. He seems to be stable at this point in time. The patient is planning a trip to Egypt, so he will be given 3 months supply of medications. No medication changes today. The patient's affect appears to be bright. No evidence of manic activity or psychosis. No significant side effects of medications reported. No drug-drug interactions. The patient given 3 months supply and will be seen upon his return from Egypt.

Signed:



Duke Fisher, MD

COPY

DUKE FISHER, M.D.

841 Blossom Hill Road, #209
San Jose, CA 95123

Phone: (408) 363-6533
Fax: (408) 226-3635

1010 Cass Street, #C-3
Monterey, CA 93940

Phone: (831) 372-3018
Fax: (831) 372-5452

Patient Name: Al Zeiny

PROGRESS NOTES

11/08/2010: The patient seen for medication management. The patient has increased the Lamictal on his own to 125 mg at night which he feels helps with the "depression." Brief mental status examination indicates thought processes and content seem to be within normal limits and patient's mood is more stable. He continues to have trouble with focus and concentration but feels the Vyvanse is "really helping." The patient given #60 of the Vyvanse 40 mg to be taken twice a day, #60 of the Effexor XR to be taken 150 mg #2 for a total of 300 mg daily, and #30 of the Lamictal 200 mg to be taken one daily and #150 of the 25 mg to be taken five at night. No other medication changes.

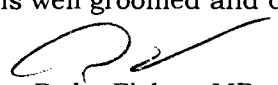
Signed:  Duke Fisher, MD

COPY


03/21/2011: The patient seen for medication management. He reports overall compliance and lack of significant side effects with current medication regimen. He continues to take the Vyvanse 40 mg daily—twice a day, Effexor CR 300 mg daily, and the Lamictal 200 mg twice a day. He reports no significant side effects. He reports no alcohol or drug use. The patient requires a month's supply of these medications. No other changes.

Signed:  Duke Fisher, MD

04/20/2011: The patient seen for medication management. He continues to take medications as prescribed. Compliance is good. No change in medications today. The patient requires #60 of the 40 mg Vyvanse to be taken twice a day, #60 of the Effexor XR 150 mg to be taken 2 daily, and #60 of the Lamictal 200 mg to be taken twice a day. Mental status examination indicates mood is appropriate and patient is well groomed and cooperative. No other medication changes.

Signed:  Duke Fisher, MD

05/18/2011: The patient seen for medication management. No change in medications today. Symptoms seem to be adequately controlled on current medication regimen. No risk factors are noted. The patient given one month supply of his Vyvanse, Effexor XR, and Lamictal. He reports reasonable efficacy and lack of significant side effects.

Signed:  Duke Fisher, MD

Progress Notes

Re: Al Zeiny

Page 2

06/15/2011: The patient seen for medication management. He continues to take medications as prescribed. The patient given 30 day supply of his Vyvanse, Effexor XR, and Lamictal. He continues to take Vyvanse 40 mg twice a day, Effexor 2 of the 150 mg daily, and the Lamictal 20 mg twice a day. Mood seems to be stable. No other disturbances noted. No risk factors. The patient is compliant with current medication regimen.

Signed:  Duke Fisher, MD

COPY

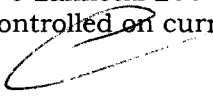
07/27/2011: The patient seen for medication management. He reports some significant nightmares. We discussed the possibility of his seeing a psychotherapist to find the nightmares. He feels that it is not disruptive but he is concerned. I offered to add some medication for the nightmares and the patient declined. The patient to continue only on the Vyvanse, Effexor XR, and Lamictal with no changes and patient given one month supply.

Signed:  Duke Fisher, MD

09/07/2011: The patient seen for medication management. He reports nightmares are not recurring. The patient continues to take Vyvanse 40 mg twice a day and Effexor XR 300 mg daily—2 of the 150 mg XR and 200 mg of Lamictal twice a day. Mood seems to be stable. No significant side effects noted. Symptoms adequately controlled on current medication regimen.

Signed:  Duke Fisher, MD

10/12/2011: The patient seen for medication management. He reports overall compliance and lack of significant side effects. No change in medications today. The patient given one month supply of #60 of the 40 mg Vyvanse to be taken twice a day, #60 of the Effexor XR 150 mg to be taken 2 daily, and #60 of the Lamictal 200 mg to be taken twice a day. No risk factors noted. Symptoms seem to be adequately controlled on current medication regimen.

Signed:  Duke Fisher, MD

DUKE FISHER, M.D.

841 Blossom Hill Road, #209
San Jose, CA 95123

Phone: (408) 363-6533

Fax: (408) 226-3635

1010 Cass Street, #C-3
Monterey, CA 93940

Phone: (831) 372-3018

Fax: (831) 372-5452

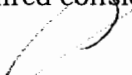
Patient Name: Al Zeiny

COPY PROGRESS NOTES

10/19/2011: The patient seen for medication management. I am going to give him Xanax 0.5 mg b.i.d. p.r.n. for anxiety. He seems extremely anxious and disorganized. He continues to report compliance with Vyvanse 40 mg twice a day, Effexor XR 150 mg twice a day, and Lamictal 200 mg twice a day. He is also seen more agitated and confused. There was some paranoid ideation in terms of "they are watching me." I am concerned that he may require hospitalization and patient agreed to contact me if there is further deterioration of his condition. I should try to see him next week. No other medication changes today.

Signed:  Duke Fisher, MD

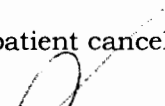
10/26/2011: The patient seen for medication management session. I have reviewed discharge the patient from Good Samaritan Hospital where he was hospitalized for 5 days. I told him he is not ready to go back to work. The patient seems to be extremely confused. I discussed the possibility of anti-psychotic medications since the paranoia seems to be increasing in frequency and intensity in terms of thought processes being extremely fragmented and tangential and also paranoid ideation regarding being observed by the FDI. He is reluctant to do this. He wants to continue on current medication regimen. The patient given prescription for alprazolam 0.5 mg b.i.d. for anxiety and he seems to be so agitated and required considerable redirection within the session.

Signed:  Duke Fisher, MD

10/31/2011: The patient is going to be taking Abilify and was given samples of Abilify to be taken over the next week. I am concerned because he is having difficulties in his marriage and also having dissociated states. There is considerable identity confusion and I urged him to get a therapist since he seems to go in and out of dissociated states. Hopefully, the Abilify will provide some degree of integration. I am concerned he may require rehospitalization.

Signed:  Duke Fisher, MD

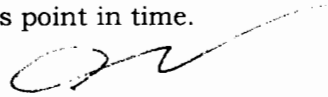
11/16/2011: The patient canceled appointment.

Signed:  Duke Fisher, MD

COPY

11/28/2011: The patient seen for medication management. He continues to be reluctant to take the Seroquel because this is making him extremely "tired." I gave him more samples of the Abilify but he is continuing to be paranoid and I may have to increase the Abilify because of his paranoid ideation. He is extremely agitated and confused. He does have an appointment with his therapist today to begin therapy which is important as part of his ongoing treatment plan. No other medication changes. He is taking the Vyvanse, Effexor, and Lamictal as prescribed. It is extremely fragmented in his thinking with looseness of associations and paranoid ideation. The patient clearly unable to work and is totally disabled at this point in time.

Signed:


Duke Fisher, MD

DUKE FISHER, M.D.

841 Blossom Hill Road, #209
San Jose, CA 95123

Phone: (408) 363-6533

Fax: (408) 226-3635

1010 Cass Street, #C-3
Monterey, CA 93940

Phone: (831) 372-3018

Fax: (831) 372-5452


Patient Name: Al Zeiny

PROGRESS NOTES

COPY

12/05/2011: The patient seen for medication management. He is seen more disorganized and required considerable redirection during the session. Thought processes are fragmented and tangential. He continues to be paranoid and delusional in terms of the FBI following him in tormenting him. The patient does not respond well to reality testing. I am not going to increase the Abilify beyond the 10 mg but may have to because the patient is reluctant to take higher doses because of some sedation. He has significant anxiety. He is going to take some additional p.r.n. Lamictal but no more than 15 mg twice a day and I explained to him that he must go up gradually. No other medication changes today. The patient remains totally disabled and unable to function.

Signed:


Duke Fisher, MD

DUKE FISHER, M.D.

841 Blossom Hill Road, #209
San Jose, CA 95123

Phone: (408) 363-6533

Fax: (408) 226-3635

1010 Cass Street, #C-3
Monterey, CA 93940

Phone: (831) 372-3018

Fax: (831) 372-5452

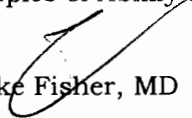
Patient Name: Al Zeiny

PROGRESS NOTES

FILE COPY

01/09/2012: The patient was seen for medication management. The patient continues to be extremely paranoid. He feels the FBI is following him and fired his attorney because he feels the FBI has infiltrated his attorney's office. The recent increase in Abilify to 10 mg is somewhat helpful, but he does not show improvement, next week I am going to increase it again. He is somewhat lethargic from the Abilify and there has been some deterioration in that he still is unable to number 1 of 4 objects after 3 minutes. He could not remember the name of his therapist and seems to be increasingly disorganized and may be required to do inpatient treatment. He continues to take Vyvanse, Effexor, Lamictal, and samples of Abilify as ordered. No other medication changes.

Signed:


Duke Fisher, MD

FAXED
11/25/12

DUKE FISHER, M.D.

841 Blossom Hill Road, #209
San Jose, CA 95123

Phone: (408) 363-6533

Fax: (408) 226-3635

1010 Cass Street, #C-3
Monterey, CA 93940

COPY

Phone: (831) 372-3018

Fax: (831) 372-5452


Patient Name: Al Zeiny

PROGRESS NOTES


01/16/2012: The patient seen for medication management. He continues to be paranoid and feel the FBI is following him. He is lethargic and disorganized. He forgot the name of his therapist again but does continue to take the Vyvanse, Effexor, Lamictal, and 10 mg of Abilify a day as ordered. We discussed inpatient treatment. No other medication changes.

Signed:  Duke Fisher, MD

01/23/2012: I am increasing the Abilify again to 10 mg to 15 mg because he is still extremely paranoid and disorganized and circumstantial. He was confused and unable to function. The patient does report overall compliance with medications. No significant side effects noted. No risk factors.

Signed:  Duke Fisher, MD

02/27/2012: The patient has been noncompliant with the Abilify, so I gave him more samples and told him to be sure to take the 10 mg tablets. I also gave him prescription for Risperidone 2 mg to take on a daily basis if he does not take the Lamictal in an effort to reduce the paranoia. I am more concerned about him and we will see him shortly because I am concerned he may require hospitalization. He is extremely depressed. There was psychomotor retardation noted today.

Signed:  Duke Fisher, MD

02/29/2012: The patient seen for medication management. We discussed inpatient treatment. He feels he can stay but he is having an increase in the frequency and intensity of suicidal ideation. There is no intent and I was able to get him to agree to a no self-harm contract. He is now taking Risperdal 2 mg instead of the Abilify. No other medication changes today.

Signed:  Duke Fisher, MD

DUKE FISHER, M.D.

841 Blossom Hill Road, #209
San Jose, CA 95123

Phone: (408) 363-6533
Fax: (408) 226-3635

1010 Cass Street, #C-3
Monterey, CA 93940

Phone: (831) 372-3018
Fax: (831) 372-5452

COPY

Patient Name: Al Zeiny

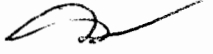
PROGRESS NOTES

04/04/2012: The patient seen for medication management. He reports that the Vyvanse continues to help in terms of focus and concentration. Nevertheless, he remains extremely paranoid. He feels the FDI are now monitoring his actions and have put special devices in his house. He is somewhat afraid to leave his room and family seems concerned about him. I am going to increase the Risperdal to 4 mg in an effort to reduce paranoia. Compliance may be an issue even though he does report taking medications as prescribed. He continues to take the Lamictal 200 mg twice a day for his bipolar depression and seemed less depressed except that he is paranoia seems to be activating depression even though there were no risk factors in terms of suicidality. He is having severe nightmares and having trouble separating dreams from reality and shows poor reality testing. He continues to take the Effexor XR 300 mg because of his depression and I am not going to increase that at this point in time. The patient given prescriptions for #60 Vyvanse 40 mg to be taken twice a day, #60 of the Effexor XR to be taken 2 a day, and #60 of the Lamictal 200 mg to be taken twice a day, and #30 of the Risperdal 4 mg to be taken on a daily basis. I will continue to monitor for tolerance and response.



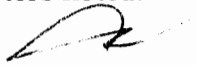
Signed: Duke Fisher, MD

04/16/2012: The patient seen for medication management. He reports overall compliance with medications. He seems somewhat less paranoid except for at the end of session he became more paranoid about the FDI and was concerned that they may be connected to legal issues and then he showed signs of confusion and fragmentation as well as circumstantiality issues in terms of his thinking. I am going to increase the Risperdal to 6 mg and patient will take 1.5 of the 4 mg which he has. No medications given today as patient has enough from last prescription. There were no risk factors in terms of homicidal or suicidal ideation. The patient remains severely paranoid but his depression seems to be reasonably controlled with the Lamictal and Effexor.



Signed: Duke Fisher, MD

04/18/2012: The patient seen for purposes of discussing ability. I am also filling out paper work for his disability. He remains totally disabled and unable to function because of the severity of his paranoia and confusional states as well as his fragmented thinking. He is taking medications as prescribed and seems to be slightly less paranoid today because of the increase of the Risperdal to 6 mg. No other medication changes. The patient remains disabled and unable to work or function in a meaningful way. No risk factors noted.



Signed: Duke Fisher, MD