

**INCIDENT/INVESTIGATION**  
**INTERNAL COPY**

Case#	05-0897
Date / Time Reported	11/27/2005 23:35 Sun
Last Known Secure	11/27/2005 23:35 Sun
At Found	11/27/2005 23:35 Sun

INCIDENT DATA

Agency Name	Virginia Tech Police Department
ORI	VA0600400

Location of Incident	Premise Type	Zone/Tract
4021 Ambler Johnston West, Virginia Tech VA 24061-	School/college	S
#1 Crime Incident(s) (Com) Phone Calls-annoying 926	Weapon / Tools	Activity
#2 Crime Incident ( )	Weapon / Tools	Activity
#3 Crime Incident ( )	Weapon / Tools	Activity

MO

VICTIM

# of Victims	1	Type: INDIVIDUAL (NOT A LE OFFICER)	Injury:						
VI	Victim/Business Name (Last, First, Middle) NELSON, JENNIFER ELISE	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
		I,	10/21/1986	W	F		Resident		
	Home Address							Home Phone	
	4021 WEST AMBLER JOHNSTON, Blacksburg, VA 24061-							540-232-4663	
	Employer Name/Address							Business Phone	
	(STUDENT)								
VYR	Make	Model	Style	Color	Lic/Lis	VIN			

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type:									
Code	Name (Last, First, Middle)	Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
			Age						
	Home Address							Home Phone	
	Employer Name/Address							Business Phone	

PROPERTY

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Officer/ID#	Moye, Scott T (PATL) (0270)	Supervisor	(0)
Invest ID#	(0)	Case Status	Inactive - Pending 02/17/2006
Status	Complainant Signature	Case Disposition:	Page 1

# Incident Report Additional Name List

OCA: 05-0897

Virginia Tech Police Department

## Additional Name List

NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	HASH, SARAH ANN		08/03/1987	18	W	F
	Address 4021 West Ambler Johnston, Blacksburg, VA 24061-		H: 540-232-4663			
	Emp/Addr		B: - -			



# INCIDENT/INVESTIGATION REPORT

By: LUCASHD, PCVTP-078 04/17/2007

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Virginia Tech Police Department

Case# 05-0897

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

IBR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S					

Assisting Officers  
POFF, B.S. (3166)

Suspect Hate / Bias Motivated:

N  
A  
R  
R  
A  
T  
I  
V  
E

[Empty narrative area]



**REPORTING OFFICER NARRATIVE**

Virginia Tech Police Department

OCA 05-0897
Date / Time Reported Sun 11/27/2005 23:35

Victim <b>NELSON, JENNIFER ELISE</b>	Offense <b>PHONE CALLS-ANNOYING</b>
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THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 11-27-2005 at 2337 hours I, Officer S.T. Moye, was dispatched to 4021 West Ambler Johnston in reference to a female who was being harassed. When I arrived I spoke with Jennifer Nelson (V1). V1 stated that she had been receiving instant messages from a guy she identified through facebook and that on this date he had called her and came by her room. V1 said she had no idea who the person was, but that he had said he went to high school with her.

V1 stated that the subject called for her at around 2315 hours, but her roommate Sarah Hash (W1) answered the phone. V1 stated that W1 asked who was calling and that the subject would not state who he was.

At approximately 2330 hours V1 stated that they heard a knock on their door. She stated that W1 went to the door and saw an Asian male wearing a Carhartt type coat with the hood up, aviator sunglasses, a blue flannel shirt, and blue jeans standing at the door. W1 stated that he asked for Jennifer and she told him that she was not there. V1 and W1 stated that they asked the male who he was and he stated that he was "the question mark kid". V1 stated that they told him they were calling the police and he said "Alright I'm leaving."

V1 showed me the subject's page on facebook. There was a picture of a male in a white nike t-shirt whose face was whited out with a question mark placed in the void. The name on the profile was "Question Mark" Also listed as a screen name was "spankyjelly". V1 stated that she had received multiple instant messages from the screen name of "spankyjelly". The subject gave a false address of 6009 Cochrane Hall and a false email address of spanky@vt.edu. V1 added that there was a male in her British Literature class who had told the professor that his name was "Question Mark" and that he was Asian. She believed it could be the same person, but did not know his name.

V1 stated that she was concerned about the situation. She stated that the subject known as "Question Mark" knew things about her (such as her middle name) that she did not believe was listed anywhere. I told V1 that I would look into the incident and get back in touch with her.

Upon returning to the police department I returned to [www.facebook.com](http://www.facebook.com) and looked up Question Mark. I began searching through the people he had listed as friends and came across Andrew Koch and Christopher Tuck, both of whom lived in room 3032 Cochrane Hall. I spoke with one of the subjects in their room and asked if they knew who "Question Mark" was. He stated that it was Seung Hui Cho (OF1) who lived in room 3032 Cochrane Hall.

I went to room 3032 and spoke to OF1 at around 0050 hours. I asked OF1 if he knew why I was there and he said, "Because of the thing in West AJ?" I read OF1 his Miranda rights and proceeded with questioning. OF1 stated that he knew V1 from his British Literature class. He stated that he meant no harm by what he was doing and "it was like ha-ha, a joke". I told OF1 that he had frightened V1 and he stated that he had not meant to. I asked OF1 why he went by the room and he stated that he just wanted to say hello. I asked him why he wore sunglasses and a hood to go say hello and he stated, "Because my eyes are very sensitive." I reminded OF1 that it was approximately 2330 hours when he did this and he did not respond.

OF1 was given a waiver of rights form, which he signed, and was allowed to write a statement at 0116 hours (attached). OF1 said that he wanted V1 to read it so that she would understand that he meant no harm. I told OF1 that there could be a judicial referral filed, but that at that time no criminal charges were being placed. OF1 was



# REPORTING OFFICER NARRATIVE

Virginia Tech Police Department

OCA 05-0897
Date / Time Reported Sun 11/27/2005 23:35

Victim

NELSON, JENNIFER ELISE

Offense

PHONE CALLS-ANNOYING

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

advised not to make contact with V1 by any means. He stated that he would not have any more contact with her.

I then returned to West Ambler Johnston to speak with V1. V1 was allowed to read the statement and stated that she did not want to press criminal charges. V1 did indicate that she would be comfortable testifying in a judicial referral hearing if I filed for one. I advised her that I would. I told V1 that I had advised OF1 not to make contact with her. I also advised V1 not to initiate any contact with OF1. V1 was thankful and seemed satisfied with the results of the case.

A judicial referral is being filed for harassment on OF1. At this time there are no criminal charges being pursued. It is my recommendation that this case be declared closed.

Reporting Officer: MOYE, SCOTT T

Printed By: LUCASHD, PCVTP-078 04/17/2007 16:18



# Incident Report Suspect List

Virginia Tech Police Department

OCA: 05-0897

<b>1</b>	Name (Last, First, Middle) <i>Cho, Seung Hui</i>					Also Known As					Home Address <i>2121 HARPER HALL BLACKSBURG, VA 24061 540-232-6213</i>				
	Business Address <i>,STUDENT</i>														
DOB.	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.					
<i>01/18/1984</i>	<i>21</i>	<i>A</i>	<i>M</i>	<i>N</i>	<i>508</i>	<i>150</i>	<i>BLK</i>	<i>BRO</i>	<i>LBR</i>	<i>T60870006 VA</i>					
Scars, Marks, Tattoos, or other distinguishing features															
<b>Reported Suspect Detail</b>			Suspect Age		Race	Sex	Height		Weight		SSN				
Weapon, Type		Feature		Make		Model		Color		Caliber		Dir of Travel Mode of Travel			
VehYr/Make/Model			Drs	Style		Color		Lic/St			VIN				
Notes								Physical Char							



**INCIDENT/INVESTIGATION**  
**INTERNAL COPY**

Agency Name <i>Virginia Tech Police Department</i>
ORI <i>VA0600400</i>

Case# <i>05-0944</i>
Date / Time Reported <i>12/12/2005 11:45 Mon</i>
Last Known Secure <i>12/09/2005 11:45 Fri</i>
At Found <i>12/12/2005 11:45 Mon</i>

Location of Incident <i>306 Campbell Hall East, Virginia Tech VA 24061-</i>	Premise Type <i>School/college</i>	Zone/Tract <i>C</i>
#1 Crime Incident(s) (Com) <i>All Other Non Reportable Offenses 1000</i>	Weapon / Tools	
	Entry	Exit
#2 Crime Incident ( )	Weapon / Tools	
	Entry	Exit
#3 Crime Incident ( )	Weapon / Tools	
	Entry	Exit

INCIDENT DATA

MO

# of Victims <i>1</i>	Type: <b>INDIVIDUAL (NOT A LE OFFICER)</b>	Injury: <i>None</i>
V1 Victim/Business Name (Last, First, Middle) <i>BOWMAN, MARGARET</i>	Victim of Crime # <i>1</i>	DOB <i>09/07/1986</i> Age <i>19</i>
Home Address <i>306 EAST CAMPBELL HALL, Blacksburg, VA 24061-</i>	Race <i>W</i>	Sex <i>F</i>
Employer Name/Address <i>(STUDENT)</i>	Relationship To Offender <i>1AO</i>	Resident Status <i>Resident</i>
VYR	Make	Model
Style	Color	Lic/Lis
VIN		Home Phone <i>540-292-9994</i>
Business Phone		

VICTIM

OTHERS INVOLVED

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)

Type:							
Code Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
Home Address	Home Phone						
Employer Name/Address	Business Phone						
Type:							
Code Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
Home Address	Home Phone						
Employer Name/Address	Business Phone						

PROPERTY

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown  
("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description	Make/Model	Serial Number

Officer/ID# <i>Mcclanahan, Eric G (PATL) (7501)</i>	Invest ID# <i>Mcclanahan, Eric G (PATL) (7501)</i>	Supervisor <i>(0)</i>
Status	Complainant Signature	Case Status <i>Inactive - Pending 12/13/2005</i>
		Case Disposition: <i>Page 1</i>

*dup call*



# INCIDENT/INVESTIGATION REPORT

By: LUCASHD, PCVTP-078 04/17/2007

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Virginia Tech Police Department

Case# 05-0944

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

IBR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S					

Assisting Officers  
GALLEMORE, T.R. (7035)

Suspect Hate / Bias Motivated:

N  
A  
R  
R  
A  
T  
I  
V  
E

[Empty narrative box]



**REPORTING OFFICER NARRATIVE**

Virginia Tech Police Department

OCA
05-0944
Date / Time Reported
Mon 12/12/2005 11:45

Victim <b>BOWMAN, MARGARET</b>	Offense <b>ALL OTHER NON REPORTABLE OFFENSES</b>
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THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 12/12/2005 at approximately 11:45, Officer Gallemore and I, Officer EG McClanahan, responded to 306 East Campbell in reference to a harassment call. Upon arrival, we spoke with Margaret Ashlee Bowman who identified herself as the complainant and victim. Ms. Bowman stated that an acquaintance, Mr. Seung-Hui Cho, had sent her an unwanted instant message on Friday, December the 9th and had recently left a message on her marker board outside her dorm room. We asked Ms. Bowman to explain her complaint in further detail. Ms. Bowman stated that she didn't know Mr. Cho that well, that he was a friend of a friend and that she seemed it kind of strange that he sent her the instant message. Ms. Bowman further explained that on Sunday evening, December 11, a Shakespeare exert was written on her marker board hanging outside her dorm room. Ms. Bowman stated that she did not stay at her dorm room Sunday night and upon returning to her dorm room after her exam Monday morning, December 12 at 08:30, a continuation of the Shakespeare exert had been added. Ms. Bowman stated that she had reason to believe that Mr. Cho was the person who done this by information relayed to her from mutual friends who during their conversation about the events taking place with Mr. Cho he commented that "Shakespeare wrote it". Ms. Bowman stated that she did not want any more contact with Mr. Cho and asked us to make him aware of that. Officer Gallemore left Mr. Cho a message with his roommate to contact him or myself and also sent an email stating the same. This officer will attempt to make contact with Mr. Cho at the earliest possible time.

# Incident Report Suspect List

Virginia Tech Police Department

OCA: 05-0944

<b>1</b> Name (Last, First, Middle) <i>Cho, Seung Hui</i>		Also Known As		Home Address 2121 HARPER HALL BLACKSBURG, VA 24061 540-232-6213						
				Business Address <i>,STUDENT</i>						
DOB.	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin	Driver's License / State.
<i>01/18/1984</i>	<i>21</i>	<i>A</i>	<i>M</i>	<i>N</i>	<i>508</i>	<i>150</i>	<i>BLK</i>	<i>BRO</i>	<i>LBR</i>	<i>T60870006 VA</i>
Scars, Marks, Tattoos, or other distinguishing features										
<b>Reported Suspect Detail</b>		Suspect Age		Race	Sex	Height		Weight		SSN
Weapon, Type	Feature	Make		Model		Color	Caliber	Dir of Travel		Mode of Travel
VehYr/Make/Model		Drs	Style		Color	Lic/St		VIN		
Notes						Physical Char				



**INCIDENT/INVESTIGATION  
INTERNAL COPY**

Case# **05-0948**  
 Date / Time Reported **12/13/2005 19:09**  
 Last Known Secure **12/13/2005 19:09**  
 At Found **12/13/2005 19:09**

**INCIDENT DATA**

Agency Name  
**Virginia Tech Police Department**  
 ORI  
**VA0600400**

Location of Incident  
**3032 Cochrane Hall, Virginia Tech VA 24061-**  
 Premise Type **School/college** Zone/Tract **S**  
 #1 Crime Incident(s) **(Com)** Weapon / Tools  
**Mental/tdo/eco**  
**931**  
 Entry Exit Security  
 #2 Crime Incident **( )** Weapon / Tools  
 Entry Exit Security  
 #3 Crime Incident **( )** Weapon / Tools  
 Entry Exit Security

**MO**

**VICTIM**

# of Victims **1** Type: **GOVERNMENT**  
 Injury:  
 VI Victim/Business Name (Last, First, Middle)  
**COMMONWEALTH OF VA**  
 Victim of Crime # **1** DOB **Age** Race Sex Relationship To Offender Resident Status **Unknown** Military Branch/  
 Home Address **VA 24060-**  
 Employer Name/Address Home Phone  
 VYR Make Model Style Color Lic/Lis VIN Business Phone

**OTHERS**

CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)  
 Type: **INDIVIDUAL (NOT A LE OFFICER)**  
 Code Name (Last, First, Middle)  
**KOCH, ANDREW JOSEPH**  
 Victim of Crime # DOB **03/24/1986** Race Sex Relationship To Offender Resident Status **M** Military Branch/St  
 Home Address **3035 Cochrane Hall Blacksburg, VA 24061**  
 Employer Name/Address Home Phone **540-232-6646**  
 Business Phone **804-229-3464**

**INVOLVED**

Type:  
 Code Name (Last, First, Middle)  
 Victim of Crime # DOB **Age** Race Sex Relationship To Offender Resident Status **Military Branch/St**  
 Home Address  
 Employer Name/Address Home Phone  
 Business Phone

**PROPERTY**

I = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown  
 ("OJ" = Recovered for Other Jurisdiction)

VI #	Code	Status From/To	Value	OI	QTY	Property Description	Make/Model	Serial Number

Officer/ID# **Lucas, Howard Dean (PATL) (6153)**  
 Invest ID# **(0)**  
 Status Complainant Signature



# INCIDENT/INVESTIGATION REPORT

Virginia Tech Police Department

Page 2

By: LUCASHD, PCVTP-078 04/17/2007

Case# <b>05-0948</b>
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Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity
D R U G S						

Assisting Officers  
*WEAVER, K.D. (5167)*

Suspect Hate / Bias Motivated:

N A R R A T I V E	
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# Incident Report Suspect List

Virginia Tech Police Department

OCA: 05-0948

1 Name (Last, First, Middle) <i>Cho, Seung Hui</i>		Also Known As				Home Address <i>2121 HARPER HALL BLACKSBURG, VA 24061 540-232-6213</i>				
Business Address <i>,STUDENT</i>										
DOB. <i>01/18/1984</i>	Age <i>21</i>	Race <i>A</i>	Sex <i>M</i>	Eth <i>N</i>	Hgt <i>508</i>	Wgt <i>150</i>	Hair <i>BLK</i>	Eye <i>BRO</i>	Skin <i>LBR</i>	Driver's License / State. <i>T60870006 VA</i>
Scars, Marks, Tattoos, or other distinguishing features										
<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Height		Weight	SSN	
Weapon, Type	Feature	Make		Model		Color	Caliber	Dir of Travel Mode of Travel		
VehYr/Make/Model		Drs	Style		Color	Lic/St		VIN		
Notes						Physical Char				

**REPORTING OFFICER NARRATIVE**

Virginia Tech Police Department

OCA

05-0948

Victim

COMMONWEALTH OF VA

Offense

MENTAL/TDO/ECO

Date / Time Reported

Tue 12/13/2005 19:09

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 12-13-05 at approximately 1909 hours, I Officer Lucas received a phone call from Andy Koch in reference to case # 050944. Andy advised that Mr. Seung Hui Cho had sent him an instant message earlier today saying that he was thinking about killing himself. Andy advised that Mr. Seung Hui Cho was back in his room at this time located at room 3032 Cochrane Hall. At that time Officer Weaver and I responded to Cochrane Hall to speak to Mr. Cho. Upon arriving we met with Mr. Cho who was sitting at his desk. We introduced ourselves to Mr. Cho and asked if he was doing okay. Mr. Cho seemed to be shy or down about something. I asked Mr. Cho if he knew why we were there and he said, "no." I asked Mr. Cho if he knew Andy Koch and he said, "yes we are friends." I asked Mr. Cho about the instant message he had sent to Andy regarding him hurting or killing himself and he said that he was joking. We tried to obtain more information from Mr. Cho but he would not give much of a response. We asked Mr. Cho if he would come with us to the Va. Tech PD to speak to a counselor and he came willingly.

Ms. Kathy Godbey with Access interviewed Mr. Cho and decided that he needed to go to a medical facility. Ms. Godbey was able to obtain a TDO from Magistrate Elinor Williams. Ms. Godbey was able to get Mr. Cho committed to NRVMC Saint Albans.

I transported Mr. Cho to the Blacksburg Annex to pick up the TDO and then transported him to NRV Saint Albans. Upon arrival at Saint Albans I released Mr. Cho to Sabrina Blankenship(security).

Lt. Albert contacted Ms. Tricia Smith the Administrator on Call for Residential Life in reference to this situation.



1219M3400502020

..... Montgomery County .....

- Juvenile and Domestic Relations District Court
- General District Court

In re: ..... SEUNG - Hui CHO .....

To the respondent:

You have the right to retain private counsel or be represented by a court-appointed attorney in this proceeding.

You may present any defenses you have to your involuntary commitment including independent evaluations, expert testimony, and the testimony of other witnesses.

You have the right to be present and to testify during the hearing.

You have the right to appeal to the circuit court any certification for involuntary commitment, and to have a jury trial on appeal.

I have received a copy of this written explanation and its contents have been explained to me.

The judge may rely solely upon the evaluations and reports of the appointed examiner and of the Community Services Board, to order your involuntary commitment, if these reports are not contested by you.

..... 12/14/05 .....  
DATE

..... [Signature] .....  
SIGNATURE OF RESPONDENT

I have determined that the respondent has received this form and its contents have been explained to him.

..... 12/14/05 .....  
DATE

..... [Signature] .....  
JUDGE

2005  
8.10.04



# TEMPORARY DETENTION ORDER

Commonwealth of Virginia  
Code §§ 16.1-340; 37.2-809; 19.2-169.6; 19.2-177.1; 19.2-182.9

General District Court [ ] Circuit Court  
[ ] Juvenile and Domestic Relations District Court

D

Montgomery  
Seung-Hui Cho  
3032 Cochrane Hall, Blacksburg, VA 24060

NAME AND ADDRESS OF RESPONDENT

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN	HT.	WGT.	EYES	HAIR
		MO DAY YR.	FT. IN.			
A	M	01/18/1984	5' 08"	150	BRO	BLK

SSN: [REDACTED]  
 DLP: [REDACTED] STATE: [REDACTED]

BY ANY AUTHORIZED OFFICER OF: Va Tech PD  
based upon facts presented in the detention hearing, and based upon advice presented by  
Sathy Godbey

person skilled in the assessment or diagnosis and treatment of mental illness who has completed a certification program approved by the Department of Mental Health, Mental Retardation and Substance Abuse Services, the undersigned judicial officer finds probable cause to believe that the respondent:

- pursuant to § 37.2-809, is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, and is incapable of volunteering or unwilling to volunteer for treatment.
- [ ] pursuant to § 16.1-340, is a juvenile who is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self, and is incapable of volunteering or unwilling to volunteer for treatment.
- [ ] pursuant to subdivision A 2 of § 19.2-169.6, is a defendant in custody and awaiting trial, and is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self.
- [ ] pursuant to subdivision B of § 19.2-176, is a defendant who has been convicted of a crime but not yet sentenced and is mentally ill and in need of hospitalization, poses an imminent danger to self or others if not immediately hospitalized, or is so seriously mentally ill as to be substantially unable to care for self.
- [ ] pursuant to § 19.2-177.1, is a defendant who is in the custody of a local correctional facility after having been sentenced for a crime and is mentally ill and in need of hospitalization, and presents an imminent danger to self or others as a result of mental illness, or is so seriously mentally ill as to be substantially unable to care for self.

- [ ] \_\_\_\_\_, a person who has custody of the respondent has filed a petition to commence the mental commitment proceeding.
- [ ] pursuant to § 19.2-182.9, is an acquittee on conditional release, and has violated the conditions of release or is no longer a proper subject for conditional release, and requires emergency evaluation to assess the need for inpatient hospitalization.
- [ ] The respondent is currently in a juvenile detention or shelter care facility.

THEREFORE, you are commanded to take the respondent into custody and transport the respondent from the respondent's present location at Virginia Tech PD, Blacksburg, VA 24060

CURRENT LOCATION OF RESPONDENT

to: Carilion St. Albans Behavioral 2900 Lamb Circle, Christiansburg, VA 24073

NAME AND ADDRESS OF FACILITY

[ ] Prior to placement in the above facility, transport the respondent to a medical facility to obtain emergency medical evaluation or treatment.

The duration of temporary detention may not exceed the period authorized in Virginia Code § 37.2-809, § 16.1-340, subdivision A 2 of § 19.2-169.6, subdivision B of § 19.2-176, § 19.2-177.1, or § 19.2-182.9. If this order commands that the respondent be detained pursuant to § 37.2-809, the director of the facility of temporary detention may release the respondent prior to a hearing as authorized in § 37.2-814 if it appears, based on an evaluation conducted by the psychiatrist or clinical psychiatrist treating the respondent, that the respondent would not present an imminent danger to self or others if released. If the respondent is detained by this order pursuant to § 16.1-340, subdivision A 2 of § 19.2-169.6, subdivision B of § 19.2-176, § 19.2-177.1, or § 19.2-182.9, the director of the facility of temporary detention may not release the respondent without an order of a judge. If the judicial officer issues this order pursuant to § 37.2-809, § 16.1-340, subdivision A 2 of § 19.2-169.6, subdivision B of § 19.2-176, or § 19.2-177.1, this order becomes void if not executed within:

24 hours [ ] \_\_\_\_\_ hours after issuance.

12/13/2005 10:12 PM

DATE AND TIME OF ISSUANCE

Elinor E. Williams

*Elinor E. Williams*

JUDICIAL JUSTICE

Respondent discharged from institution on this day: \_\_\_\_\_ by \_\_\_\_\_ NAME/TITLE

EXECUTED by delivering a copy of this Order

to the respondent on this day 12-13-05 2250  
DATE AND TIME OF EXECUTION

12-13-05 2250  
DATE AND TIME RESPONDENT DELIVERED TO FACILITY

Howard D. Lewis  
OFFICER TAKING RESPONDENT INTO CUSTODY

208 VA Tech PD  
BADGE NO., AGENCY, AND JURISDICTION

for \_\_\_\_\_ SHERIFF

TDO 121GM3400502020



Approved by the Attorney General

DMH 1006 (Rev. 4/00)

Commonwealth of Virginia

DEPARTMENT OF MENTAL HEALTH MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

PROCEEDINGS FOR CERTIFICATION FOR INVOLUNTARY ADMISSION TO A PUBLIC or PRIVATE LICENSED MENTAL HEALTH FACILITY

PURSUANT TO §§37.1 - 67.1 through 37.1 - 67.3, Code of Virginia (1950), as amended.

City of Montgomery

To wit:

PETITION

General District Court

To the Judge or Special Justice of the Juvenile and Domestic Relations District Court of the County of Montgomery

In the matter of Sung Hui Cho  
Given Name Middle Name(s) Surname

Soc. Security No. [redacted] Birth Date 11/01/81 Sex M Permanent Address [redacted]

Centerville VA 24061  
City or Post Office State Zip Code

Legal Resident\* of Fairfax County City

a person alleged to be mentally ill  
indicate whichever applies: Mentally Ill, Alcoholic, Drug Addict

who is now in the care of VTPD  
Name Address Relationship

The undersigned petitioner alleges that the above person is mentally ill and in need of hospitalization. In support of the allegation, the petitioner, \_\_\_\_\_ submits the following facts:

Prescreening evaluation has been made and the report recommending hospitalization is attached.

Wherefore, your petitioner prays that the said Sung-Hui Cho be examined and accorded such assistance provided by law.

Date 12-13 2005 SIGNED Edward O. Lee

Relation to person None Address \_\_\_\_\_

Phone number 231-6411 if public officer, give title Police Officer

The foregoing petitioner, being duly sworn, deposes and says that the statements set forth above are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me on this 13 day of December, 2005

Tracy M. Merdora  
Judge, Special Justice, or Notary Public  
Kathy M. Godsey 911-8400  
Print Name Phone Number

Commission expires on March 31, 2007 Title Notary Public

\*§ 37.1-1(12) "Legal Resident" of Virginia means any person who is a bona fide resident of the Commonwealth of Virginia.  
PRINT or TYPE ALL INFORMATION EXCEPT WHERE SIGNATURES ARE REQUIRED.  
PREPARE AND SEND TO THE STATE HOSPITAL OR OTHER FACILITY TO WHICH PATIENT IS ADMITTED.



Place of Birth \_\_\_\_\_  
 Marital status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
 Separated \_\_\_\_\_ Unknown \_\_\_\_\_  
 Race \_\_\_\_\_  
 Religion: Protestant \_\_\_\_\_ Catholic \_\_\_\_\_ Jewish \_\_\_\_\_ Other \_\_\_\_\_ Unknown \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Nearest Relative or Correspondent \_\_\_\_\_  
 Name Address Telephone No. Relationship

PHYSICIAN'S EXAMINATION

Mental Information:

State briefly mental symptoms of patient: *Acute 4. Patient is flat and mood is depressed. He denies suicidal ideation. He does not acknowledge symptoms of a thought disorder. His insight and judgment are minimal.*

When first observed *12/14/05* How rapid development \_\_\_\_\_

Has patient attempted suicide: Yes \_\_\_\_\_ No  If yes, explain \_\_\_\_\_

Has patient attempted homicide: Yes \_\_\_\_\_ No  If yes, explain \_\_\_\_\_

If mentally retarded, state intellectual level, if available \_\_\_\_\_

Has patient had previous psychiatric care? Yes \_\_\_\_\_ No  Unknown \_\_\_\_\_

If yes, name hospital, clinic or private psychiatrist

Name Address

Name Address

Name Address

Alcoholic habits (state briefly, if known) *none*

Drug habits (state briefly, if known) *none*

Physical Information:

State briefly any present or recent physical disease, illness or injury *none*

Is patient on medication? Yes \_\_\_\_\_ No  If yes, what \_\_\_\_\_



A. COMMONWEALTH OF VIRGINIA

County of Montgomery

I, the undersigned physician, do certify that I have this day personally examined the person named in the foregoing petition and as the result of such examination have sufficient cause to believe that he (is/~~is not~~) mentally ill; that he (~~does~~/does not present an imminent danger to (himself/others), or (is/is not) substantially unable to care for himself, as a result of mental illness; and that he (~~does~~/does not) require involuntary hospitalization. Further, I am not related by blood or marriage to the individual on whom the petition is filed and have no interest in his estate.

Given under my hand this 14 day of Dec. 20 05

820 University City Blvd. Suite 1-  
Blacksburg, VA 24060

[Signature]  
Doctor of Medicine (type/print)  
[Signature]  
Signature

NOTE:

This certification of examination shall not be accepted or used as evidence at any hearing under §37.1-57.3 of the Code of Virginia (1950), as amended, UNLESS such examination be made within the five (5) days immediately preceding such hearing and provided there is no objection to the acceptance of same by the person or his attorney. The positive certification of at least one physician is necessary to commit the person named in the petition.

B. I certify that upon the appearance before me of the person named in the petition, on this 14 day of Dec. 20 05, I informed him of his right to make application for voluntary admission and treatment as provided for in §37.1-65, his right to a full and impartial hearing in the event that he should refuse to make application for voluntary admission, his right to representation by counsel, the basis for his detention, the standard upon which he may be detained, his right to appeal such hearing to the circuit court, and his right to a jury on appeal. I then ascertained if he was represented by counsel.

- (Check One)  A voluntary admission requested (complete DMH Form 1006-B)
- A hearing requested
- A hearing required due to incapacity to consent to voluntary admission and treatment

- (Check One)  Represented by counsel of own choosing
- Counsel appointed

[Signature]  
Judge or Special Justice  
Title Special Justice

C. I certify that I, an attorney-at-law, served as counsel for the person named in the foregoing petition, that I interviewed such person and all witnesses, if any, in his behalf, prior to any hearing, and that after my employment or appointment as counsel, I did represent the person named in the foregoing petition at all proceedings conducted by the judge or special justice pursuant to the foregoing petition.

#54-1360734

[Signature] 12/14/05  
Christiansburg, VA  
Address

Subscribed and sworn to before me this 14 day of Dec. 20 05

[Signature]  
Judge or Special Justice  
Title Special Justice

D. (Execute only if hearing requested)

I hereby certify that the person named in the foregoing or the attorney-at-law representing such person requested a hearing on the question of his admission. Such hearing was held on this day 14 day of December 20 05 and the following witnesses were summoned:

Name	Address	Relationship
<u>[Blank]</u>	<u>[Blank]</u>	<u>[Blank]</u>
<u>[Blank]</u>	<u>[Blank]</u>	<u>[Blank]</u>
<u>[Blank]</u>	<u>[Blank]</u>	<u>[Blank]</u>
<u>[Blank]</u>	<u>[Blank]</u>	<u>[Blank]</u>

[Signature]  
Judge or Special Justice  
Title Special Justice



CERTIFICATION AND ORDER FOR INVOLUNTARY ADMISSION TO A PUBLIC OR LICENSED PRIVATE FACILITY

COMMONWEALTH OF VIRGINIA

JDO # 121 GM 3400502020

City of MONTICALLY

To the sheriff or other authorized officer of said county or city and to the director of

Greetings: WHEREAS, I Paul M. Barnett Address Special Justice P.O. Box 5029 Christiansburg, VA 24068 Judge or Special Justice of G.D.

court of the said county or city have observed the person named in the foregoing petition, alleged to be in need of care and treatment in a hospital, and have reviewed the medical certifications and statement of facts upon which such certifications are based and have this day found that the person named in the foregoing petition:

- 1. Presents an imminent danger to himself as a result of mental illness.
2. Presents an imminent danger to others as a result of mental illness.
3. Has otherwise been proved to be so seriously mentally ill as to be substantially unable to care for himself.

Furthermore: (check one and complete)

A. The alternatives to involuntary hospitalization and treatment were investigated and were deemed suitable. I have found that there is a less restrictive alternative to involuntary hospitalization and treatment in this case. I, therefore, direct that the person named in the foregoing petition receive treatment in accord with the following order:

COURT-ORDERED O-P - TO FOLLOW ALL RECOMMENDED TREATMENTS

B. The alternatives to involuntary hospitalization and treatment were investigated and were deemed unsuitable. I have found that there is no less restrictive alternative to involuntary hospitalization and treatment in this case.

I, therefore, command you, the said sheriff, other authorized officer or responsible person, to make provision for the suitable and proper care of the person named in the foregoing petition and to deliver such person to the director of

for involuntary hospitalization and treatment not to exceed 180 days from this date. Furthermore, if admission is denied pursuant to §§37.1-68 or 37.1-70, you are hereby authorized to return the person named in the foregoing petition to this jurisdiction.

Given under my hand and seal this 14 day of Dec 2005

Transfer of Medical Records Authorized

54-1724238

Signature of Paul M. Barnett

Judge or Special Justice

Signature of Paul M. Barnett

Name Paul M. Barnett

Title Special Justice

Address P.O. Box 5029

Christiansburg, VA 24068

Paul M. Barnett
Special Justice
P.O. Box 5029
Christiansburg, VA 24068

Type or Print



0691

12/30/2005  
80520  
904320691

	<input checked="" type="checkbox"/>	Name	Reason Code	Clinic Code	Provider	Date	Time	ID	SSN	Cancellation Code
1	...	Cho, Seung-Hui	ThygePh	Counseling	SmithM	11/30/2005	09:45 AM	80520	904320691	
2	...	Cho, Seung-Hui	ThygePh	Counseling	Betzec	12/12/2005	04:45 PM	80520	904320691	
3	...	Cho, Seung-Hui	ThygeFF	Counseling	LynchtS	12/14/2005	03:00 PM	80520	904320691	
4	...	Cho, Seung-Hui	Initial	Counseling	Betzec	12/12/2005	02:00 PM	80520	904320691	Cancel

Appointment Search

Search input field

- Past
- Present
- Future
- Any date

Advanced

	Name	Reason Code	Clinic Code	Provider	Date	Time	ID	SSN	Cancellation Code
1	Cho, Seung-Hu	TriagePH	Counseling	SmithM	11/30/2005	09:45 AM	80520	904320691	
2	Cho, Seung-Hu	TriagePH	Counseling	BetzakC	12/12/2005	04:45 PM	80520	904320691	
3	Cho, Seung-Hu	TriagePH	Counseling	LynchS	12/14/2005	03:00 PM	80520	904320691	
4	Cho, Seung-Hu	TriagePH	Counseling	BetzakC	12/12/2005	02:30 PM	80520	904320691	Cancel

802@rut.edu, 102-915-2435 MS used that client  
 Account# CGS. An professor spoke with CGS about  
 client

File Edit Search Print Letters Mail New Select

start [Taskbar icons: Firefox, Outlook, WebMail, Inbar - Web...]

11:15 AM



**Emily Conway**

---

**From:** Miller, Robert [rcmiller@vt.edu]  
**Sent:** Wednesday, December 14, 2005 4:24 PM  
**To:** smithcg@vt.edu; aepperso@vt.edu; chgibbons@vt.edu; grooker@naxs.net; Arbuckle, Vicki; Teresa Quesinberry; ccurran@vt.edu; econway@vt.edu; ti3ti7dg@vt.edu; Sandy Ward; Sherry Lynch; Cathye Betzel; Charlotte Amenkhienan; Gary Bennett; Michael Gore; Reliford Sanders; Rita Klein; Zukor, Tevya; Bitsko, Matt  
**Subject:** FW: On Call Report

Fyi in the event this student is seen here

-----Original Message-----

**From:** Kowalski, Gerard  
**Sent:** Wednesday, December 14, 2005 10:46 AM  
**Subject:** FW: On Call Report

FYI

GJK

Gerard J. Kowalski, Ph.D.  
Director of Residence Life  
Asst. Professor of Higher Ed. & Student Affairs  
109 East Eggleston Hall  
Blacksburg, VA 24061-0428  
Phone: 540.231.6205  
Email: [kowalski@vt.edu](mailto:kowalski@vt.edu)  
Fax: 540.231.5041

---

**From:** Smith, Patricia  
**Sent:** Wednesday, December 14, 2005 8:05 AM  
**To:** Chapman, Sarah; Whitley, Carley; Holmes, Margaret; Hart, Janice; Petros, Melanie; Avent, Yolanda; Chadwick, Colin; Kirby, Gail; Kowalski, Gerard; Kuresman, Kla; MacDonald, Chris; Malloy, Alison; Marin, Eileen; 'Matt Grimes'; Miller, Amy; Penven, James; Settle, Rohsaan; Wallington, Evelyn; Wylie, Jonathan; Yancey, Laurica  
**Subject:** On Call Report

**On Call Report**

*Tuesday, December 13, 2005*

Residence Life Administrator on Call: Tricia Schwery Smith  
Hall Supervisor on Call: Jason Shank

**\*\*\*Counseling Referral, VTPD, ACCESS, Cochrane\*\*\***

**\*\*\*Counseling Referral, VTPD, ACCESS, Cochrane\*\*\***  
Resident Involved: Seung Cho (904320691) Cochrane 3032, 232-6213  
Staff Involved: Lisa Virga, Cochrane/Harper Graduate Hall Director

Melissa Trotman, Cochrane 3125, 232-4252

8:30 PM – GHD Virga came to my apartment to inform me about Cho who had a history of erratic behavior and counseling-based issues over the course of the semester. AD Settle, GHD Virga and RA Trotman all had extensive familiarity with Cho. Cho's suitemate called VTPD because Cho expressed suicidal ideations and had previously had "blades" in the room. Cho went to the Police Station on his own will to talk to an ACCESS counselor. Trotman and Virga were talking with roommate and suitemates. I called VTPD at 9:47 for an update. At this time, Cho was still in with the counselor. At 10:22PM, Lt Allen called me with an update. The magistrate issued a temporary detention order so Cho was to spend the night at the New River Valley Medical Center for further examination/counseling. Cho expressed that he still had one exam pending today as well. I communicated with both Virga and Trotman after this update.

## END OF REPORT

**Tricia Schwery Smith**

President's & Upper Quad Area Coordinator  
Virginia Tech  
talktotricia@vt.edu  
540-231-3419

---

**From:** Smith, Patricia

**Sent:** Tuesday, December 13, 2005 8:46 AM

**To:** Smith, Patricia; Chapman, Sarah; Whitley, Carley; Holmes, Margaret; Hart, Janice; Petros, Melanie; Avent, Yolanda; Chadwick, Colin; Kirby, Gall; Kowalski, Gerard; Kuresman, Kia; MacDonald, Chris; Malloy, Alison; Marin, Eileen; 'Matt Grimes'; Miller, Amy; Penven, James; Settle, Rohsaan; Wallington, Evelyn; Wylie, Jonathan; Yancey, Laurica

**Subject:** On Call Report

## On Call Report

*Monday, December 12, 2005*

Residence Life Administrator on Call: Tricia Schwery Smith

Hall Supervisor on Call: Cyrus Mostaghim

**\*\*No Report\*\***

## END OF REPORT

**Tricia Schwery Smith**

President's & Upper Quad Area Coordinator  
Virginia Tech  
talktotricia@vt.edu  
540-231-3419



ID# 904-32-0691

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

1. Patient Strengths: \_\_\_\_\_

2. Problems Addressed: \_\_\_\_\_

3. Progress Made: \_\_\_\_\_

4. Aftercare Needs: (Problems Referred) \_\_\_\_\_

5. Diagnosis at time of Discharge: \_\_\_\_\_

6. Type of Discharge: Regular \_\_\_\_\_ AMA \_\_\_\_\_ Without Consent \_\_\_\_\_

Transferred to: \_\_\_\_\_

7. Authorization to Release Information

I understand that:

- By signing this Authorization, I am giving the Health Care Entity permission to disclose confidential health records.
- My treatment, payment, enrollment or eligibility for benefits will not be conditioned on signing this authorization.
- I may withdraw (revoke) this authorization in writing. Withdrawal of this authorization does not affect any disclosure of protected health information made prior to the receipt of written notice of revocation by the custodian of the health records.
- There is a potential that information disclosed may be redisclosed by the recipient and no longer protected by law.
- A copy of this Authorization and a notation concerning the person or agencies to whom disclosure was made shall be included with the original health records.
- I, the undersigned, do hereby authorize Carilion Saint Albans Behavioral Health/Roanoke Behavioral Health to release Treatment Team: Integrated Summary, Nursing Discharge Information and the following information (as checked) to individuals listed below (unless noted otherwise). If applies, Federal Regulations Govern the confidentiality of Alcohol and Drug Dependent Persons (Section 2.31 of P.L. 93.282, 42-CFR Part 2). The Patient or Legal Guardian may revoke this authorization at any time.

Admission History:  Medical Consultation(physical);  Discharge Summary;  Labs;  Other: pre screening

Follow-Up with: Cook Counseling Center VA Tech  
Address: 240 R. COAKS Hall  
Blair, Va. 24061

Phone: 540 231-6557 Fax: 231-2104  
Date: 1/4/05 Time: 3 PM

Follow-Up with: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Follow-Up with: \_\_\_\_\_  
Address: \_\_\_\_\_

Follow-Up with: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Patient or Responsible party: [Signature] Date: 1/4/05

Signature/Witness: [Signature] Date: 1/4/05

CARILION Health System Post Office Box 13727  
Roanoke, Virginia 24036-3727  
CBASC CFMH CGMH CMC-CRCH CMC-CRMH CNRV BMH  
and other Affiliates of Carilion Health System

Patient Identification

CHD .SEUNG HUI TDO  
MR 236053 PT 10654655  
SEX: M  
ATN DR: MIGLANI, JASDEEP C  
ADM DATE: 12/13/05 21Y



**I. Nursing Discharge Information:**

	Date Reviewed	Staff Initials
Diet Instructions <u>Regular</u>	<u>12/14/05</u>	<u>PA</u>
Physical Activity Instruction and/or Limitations <u>No change</u>	<u>12/14/05</u>	<u>PA</u>
Relaxation Techniques <u>LA</u>	<u>—</u>	<u>—</u>

II. Vital Signs: (obtained 24 hours prior to discharge) BP: 128/63 Temp: 97 P: 69 R: 18

III. Signs & Symptoms of Present Illness Explained to Patient/Family (education information given):  Yes  No  
 If no, document: \_\_\_\_\_

**IV. Discharge Medications Instructions:**

Medication	Dosage	Time
<u>No Medications prescribed</u>		
Signature: <u>Pat Leung</u>	Date: <u>12/14/05</u>	

V. Discharge Summary Note: Patient discharged ambulatory for self by  
pulling of a cast patient with VA Tech counseling. Center. Patient  
verbally stated intent and understanding of discharge plan.

**VI. Discharge Checklist:**

Check	Yes or No	Check	Yes or No
Valuables Returned	<u>Yes</u>	Medications Returned to Patient	<u>NA</u>
Belongings Checked	<u>Yes</u>	Copy of Nursing Discharge Information	<u>Yes</u>

Signature & Title: Pat Leung Date/Time of D/C: 12/14/05 1400

Signature of Patient or Responsible Party: Dany Date: 12/14/05

**CARILION**  
 Health System  
 CBASC CFMH CGMH CMC-CRCH CMC-CRMH CNRV CSABH BMH  
 Post Office Box 13727  
 Roanoke, Virginia 24036-3727

Carilion Behavioral Health  
 Nursing Discharge Information  
 Adopted: 12/99 Revised: 3/04  
 Form# 181-2027



**Patient Identification**  
 CHD ,SEUNG HUI TDO  
 MR 234053 PT 10654655  
 SEX: M  
 ATN DR: MIGLANI, JASDEEP C  
 ADM DATE: 12/13/05 21Y



**CARILION HEALTH SYSTEM**  
Carilion New River Valley Medical Center  
P.O. Box 5  
Radford, Va. 24141

---

**DATE OF EVALUATION:** 12/13/2005

**DIAGNOSIS:**

1. Mood disorder.

**HISTORY OF PRESENT ILLNESS:** The patient is very resistant to discussing how he feels and if he has any symptoms of depression or mood changes. He stated he E-mailed a friend yesterday that he felt like killing himself. The patient states he was just kidding around, but that the friend ended up calling the police and that's why the patient ended up in St. Albans. He says it's all a misunderstanding. The patient denies suicidal ideation, however, he is very non-verbal and did not discuss feelings.

**PAST MEDICAL HISTORY:** The patient denies any surgical procedure. He denies any history of medical problems. Did not answer if he had any previous depression, he just looks down at the floor. He has no primary M.D. that he has seen in years.  
**ALLERGIES:** HE HAS NO KNOWN DRUG ALLERGIES.

**FAMILY HISTORY:** His mother is healthy. His father is healthy. His sister is 24, they all live in Northern Virginia, he says they are all healthy. Other family history unknown.

**SOCIAL HISTORY:** The patient is a junior at Virginia Tech studying in English. He wants to be a creative writer. Does not want to go to graduate school. Lives on campus with a roommate. He says they get along okay. He has lived in Northern Virginia for 10 years. Prior to that he lived in Korea. He denies use of tobacco, alcohol or drugs. Occasionally he states he goes to the gym, but otherwise does not discuss what he does for fun. Denies having any hobbies. Does state he is keeping up in school and that his grades are "okay." States he has an exam tomorrow in British Literature.

**MEDICATIONS:** Current medications are Ativan 1 milligram p.o. every six hours p.r.n. anxiety.

**REVIEW OF SYSTEMS:** The patient denies problems with eyes, ears, nose and throat, denies any respiratory problems such as shortness of breath or cough. Denies any cardiac chest pain. Denies any GI symptoms such as nausea, vomiting, diarrhea or constipation. Denies any problems with musculoskeletal issues such as pain or weakness of the extremity. Denies any changes with his skin or any problems. Denies any changes in his weight or increased thirst or increased urination. Denies confusion, dizziness, visual changes. His last eye exam was two years ago. Denies any recent history of head injury or accident or drug use.

---

Patient: CHO SEUNG HUI

Date of Birth: [REDACTED]

Attending: JASDEEP (BOBBY) MIGLANI

Acct#: 10654655

Admit Date: 12/13/2005

Discharge Date:

MR#: 236053

Room#: SA02

Service: TDO

---

Physical

**CARILION HEALTH SYSTEM**  
Carilion New River Valley Medical Center  
P.O. Box 5  
Radford, Va. 24141

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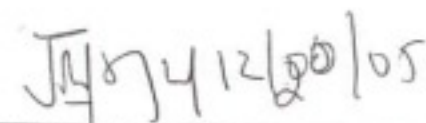
**PHYSICAL EXAMINATION:** Vital signs: 158.6, 5'8", blood pressure 128/63, pulse 69, respirations 18. Physical exam, patient very non-verbal, very quiet, sits in the chair looking down at the floor, does not blink. Often does not answer questions, or perhaps shakes his head yes or no. When he does speak, it's very slow, very soft spoken. No smile, no laughter, no crying. Patient does not blink. The patient speaks so softly it's almost difficult to hear him. Eyes, pupils equal, round and reactive to light, extraocular movements intact, funduscopic exam appears within normal limits. Did stress that patient needs to get an eye exam since it has been two years since he's had an eye exam. Ears, nose and throat, within normal limits. Patient has very healthy teeth. Neck is supple, non-tender, thyroid within normal limits. Chest clear to auscultation anteriorly and posteriorly. Heart regular rate and rhythm. Abdomen, bowel sounds X4, soft, non-tender, no rebound, no organomegaly appreciated. Femoral pulses normal, peripheral pulses normal, no swelling of the lower extremities. No scars noted. The patient denies tattoos. Neurologic exam, cranial nerves II-XII was within normal limits with negative Romberg. Patient is able to follow all instructions and does so deliberately and slowly.

**LABORATORY DATA:** Patient's labs essentially look within normal limits including CBC, urinalysis, liver function test and chemistry panel. Patient has full range of motion of all extremities and strength appears to be 5/5. He has 2+ deep tendon reflexes of all extremities.

**ASSESSMENT:**

1. Mood disorder. Very difficult to get a verbal history from this patient regarding signs of a mood disorder or depression. Patient to be treated by Dr. Jasdeep Miglani who has suggested he can be treated on an outpatient basis with counseling.
2. Patient in need of an eye exam as it has been two years since his last eye exam.
3. Patient to be treated by Dr. Miglani and hopefully have some intervention in therapy for treatment of his mood disorder.

  
LOUISE R. COATS, N.P.

  
JASDEEP (BOBBY) MIGLANI, M.D.

LRC / MEDQ  
Job: 907798  
DD: 12/14/2005 12:00:49

Patient: CHO, SEUNG HUI  
Date of Birth: XXXXXXXXXX  
Attending: JASDEEP (BOBBY) MIGLANI

Acct#: 10654655  
Admit Date: 12/13/2005  
Discharge Date:

MR#: 236053  
Room#: SA02  
Service: TDO

Physical



**CARILION HEALTH SYSTEM**  
*Carilion New River Valley Medical Center*  
P.O. Box 5  
Radford, Va. 24141

---

DT: 12/14/2005 12:52:23

cc: Jasdeep (Bobby) Miglani, M.D.

---

Patient: CHO SEUNG HUI

Date of Birth: [REDACTED]

Attending: JASDEEP (BOBBY) MIGLANI

Acct#: 10654655

Admit Date: 12/13/2005

Discharge Date:

MR#: 236053

Room#: SA02

Service: TDO

Physical

Page 3

DISPLAY RESULTS

10654655 CHO , SEUNG HUI  
 SABH ORDER/OCCR #: 8001

PATIENT PRIORITY RESULTS FORM  
 SABH SA02 1 TDO

-----PAGE 1

RESULTS FOR TEST: TPC1 WERE ENTERED ON 12/14/05 AT 14:12

OBSV CD NAME	VALUE	UNIT	ABN	REFERENCE RANGE	DATE	TIME
T3 UPTAKE	40.8	%		(32-48.4)	12/14/05	06:20
T4	5.9	ug/dL	L	(6.09-12.23)	12/14/05	06:20
FREE THYROXN	6.0	ug/dL		(5.93-13.13)	12/14/05	06:20

Calculation of the FTI has changed effective 8-17-04 and now uses the Thyroid Hormone Binding Ratio as recommended by the American Thyroid Association.



DISPLAY RESULTS

10654655 CHO , SEUNG HUI  
SABH ORDER/OCCR #: 9001

PATIENT PRIORITY RESULTS FORM  
SABH SA02 1 TDO

-----PAGE 1  
RESULTS FOR TEST: TSH WERE ENTERED ON 12/14/05 AT 14:12  
OBSV CD NAME VALUE UNIT ABN REFERENCE RANGE DATE TIME  
TSH 1.278 uIU/mL (0.34-5.60) 12/14/05 06:20

DISPLAY RESULTS

10654655

CHO, SEUNG HUI  
ORDER/OCCR #: 11001

PATIENT PRIORITY RESULTS FORM

SABH SA02 1 TDO

ORD PARTY:

RESULTS FOR TEST: UDRG		WERE ENTERED ON 12/14/05			AT 11:41	---PAGE
OBSV CD NAME	VALUE	UNIT	ABN	REFERENCE RANGE	DATE	TIME
AMPHETAMN, UR	NEG Cutoff Concentration	1000 ng/mL		(NEG)	12/14/05	06:00
BARBITURT, UR	NEG Cutoff Concentration	200 ng/mL		(NEG)	12/14/05	06:00
BENZODIAZ, UR	NEG Cutoff Concentration	200 ng/mL		(NEG)	12/14/05	06:00
CANNABINO, UR	NEG Cutoff Concentration	50 ng/mL		(NEG)	12/14/05	06:00
COCAINE, URIN	NEG Cutoff Concentration	300 ng/mL		(NEG)	12/14/05	06:00
OPIATES, URIN	NEG Cutoff Concentration	2000 ng/mL		(NEG)	12/14/05	06:00
PCP, URINE	NEG Cutoff Concentration	25 ng/mL		(NEG)	12/14/05	06:00



DISPLAY RESULTS

10654655 CHO, SEUNG HUI  
 ORDER/OCCR #: 11001

PATIENT PRIORITY RESULTS FORM

SABH SA02 1 TDO

ORD PARTY:

-----PAGE 2  
 RESULTS FOR TEST: UDRG WERE ENTERED ON 12/14/05 AT 11:41  
 OBSV CD NAME VALUE UNIT ABN REFERENCE RANGE DATE TIME  
 PCP, URINE NEG (NEG) 12/14/05 06:00

This drug screen is intended only for medical management of patients. The results should not be used for medicolegal purposes. The specimen was collected and processed without documentation of the chain of custody. The results have not been confirmed by an alternate method. For information regarding the availability and ordering of medicolegal drug testing, call CCL client services.  
 CROSS REACTIVITY, YIELDING A POSITIVE RESULT, MAY OCCUR WITH OTHER DRUGS.  
 CONTACT CLIENT SERVICES FOR INFORMATION AT 981-7157 OR 1-800-653-2205.

CARILION CONSOLIDATED LABORATORY (CNRV)  
ROANOKE, VIRGINIA

NAME : CHO, SEUNG HUI  
MR# : 236053  
ACCT#: 10654655

DX: DEPRESSIVE D/O NOS  
ADMISSION: 12/13/2005

AGE: 21Y SEX: M  
DR : MIGLANI, JASDEEP B  
RM#: SA02 1 SABH

\*\*\*\*\* HEMOGRAM \*\*\*\*\*

TEST:	WBC	RBC	HGB	HEMOGLOBIN CAPILLARY	HCT	MCV	MCH	MCHC
UNITS:	K/uL	M/uL	g/dL	g/dL	%	fL	pg	g/dL
LO-HI:	4.8-10.8	4.5-5.3	13.0-16.0	11.5-13.5	37-49	78-98	27-31	33-37
12/14 * 0620	5.9	5.53 H	16.3 H		49.0	88.6	29.5	33.3

----- HEMOGRAM -----

TEST:	RDW	PLT	MPV	NEUT	LYMP	MONO	EOS	BASO
UNITS:	%	K/uL	fL	%	%	%	%	%
LO-HI:	11.5-14.5	130-400	7.4-10.4	42-75	21-51	2-13	0-10	0-2
12/14 * 0620	12.8	224	8.0	51.2	39.5	6.4	2.3	0.6

----- HEMOGRAM -----

TEST:	NEUT NO.	LYMP NO.	MONO NO.	EOS NO.	BASO NO.	PERFORMING LAB
UNITS:	K/uL	K/uL	K/uL	K/uL	K/uL	
LO-HI:	1.8-7.7	1.0-5.0	0-0.8	0-0.4	0-0.2	
12/14 * 0620	3.1	2.3	0.4	0.1	0.0	

\*\*\*\*\* BASIC METABOLIC PANEL \*\*\*\*\*

TEST:	SODIUM	POTASS IUM	CHLORIDE	CO2	GLUCOSE	BUN	CREAT	ION GAP	B/C RATIO
UNITS:	MMOL/L	MMOL/L	MMOL/L	MMOL/L	MG/DL	MG/DL	MG/DL		RATIO
LO-HI:	135-145	3.5-5.3	98-110	21-31	70-110	6-20	0.5-1.4	2-11	12-20
12/14 * 0620	135	3.8	100	30	101	15	1.0	5	15.0

----- BASIC METABOLIC PANEL -----

TEST:	CALC OSM
UNITS:	MOS/KG
LO-HI:	275-301
12/14 * 0620	271 L

CHO, SEUNG HUI  
MR# : 236053  
ACCT#: 10654655

SS# : XXXXXXXXXX  
ADMIT: 12/13/2005

RM#: SA02 1 SABH  
DR : MIGLANI, JASDEEP B



CARILION CONSOLIDATED LABORATORY (CNRV)  
ROANOKE, VIRGINIA

NAME : CHO, SEUNG HUI  
MR# : 236053  
ACCT# : 10654655

DX: DEPRESSIVE D/O NOS  
ADMISSION: 12/13/2005

AGE: 21Y SEX: M  
DR : MIGLANI, JASDEEP B  
RM#: SA02 1 SABH

\*\*\*\*\* PROFILE CHEMISTRY \*\*\*\*\*

DATE: 12/14/05  
TIME: NORMALS UNITS \*0620

T PROTEIN 6.0-8.3 G/DL 7.0  
ALBUMIN 3.2-5.5 G/DL 4.2  
GLOBULIN 1.7-3.9 G/L 2.8  
A/G RATIO 0.7-2.3 RATIO 1.5  
T BILI <1.3 MG/DL 1.0  
ALK PHOS 42-121 IU/L 56  
ALT 10-60 IU/L 17  
AST 10-42 IU/L 22  
CALCIUM 8.5-10.7 MG/DL 9.2

\*\*\*\*\* THYROID \*\*\*\*\*  
TEST: T3 T4 FREE TSH  
UPTAKE THYROXINE  
INDEX  
UNITS: % ug/dl ug/dL uIU/mL  
LO-HI: 22.5-37.0 6.09-12.235.93-13.130.34-5.60  
-----  
12/14 \* 0620 PEND PEND PEND PEND

\*\*\*\*\* ALCOHOL AND DRUG SCREENS \*\*\*\*\*  
TEST: AMPHETAMINE BARBITURATE BENZODIAZEPINE CANNABINOIDS COCAINE  
UNITS:  
LO-HI: NEG NEG NEG NEG NEG  
-----  
12/14 0600 PEND PEND PEND PEND PEND

----- ALCOHOL AND DRUG SCREENS -----  
TEST: OPIATES PCP  
UNITS:  
LO-HI: NEG NEG  
-----  
12/14 0600 PEND PEND

CHO, SEUNG HUI  
MR# : 236053  
ACCT# : 10654655  
RPT PRINTED: 12/14/2005 11:25

SS# : XXXXXXXXXX  
ADMIT: 12/13/2005  
CHART COPY CUMULATIVE SUMMARY

RM#: SA02 1 SABH  
DR : MIGLANI, JASDEEP B

CARILION CONSOLIDATED LABORATORY (CNRV)  
 ROANOKE, VIRGINIA

NAME : CHO, SEUNG HUI  
 MR# : 236053  
 ACCT#: 10654655

DX: DEPRESSIVE D/O NOS  
 ADMISSION: 12/13/2005

AGE: 21Y SEX: M  
 DR : MIGLANI, JASDEEP B  
 RM#: SA02 1 SABH

\*\*\*\*\* URINALYSIS \*\*\*\*\*

TEST:	SPECIMEN	COLOR	APPEAR	SP GRAV	PH	PROTEIN	GLUCOSE
UNITS:				1.005-	5.0-7.0	NEG	NEG
LO-HI:				1.030			
12/14 * 0600	URINE	YELLOW	CLEAR	>1.030	6.0	NEG	NEG

----- URINALYSIS -----

TEST:	KETONE	BILI	BLOOD	UROBIL	NITRITE	LEUC ESTERASE	RBC	WBC
UNITS:	MG/DL			EU/DL			/HPF	/HPF
LO-HI:	NEG	NEG	NEG	0.2-1.0	NEG	NEG	0-2	0-5
12/14 * 0600	NEG	NEG	NEG	0.2	NEG	NEG	NONE SEEN	NONE SEEN

----- URINALYSIS -----

TEST:	SQ EPI /LPP	MUCUS /LPP	BACTERIA /HPF
UNITS:			
LO-HI:		NSN	NSN
12/14 * 0600	FEW EPIN	NONE SEEN	NONE SEEN

--- FOOTNOTES ---  
 EPIN (NSN TO FEW)

CHO, SEUNG HUI  
 MR# : 236053  
 ACCT#: 10654655  
 RPT PRINTED: 12/14/2005 11:25

SS# : XXXXXXXXXX  
 ADMIT: 12/13/2005

RM#: SA02 1 SABH  
 DR : MIGLANI, JASDEEP B

CHART COPY CUMULATIVE SUMMARY

PAGE: 3



# Cook Counseling Center Triage

Counselor's Name: S. Lynch Conrad Date: 12/14/05

(Circle One) Face-to-Face Triage Phone Triage

## PERSON REQUESTING SERVICE:

Student  Peer  Faculty/Staff  Parent  Other (Specify) \_\_\_\_\_

REASON FOR CALL: Appointment  Consultation \_\_\_\_\_ (Submit to Director.)

Name of Consultee: \_\_\_\_\_

Reason for call: \_\_\_\_\_

The information that you provide remains confidential to means that what you discuss with me is not available to permission. Exceptions to this are responses to a court in which there are serious threats of suicide, homicide incapacitated adult. With your written permission, we qualified professionals. Do you have any questions about

I met with student  
for about 30  
min. - he denied  
**publicidentity.**  
any suicidal or  
homicidal ideation.

323.297.1360

www.publicidentity.com

Discussed with Student: (circle one) Y  N

## DEMOGRAPHICS:

Name Seung-Hui Cho Student ID # 904-32-0691 DOB [REDACTED]

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Ok to leave message? Y N

Email address \_\_\_\_\_ Ok to email? Y N

Currently enrolled? Y N Major \_\_\_\_\_

Freshman Sophomore Junior Senior Graduate Student Other \_\_\_\_\_

Are you currently being treated by a mental health or medical professional?

Are you taking any medications? \_\_\_\_\_

Have you been seen at the CCC before? Y N

If yes, who did you see and when? Counselor \_\_\_\_\_ When 2 previous triages  
11/30/05 & 12/12/05

GPA \_\_\_\_\_

SAT (V) \_\_\_\_\_ / (M) \_\_\_\_\_

CLASS RANK \_\_\_\_\_ / \_\_\_\_\_

Appointment scheduled? Y N

(Circle one) Continue Intake Update

Appointment Date \_\_\_\_\_ @ \_\_\_\_\_

Scheduled With \_\_\_\_\_

# Cook Counseling Center Triage

Counselor's Name: S. Lynch Conrad Date: 12/14/05

(Circle One) Face-to-Face Triage Phone Triage

## PERSON REQUESTING SERVICE:

Student  Peer  Faculty/Staff  Parent  Other (Specify) \_\_\_\_\_

REASON FOR CALL: Appointment  Consultation  (Submit to Director.)

Name of Consultee: \_\_\_\_\_

Reason for call: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The information that you provide remains confidential to the extent provided by law. This means that what you discuss with me is not available to anyone else without your written permission. Exceptions to this are responses to a court order or subpoena or instances in which there are serious threats of suicide, homicide or abuse of a minor child or incapacitated adult. With your written permission, we will provide information to other qualified professionals. Do you have any questions about this?*

Discussed with Student: (circle one) Y  N

## DEMOGRAPHICS:

Name Sewng-Hui Cho Student ID # 904-32-0691 DOB [REDACTED]

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Ok to leave message? Y  N

Email address \_\_\_\_\_ Ok to email? Y  N

Currently enrolled? Y  N  Major \_\_\_\_\_

Freshman  Sophomore  Junior  Senior  Graduate Student  Other \_\_\_\_\_

Are you currently being treated by a mental health or medical professional?

Are you taking any medications? \_\_\_\_\_

Have you been seen at the CCC before? Y  N

If yes, who did you see and when? Counselor \_\_\_\_\_ When 2 previous triages  
11/30/05 & 12/12/05

GPA \_\_\_\_\_

SAT (V) \_\_\_\_\_ / (M) \_\_\_\_\_

CLASS RANK \_\_\_\_\_ / \_\_\_\_\_

Appointment scheduled? Y  N

(Circle one) Continue  Intake  Update

Appointment Date \_\_\_\_\_ @ \_\_\_\_\_

Scheduled With \_\_\_\_\_



Did not assess - student has had 2 previous triages in past 2 wks - last 2 days ago

TYPE OF PROBLEM:

Are you currently having?

Duration?

- Depressed Mood \_\_\_\_\_
- Relationship Problem \_\_\_\_\_
- Panic Episodes/Anxiety \_\_\_\_\_
- Self-destructive behavior \_\_\_\_\_  
(alcohol/drug abuse, unprotected sex, excessive spending, dangerous behavior)
- Have you been hearing voices \_\_\_\_\_  
or seeing things that others do not? \_\_\_\_\_
- Has there been any traumatic or \_\_\_\_\_  
upsetting event in your life recently? (Such as sexual or physical assault, accidents  
or loss of someone close)? \_\_\_\_\_

DECREASE IN FUNCTIONING:

	Yes	No		Yes	No
Are you having trouble with concentration?	___	___	Is this a change?	___	___
Are you attending classes regularly?	___	___	Is this a change?	___	___
Are you able to keep up with your class demands?	___	___	GPA?	_____	
Do you have a job?	___	___			
Any change in functioning?	___	___			
Are you able to interact with your friends/family/ classmates?	___	___	Is this a change?	___	___
Has there been any change in your sleeping habits?	___	___			
Any change in your appetite/eating?	___	___			

**ASSESSMENT OF HARM TO SELF OR OTHERS:**

	No Thoughts	Thoughts, Denies Plan or Intent	Thoughts, Plan, No Intent	Thoughts, Plan, Intent	Means	Past Thoughts	Past Attempts
Suicidal Ideation	✓						
Homicidal Ideation	✓						

Additional comments \_\_\_\_\_

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**OTHER SYMPTOMS:**

Are you having any other symptoms I haven't asked you about? \_\_\_\_\_

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**ASSESSMENT OF REASON FOR CALL:**

Referred by St. Albans for follow-up after student was admitted there yesterday and spent the night. He denies suicidal and/or homicidal thoughts. Said the comment he made was a joke. Says he has no reason to harm self & would never do it. Is going home on Saturday. Has last final tomorrow. Did not miss any finals while hospitalized.



TRIAGE DISPOSITION:

Severity rating:

- 1) Extremely Urgent: Refer to Emergency Counselor
- 2) Urgent: No more than one-week delay
- 3) Troubled: Further contact within 2 weeks.
- 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.
- 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.
- 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Encouraged him to return for intake in January but did not schedule appt. because he doesn't know schedule. Provided emergency numbers for CCC, Connect, Respond and Access and encouraged him to call one of these #'s if he begins to have suicidal or homicidal thoughts.

Waiting List: Y N

TRIAGE COUNSELOR: Sherry Lynch Conrad, Ph.D. LP DATE: 12/14/05

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Client Name: Seyuq-Hui Cho (intake) Counselor: CSB

Client ID #: 904-32-0001

Original Appointment Date: Monday, Dec. 12<sup>th</sup> Time: @ 2:00pm

Cancel  R/S Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: Didn't want to R/S

Please note this in your client's chart. The front office assumes no responsibility once you receive the cancellation notice. Message taken by: EE Date: 12/12



# Cook Counseling Center Triage

0691

Counselor's Name: C Butler Date: 12/12/05

(Circle One) Face-to-Face Triage Phone Triage

### PERSON REQUESTING SERVICE:

Student  Peer  Faculty/Staff  Parent  Other (Specify) \_\_\_\_\_

REASON FOR CALL: Appointment  Consultation  (Submit to Director.)

Name of Consultee: \_\_\_\_\_

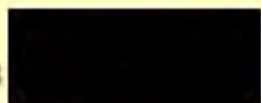
Reason for call: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The information that you provide remains confidential to the extent provided by law. This means that what you discuss with me is not available to anyone else without your written permission. Exceptions to this are responses to a court order or subpoena or instances in which there are serious threats of suicide, homicide or abuse of a minor child or incapacitated adult. With your written permission, we will provide information to other qualified professionals. Do you have any questions about this?*

Discussed with Student: (circle one) Y N

### DEMOGRAPHICS:

Name Seung-Hu Cho Student ID # 904320691 DOB 

Phone # \_\_\_\_\_ Cell # <sup>703</sup> 915 2495 Ok to leave message? Y N

Email address <sup>error</sup> ~~sc2@vt.edu~~ sc2@vt.edu Ok to email? Y N

Currently enrolled? Y N Major \_\_\_\_\_

Freshman Sophomore Junior Senior Graduate Student Other \_\_\_\_\_

Are you currently being treated by a mental health or medical professional?  
no

Are you taking any medications? no

Have you been seen at the CCC before? Y N

If yes, who did you see and when? Counselor \_\_\_\_\_ When \_\_\_\_\_

GPA 2.74

SAT (V) 540 (M) 620

CLASS RANK - / 541

Appointment scheduled? Y N

(Circle one) Continue Intake Update

Appointment Date \_\_\_\_\_ @ \_\_\_\_\_

Scheduled With \_\_\_\_\_

TYPE OF PROBLEM:

Are you currently having?

Duration?

Depressed Mood \_\_\_\_\_

Relationship Problem \_\_\_\_\_

Panic Episodes/Anxiety \_\_\_\_\_

Self-destructive behavior \_\_\_\_\_  
(alcohol/drug abuse, unprotected sex, excessive spending, dangerous behavior)

Have you been hearing voices \_\_\_\_\_  
or seeing things that others do not?

Has there been any traumatic or \_\_\_\_\_  
upsetting event in your life recently? (Such as sexual or physical assault, accidents  
or loss of someone close)?

DECREASE IN FUNCTIONING:

Are you having trouble with concentration?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Is this a change?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	---	-----------------------------	-------------------	------------------------------	-----------------------------

Are you attending classes regularly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is this a change?	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------	-------------------------------------	--------------------------	-------------------	--------------------------	--------------------------

Are you able to keep up with your class demands?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GPA?	_____	
--	-------------------------------------	--------------------------	------	-------	--

Do you have a job?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Any change in functioning?	<input type="checkbox"/>	<input type="checkbox"/>			

Are you able to interact with your friends/family/ classmates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is this a change?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	-------------------------------------	-------------------	--------------------------	--------------------------

Has there been any change in your sleeping habits?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
--	--------------------------	-------------------------------------	--	--	--

Any change in your appetite/eating?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
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1990



ASSESSMENT OF HARM TO SELF OR OTHERS:

	No Thoughts	Thoughts, Denies Plan or Intent	Thoughts, Plan, No Intent	Thoughts, Plan, Intent	Means	Past Thoughts	Past Attempts
Suicidal Ideation	/						
Homicidal Ideation	/						

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER SYMPTOMS:

Are you having any other symptoms I haven't asked you about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSESSMENT OF REASON FOR CALL:

Responding to follow up call after cancellation of  
initial appointment. Stated difficulties were about  
the same - no worse - but did not want to come  
in at this time.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRIAGE DISPOSITION:

Severity rating:

- 1) Extremely Urgent: Refer to Emergency Counselor
- 2) Urgent: No more than one-week delay
- 3) Troubled: Further contact within 2 weeks.
- 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.
- 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.
- 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Cancelled intake appointment because decided he  
did not want to come in - offered M/S - he  
declined at this time

Waiting List: Y N

TRIAGE COUNSELOR: Cathy Betuel P.S.P.

DATE: 12/12/05

SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_



# Cook Counseling Center Triage

Counselor's Name: Micha M. Smith Date: 11/30/05

(Circle One) Face-to-Face Triage  Phone Triage

## PERSON REQUESTING SERVICE:

Student  Peer  Faculty/Staff  Parent  Other (Specify) \_\_\_\_\_

REASON FOR CALL: Appointment  Consultation  (Submit to Director.)

Name of Consultee: \_\_\_\_\_

Reason for call: \_\_\_\_\_

\_\_\_\_\_

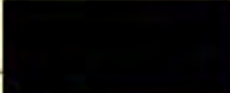
\_\_\_\_\_

\_\_\_\_\_

*The information that you provide remains confidential to the extent provided by law. This means that what you discuss with me is not available to anyone else without your written permission. Exceptions to this are responses to a court order or subpoena or instances in which there are serious threats of suicide, homicide or abuse of a minor child or incapacitated adult. With your written permission, we will provide information to other qualified professionals. Do you have any questions about this?*

Discussed with Student: (circle one)  Y  N

## DEMOGRAPHICS:

Name Seung-Hai Cho Student ID # 904-32-0691 DOB 

Phone # 24654 Cell # 95-2495 Ok to leave message?  Y  N

Email address sc2@vt.edu Ok to email?  Y  N

Currently enrolled?  Y  N Major English

Freshman Sophomore  Junior Senior Graduate Student Other \_\_\_\_\_

Are you currently being treated by a mental health or medical professional?  
No

Are you taking any medications? No

Have you been seen at the CCC before? Y  N

If yes, who did you see and when? Counselor \_\_\_\_\_ When \_\_\_\_\_

GPA 2.74

SAT (V) 540 (M) 620

CLASS RANK 1 / 541

Appointment scheduled?  Y  N

(Circle one) Continue  Intake Update

Appointment Date 12/12 @ 2:00pm

Scheduled With CGB

TYPE OF PROBLEM:

Are you currently having?

Duration?

- Depressed Mood ↓ social interactions 2 years
- Relationship Problem does not have any relationships \_\_\_\_\_
- Panic Episodes/Anxiety when having to talk to people always
- Self-destructive behavior \_\_\_\_\_  
(alcohol/drug abuse, unprotected sex, excessive spending, dangerous behavior)
- Have you been hearing voices \_\_\_\_\_  
or seeing things that others do not? \_\_\_\_\_
- Has there been any traumatic or \_\_\_\_\_  
upsetting event in your life recently? (Such as sexual or physical assault, accidents  
or loss of someone close)? \_\_\_\_\_

DECREASE IN FUNCTIONING:

- |   | Yes                                 | No                                  | Is this a change? | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|-------------------|-------------------------------------|-------------------------------------|
| Are you having trouble with concentration?                        | <input checked="" type="checkbox"/> | _____                               | _____             | <input checked="" type="checkbox"/> | _____                               |
| Are you attending classes regularly?                              | <input checked="" type="checkbox"/> | _____                               | _____             | _____                               | <input checked="" type="checkbox"/> |
| Are you able to keep up with your class demands?                  | <input checked="" type="checkbox"/> | _____                               | GPA? <u>2.7</u>   | _____                               | _____                               |
| Do you have a job?  | _____                               | <input checked="" type="checkbox"/> |                   |                                     |                                     |
| Any change in functioning?  | _____                               | _____                               |                   |                                     |                                     |
| Are you able to interact with your friends/family/<br>classmates? | _____                               | <input checked="" type="checkbox"/> | _____             | _____                               | <input checked="" type="checkbox"/> |
| Has there been any change in your sleeping habits?                | _____                               | <input checked="" type="checkbox"/> |                   |                                     |                                     |
| Any change in your appetite/eating?                               | <input checked="" type="checkbox"/> | <u>None</u> ↓                       |                   |                                     |                                     |



**ASSESSMENT OF HARM TO SELF OR OTHERS:**

	No Thoughts	Thoughts, Denies Plan or Intent	Thoughts, Plan, No Intent	Thoughts, Plan, Intent	Means	Past Thoughts	Past Attempts
Suicidal Ideation	Ø					Ø	Ø
Homicidal Ideation	Ø					Ø	Ø

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER SYMPTOMS:**

Are you having any other symptoms I haven't asked you about? NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT OF REASON FOR CALL:**

Ref to CCC by prof. He has been depressed & has difficulty in social situations. Would like to see Cathye since the prof. has talked to her about the student.  
\_\_\_\_\_  
\_\_\_\_\_

TRIAGE DISPOSITION:

Severity rating:

- 1) Extremely Urgent: Refer to Emergency Counselor
- 2) Urgent: No more than one-week delay
- 3) Troubled: Further contact within 2 weeks.
- 4) Developmental: Client is able to wait several weeks. May refer to group or workshops while waiting.
- 5) Skill Developer: May refer to group or workshop or 1 - 2 follow-up sessions may be scheduled when available.
- 6) Information Seeker: Further sessions may not be needed.

OTHER DISPOSITION INFORMATION:

Ref: CCC: CB

- Requested Dr. Batzel

12/12/05 left ic may, must, client to call back to 11/13.

e. Bone 1/30

Waiting List: Y N

TRIAGE COUNSELOR: Maisha M. Smith, MA.

DATE: 11/30/05

SUPERVISOR: [Signature]

DATE: 12/1/05



P. O. Box 3808  
Radford, VA 24143  
2900 Lamb Circle  
Christiansburg, VA 24073

PHONE NUMBERS

Administration.....540-731-7326  
CONNECT.....540-731-7382  
Hearing Room.....540-731-7335  
Outpatient Services.....540-731-7311

Partial Hospitalization.....540-731-7352  
Nursing East Wing.....540-731-7350  
Nursing West Wing.....540-731-7351

FAX NUMBERS

Administration.....540-731-7327  
CONNECT.....540-731-7386  
Hearing Room.....540-731-7328  
Outpatient Services.....540-731-7377

Partial Hospitalization.....540-731-7347  
Nursing East Wing.....540-731-7348  
Nursing West Wing.....540-731-7349

TO: Cook Counseling Center VA Tech

FROM: Diane / M. Turner

DATE: 12-14-05

PAGES(Includes Cover): \_\_\_\_\_

MESSAGE: FAX - 231-2104

*The information contained in this transmission is confidential and may be privileged. You are hereby notified that any unauthorized review, dissemination, distribution or copying of this transmission or any information contained herein is strictly prohibited. If you receive this transmission in error, please notify us immediately by telephone (collect) and return the original message to us by First Class Mail. We will reimburse you for the postage. Thank You*

**CARILION HEALTH SYSTEM**  
Carilion New River Valley Medical Center  
P.O. Box 5  
Radford, Va. 24141

**IDENTIFYING INFORMATION:** A 21-year-old single male of Korean descent who was admitted to my service on a temporary detention order. Chief complaint: "It was all a joke."

**HISTORY OF PRESENT ILLNESS:** According to the available information, a complaint was lodged with Virginia Tech Police regarding patient instant-messaging a dorm resident. Apparently, he had been told by this girl not to instant message her anymore. The message was left outside on the erase board outside this girl's room. Patient claims that he did not leave this message. However, he became upset at being accused about leaving these instant messages and the message on the erase board outside the girl's room. Later he told his sweetmate that he may as well kill himself because "everybody just hates me." He did not have any plan or intent to hurt himself. The sweetmate contacted Virginia Tech Police, who further proceeded with a mental health evaluation and he was TDOd here.

On presentation he denies any suicidal or homicidal intent, he denies any prior history of depression, anxiety, psychosis or delusions. There is no indication of substance use.

**PAST PSYCHIATRIC HISTORY:** No prior history.

**SUBSTANCE USE HISTORY:** Benign.

**LEGAL HISTORY:** The patient denies.

**PAST MEDICAL HISTORY:** No known physical problems.

**REVIEW OF SYSTEMS:** All systems noncontributory.

**LABORATORY DATA:** Preliminary lab work essentially normal.

**FAMILY HISTORY:** Not known for any psychiatric illnesses.

**PSYCHOSOCIAL HISTORY:** The patient is of Korean descent, came to this country when he was 8 years old. Family lives in Northern Virginia. Parents worked in a dry cleaning shop. He has an older sister who works in Washington, D.C. He denies any abuse in his childhood years. Reports that he did not have any disciplinary problems in school, graduated from school and came to Virginia Tech to do an English major. He is currently a junior, and so far does not report any major problems in his college curriculum.

Patient: CHO SEUNG HUI	Acct#: 10654855	MR#: 236053
Date of Birth: [REDACTED]	Admit Date: 12/13/2005	Room#: SA02
Attending: JASDEEP (BOBBY) MIGLANI	Discharge Date: 12/14/2005	Service: TDO



**CARILION HEALTH SYSTEM**  
*Carilion New River Valley Medical Center*  
 P.O. Box 5  
 Radford, Va. 24141

**MENTAL STATUS EXAM:** The patient was casually groomed, he was oriented times three. Speech showed increased latency due to anxiety that he was experiencing and he came across as somewhat scared of the whole process. He mentally denies any psychosis, delusions, suicidal or homicidal ideation. Cognitive exam is within normal limits. Fund of knowledge is average. Attention and concentration appear to be adequate. There is no indication of psychosis, delusions, suicidal or homicidal ideation.

**HOSPITAL COURSE:** The patient spent overnight in the hospital, essentially it does not appear that he had any serious intent when he made the suicidal statement. It appears to be more an act of frustration. He was counseled about the need to need to act responsibly and the fact that in his adult life his actions will be followed by consequences. He seems to receive that message fairly well. Seems to be remorseful and apologetic about this situation leading up to this point.

It is recommended that he be offered some outpatient counseling culture to proper norms.

**DIAGNOSIS: AXIS I:**

1. V-71.09. NO DIAGNOSIS OR CONDITION.

**AXIS II:**

1. DEFERRED.

**AXIS III:**

1. NO ACUTE PHYSICAL PROBLEM.

**AXIS IV:**

1. ACULTURATION ISSUES.
2. STRESS OF COLLEGE LIFE.

**AXIS V:**

1. 60-65.

**DISPOSITION:** Condition at discharge: It is recommended that patient follow up in counseling. Access will also do some safety checks. Follow up and aftercare to be arranged with counseling center at Virginia Tech. Medications, none.

\_\_\_\_\_  
 JASDEEP (BOBBY) MIGLANI, M.D.

Patient: CHO, SEUNG HUI  
 Date of Birth: [REDACTED]  
 Attending: JASDEEP (BOBBY) MIGLANI

Acct#: 10054555  
 Admit Date: 12/13/2005  
 Discharge Date: 12/14/2005

MR#: 230053  
 Room#: SA02  
 Service: TDO

Discharge Summary

Page 2

**CARILION HEALTH SYSTEM**  
*Carilion New River Valley Medical Center*  
P.O. Box 5  
Radford, Va. 24141

---

JM / MEDQ

Job: 79813

DD: 12/14/2005 11:15:13

DT: 12/14/2005 11:57:32

CC: COUNSELING CENTER - VIRGINIA TECH

---

Patient: CHO SEUNG HUI  
Date of Birth: [REDACTED]  
Attending: JASDEEP (BOBBY) MIGLANI

Acct#: 10854655  
Admit Date: 12/13/2005  
Discharge Date: 12/14/2005

MR#: 238053  
Room#: SA02  
Service: TDO

**Discharge Summary**

**Page 3**



with River Valley Community Service  
**UNIFORM PRE-ADMISSION SCREENING FORM**

Time spent under ECO: Start time \_\_\_\_\_ a.m./p.m. Time ECO ended \_\_\_\_\_ a.m./p.m. Time spent - \_\_\_\_\_  
 Crisis Intervention time: Start time 8:15 a.m./p.m. Time ended \_\_\_\_\_ a.m./p.m. Time spent - \_\_\_\_\_  
 Date: 12/13/05 TOTAL TIME SPENT - \_\_\_\_\_  
 DISPOSITION: Released Voluntary TDO & TDO #

**1. PERSONAL DATA**

NAME - Chang Seung-Hui Cho Age - 24 Date of Birth - [Redacted]  
 Address - 3032 Cochran Hall Blacksburg VA 24060  
 Street City/County State ZIP  
 Phone - (504) 232-6213 Marital Status - M  S  D  W SS # [Redacted]  
 Physical Description - M  F Asian 5 ft. 8 in. 150 lbs. black brn (Race) (Height) (Weight) (Hair color) (Eye Color)  
 Emergency Contact - Seun cho Relationship to Client - Notes  
 Address - \_\_\_\_\_ City/County State ZIP  
 Phone - (Home) (703) 815-8215 Work ( ) \_\_\_\_\_  
 Veteran? Y  N Insurance? Y  N Name of Insurance Company \_\_\_\_\_ Group/Plan Number \_\_\_\_\_  
 School Attending - VT Grade - \_\_\_\_\_ Special Ed? Y  N   
 CSB of Origin - NRVCS or Fairfax - Fall Church Contacted - Y  N  PRAIS Code 2300 Phone - ( ) \_\_\_\_\_  
 Name of CSB Staff Contacted - \_\_\_\_\_

**2. LEGAL DATA:** Pending Legal Charges? N  Y  If YES, complete the following information - if no, skip:  
 Nature of Charges? \_\_\_\_\_ Presently Serving a Sentence? Y  N   
 Court of Jurisdiction - \_\_\_\_\_ Court Date? \_\_\_\_\_  
 NGR Conditional Release? Y  N  Probation/Parole? Y  N  Contact - \_\_\_\_\_

**3. COLLATERAL SOURCES OF INFORMATION**

Source of Information	YES	NO	N/A	Name of agency/individual and relationship to client
Client Record	<input checked="" type="checkbox"/>			VTPD Report
Individual requesting evaluation	<input checked="" type="checkbox"/>			Officer Dean - VTPD
Primary therapist			<input checked="" type="checkbox"/>	
Family member		<input checked="" type="checkbox"/>		
Other	<input checked="" type="checkbox"/>			John Eide - roommate

**4. IV FOR LOCAL USE -**  
 Receiving facility - St Albans Bed Reserved by - Mike Y Dr. accepting - Cook  
 Circle hospitals tried and indicate reasons denied: St. Albans Lewis-Gale Roanoke Rehab Life Center  
 REASON CODES FOR DECLINING ADMISSION -  
 1. No timely return call  
 2. Medical complications/clearance  
 3. No appropriate bed  
 4. Long term needs  
 5. No available bed  
 6. Compliance issues  
 7. Dangerousness  
 8. No benefits/benefits exhausted  
 9. Acuity P/Unit too high  
 10. Other - (briefly explain)  
 DSM-IV DX - I. Depressive Disorder MDD  
 II. \_\_\_\_\_  
 Copy left with facility? Y  N  Who was outcome of case staffed with? \_\_\_\_\_  
 Transportation arrangements made? Y  N  What? \_\_\_\_\_

5. MEDICAL

Primary Care Provider and phone #, if known - NONE

Medical History and current problems/symptoms - NONE

Client was screened for medical issues prior to screening  Client was referred to PCP/Health Dept. for medical eval

MEDICATION - Current prescribed medications (? = unknown)  None prescribed

Name of Medication	Dosage	?	Schedule	?	Length of time taken	?

Recent Medication Changes?  N  Y (if YES, explain) \_\_\_\_\_

Allergies or adverse side effects to medications?  N  Y (if YES, explain) \_\_\_\_\_

Has client complied with recommended medication and treatment plans?  Y  N (if NO, explain) N/A

6. MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT

Service providers and services and/or treatment provided -

Service Provider/Facility	Services/Treatment Provided	Date Last Seen
1. <u>None reported</u>		
2. _____		

7. PRESENT SITUATION (Include precipitating events, stressors and variation, if any from baseline of functioning)

Cl seen for face to face eval @ VTPD at the request of Officer Lucas. Per Officer Lucas VTPD had initial contact earlier this am after a dorm residence complaint that cl was harassing them by sending unwanted instant messages and leaving message on a drug drop board outside their room. Police report also notes that officers were contacted by cl's room mates later after cl left an instant message indicating he might be with Keel Ramsey. Officer Lucas said cl already admitted to IMing the statement but said it was all just a joke.



8. MENTAL STATUS EXAM - CI ALL THAT APPL ) EXPLAIN BELOW

Behavior/motor Disturbance	WNL	Agitation	Guarded	Tremor	Manic	Impulse Control	Psychomotor Retardation
Mood	WNL	Depressed	Angry	Euphoric	Anxious	Anhedonic	Withdrawn
Thought Content	WNL	Delusions	Grandiose	Paranoid	Obsessions	Phobias	Ideas of Reference
Thought Process	WNL	Blocking	Circumstantial	Tangential	Perservation	Flight of Ideas	Loose Associations
Perception/Sensory	WNL	Hallucinations - Auditory		Visual	Olfactory	Tactile	Illusions
Appetite	WNL	Poor	Weight Loss	Weight Gain	Increased Appetite	Decreased Appetite	
Orientation	WNL	Disoriented - Time		Place	Person	Situation	
Memory	WNL	Impaired - Recent		Remote	Immediate		
Speech	WNL	Pressured	Slowed	Soft	Loud	Slurred	Impoverished
Appearance	WNL	Unkempt	Bizarre	Tense	Rigid	Poor Hygiene	
Range of Affect	WNL	Constricted	Flat	Labile	Inappropriate		
Sleep	WNL	Hypersomnia	Onset problem	Maintenance problem			
Insight	WNL	Blaming	Moderate	Little	Unknown	None	
Estimated intellectual functioning capacity			Average	Above Average	Below Average	Diagnosed MR	
Adaptive Functioning	WNL	Impaired ADLs		Impaired Decision-making		Other -	

Explain clinically significant findings - Cl presents with flat affect and states he is here because his friend Andy was concerned about the statement he had made in the instant message. Cl says he was just kidding. Cl denies being upset by having to talk to the officers re: harassing the female. Cl says he does not feel he was harassing her but understands she is not interested in his attention. Cl denies any feelings of depression or anxiety. Cl denies any thoughts of suicidal thoughts, intentions, or desires and denies any such thoughts today or recently. Cl's roommate Mr. Side states Cl's behavior has been bizarre lately. Cl says he has posted on online profile with a picture and says he is Question mark and being is his twin brother. Mr. Side says VTPD had been by earlier in the semester because Cl had been bothering another female dorm resident. Cl is unable to come up with a safety plan to adequately

9. SUBSTANCE ABUSE ASSESSMENT -

No Current Use  a safety plan to adequately

Symptoms	Hx	Past 24 hr	Blood Present	Urine Present	Other
Vomiting			Y N	Pr:	
Diarrhea			Y N	Sec:	
DT's			BAC _____	Breathalyzer results _____	<input type="checkbox"/> Unable to test
Seizures			Screening tool used -	<input type="checkbox"/> SSI <input type="checkbox"/> SASSI <input type="checkbox"/> Unable to test due to _____	
Tremors			COMMENTS -		

another safety. Cl unwilling to contact parents to pick him up although he understood this was the only other option beyond TOS.



10. RISK ASSESSMENT

SUICIDAL POTENTIAL		
HX of ATTEMPTS	INTENT	MEANS
CURRENT ATTEMPT	PLAN: VAGUE	PSYCHOSIS
IDEATION	PLAN: DEFINED	CURRENT SA
Explain above - <i>cl denies</i>		<i>cl denies</i>
Is the client an elopement risk? N Y		

11. FINDINGS

IS	IS NOT		IS	IS NOT	
<input checked="" type="checkbox"/>		Mentally ill and/or abusing substances	<input checked="" type="checkbox"/>		Capable of consenting to voluntary treatment/hospitalization
<input checked="" type="checkbox"/>		An imminent danger to self or others		<input checked="" type="checkbox"/>	Willing to be treated voluntarily
<input checked="" type="checkbox"/>		Able to care for self	ARE	ARE NOT	THERE ARE
				<input checked="" type="checkbox"/>	Less restrictive community alternatives
<b>Community Alternatives - Positive factors</b> Circle all that apply					
Ability to implement safety watch		Cooperative with interviewer		Stability of lifestyle	
Able to identify a safety plan on their own		Future oriented		Religious beliefs	
OP services available immediately and client is willing to attend		Someone is willing to stay with them until treatment begins		Strong support system	
No substance abuse		No recent losses		Little or no hostility	
No plan		Mild or nonexistent depressive symptoms			
Positive experience with tx in the past		Other: _____			

12. DISPOSITION RECOMMENDATION

CHECK the appropriate box for each statement -

PRE - DETENTION - if evaluation is conducted prior to the issuance of a TDO

PRE - HEARING - if evaluation is conducted after the issuance of a TDO but prior to the commitment

Pre - Detention	Pre - Hearing
<input type="checkbox"/>	<input type="checkbox"/>
Client does not meet criteria for hospitalization and/or commitment and should be encouraged to participate in community based services.	
<input type="checkbox"/>	<input type="checkbox"/>
Voluntary hospitalization because client does not meet criteria for involuntary commitment, has the capacity to consent to voluntary treatment, requires treatment in a hospital and has requested said treatment.	
<input type="checkbox"/>	<input type="checkbox"/>
Involuntary hospitalization because client meets criteria for involuntary hospitalization and is incapable of consenting to voluntary treatment.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Involuntary hospitalization because client meets criteria for involuntary hospitalization, is capable of consenting to voluntary treatment, but is unwilling to be treated voluntarily.	



13. TREAT AND DISCHARGE PLANNING (To be filed ONLY if inpatient treatment is recommended)

Individuals who can assist in treatment and discharge planning (i.e. family, discharge planner, therapist, family physician, etc.)

NAME	Phone Number	Relationship to Client
Decca	961-8400	discharge planning

Inpatient treatment goals - ↓SI evaluate for meds

Services to be considered in planning for discharge -

- Medication Management
- Substance Abuse services
- Housing/residential services
- Case Management
- Financial support/entitlement
- Medical/dental/nutritional services
- Outpatient (indiv, family, group)
- Transportation
- Adult or child protective services
- Legal assistance/advocacy
- Psycho-social/day treatment
- Nursing home care
- OTHER - \_\_\_\_\_

Kathy M. Godbey, LCSW 12/13/05  
Signature of Pre-scriber DATE

Kathy M. Godbey, LCSW  
Printed Name

HEARING RESULTS -

Committed / Vol / Diverted to: \_\_\_\_\_ Court ordered OP: don't on \_\_\_\_\_ at \_\_\_\_\_

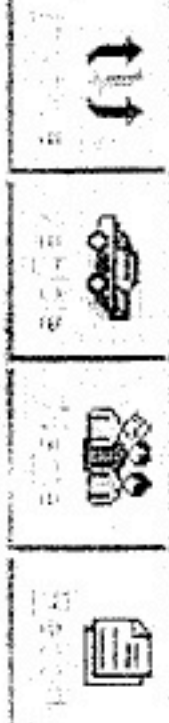
Comments - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Summons# 069429 Agency VTPD Case#

Page 1 Page 2

2222



Appear In MONTGOMERY CC COURT TRAFFIC COURT -

Address 300 S MAIN ST BLACKSBURG VA 24060

Date/Time 05/22/2007 00:00 Type STATE

Name CHO, SEUNG HUI

Race A Sex M DOB 01/18/1984 Age 21

Res Juris

Charge 49-2-878 SPEEDING

Offns Juris Date 02/07/2007 SA Time 23:24

user  Commercial Veh

Speed 44 25 Direction S  Accident Weather CLOUD

user  Haz Material

OffLoc 1 WEST CAMPUS DRIVE City VIRGINIA TECH

Avoid Court  Safety Corridor

ArrDate 02/07/2007 Loc 1 WEST CAMPUS DRIVE VIRGINIA TECH

user user Grant Officer LUCAS, HOWARD DEAN

Dispositn / /

Next Add Delete Search



Exit

Lic# KGC2824 State VA Lic Yr 2008

LicType PC

Add

VIN

VHType VAIL

Style UNIK

Delete

Year 2007

Make KIA

Model VAIL

Color /

Trailer Tag

Exit

Name

NIC #

Status

Date / /

Notes

Loca 1

WEST CAMPUS DRIVE

City VIRGINIA TECH

Condition

Value

Circum

Tow / Impd

Oth Jur

Sia #

VEHID	AGENCY	STATUS	DATE	LOCATION	City	Value
4105	VTPD		1	WEST CAMPUS DRIVE	VIRGINIA TECH	\$0.00

Navigation arrows and scroll bars at the bottom of the window.

# SEARCH WARRANT

VA. CODE ANN. §§ 19.2-16.57  
RULE 3A:27

- To any policeman of a county, city or town:  
 To Virginia State Police Officer

You are hereby commanded in the name of the Commonwealth to forthwith search either in day or night

2121 Harper Hall Located on West Campus Drive on the property of Va Tech in the Town of Blacksburg, VA

(LOCATION, DESCRIPTION OF PLACE, PERSONS OR THING TO BE SEARCHED)

for the following property, objects and/or persons:

LIST PROPERTY, OBJECTS, AND/OR PERSONS SOUGHT IN SEARCH

Tools, documents, computer hardware, computer software, weapons, ammunition, explosives, materials used in the  
manufacturing of improvised/commercial explosive devices, instructional manuals for criminal acts of mass destructions  
acts of terror, including books and tapes(audio, and video), writing utensils and/or paper similar to that which were used  
to communicate threats to Virginia Tech Campus in the recent past.

You are further commanded to seize said property, persons, and/or objects if they be found and to produce before the Montgomery County Circuit Court an inventory of all property, persons, and/or objects seized.

This search warrant is issued in relation to an offense substantially described as follows:  
18.2-31 Capital Murder

I, the undersigned, have found probable cause to believe that the property or person constitutes evidence of the crime identified herein or tends to show that the person(s) named or described herein has committed or is committing a crime, and further that the search should be made, based on the statements in the attached affidavit sworn to by

4/16/2007 8:35 PM  
DATE AND TIME

[Signature]  
NAME OF AFFRANT

[Signature]  
CLERK    MAGISTRATE    JUDGE

FILE NO.

2121 Harper Hall

## SEARCH WARRANT

COMMONWEALTH OF VIRGINIA

*In re/V.*

2121 Harper Hall, Blacksburg, VA

The residence of  
SEUNG-HUI CHO

FILED IN CLERK'S OFFICE

Circuit Court of Montgomery County

17 DAY OF April, 2007  
AT 3:50 O'CLOCK P M

ALLAN C. BURKE, CLERK

[Signature], D.C.

03/04 PAGE

MONTGOMERY CO MAILS 1

5403812868

04/16/2007 20:40



# AFFIDAVIT FOR SEARCH WARRANT

VA. CODE ANN. § 19.2-54  
RULE 3A.27

This undersigned Applicant states under oath:

1. A search is requested in relation to an offense substantially described as follows:  
18.2-31 Capital Murder

CONTINUED ON  
ATTACHED SHEET

2. The place, person, or thing to be searched is described as follows:  
2121 Harper Hall Located on West Campus Drive on the property of Va Tech in the Town of Blacksburg, VA

CONTINUED ON  
ATTACHED SHEET

3. The things or persons to be searched for are described as follows:  
Tools, documents, computer hardware, computer software, weapons, ammunition, explosives, materials used in the manufacturing of improvised/commercial explosive devices, instructional manuals for criminal acts of mass destructions and acts of terror, including books and tapes (audio and video), writing utensils and/or paper similar to that which were used to communicate threats to Virginia Tech Campus in the recent past.

CONTINUED ON  
ATTACHED SHEET

CASE NO.

## AFFIDAVIT FOR SEARCH WARRANT

APPLICANT:

M. D. Austin

NAME

Special Agent

TITLE (IF ANY)

Virginia State Police

ADDRESS

Salem, VA

Certified to Clerk of

Montgomery Circuit Court on  
4-17-07

Deputy Clerk *[Signature]*

TITLE

SIGNATURE

CONTINUED ON  
ATTACHED SHEET

Delivered to Clerk of

Montgomery Circuit Court on  
4-17-07 by the undersigned

SPECIAL AGENT

TITLE

*[Signature]*

SIGNATURE

CONTINUED ON  
ATTACHED SHEET

4. The material facts constituting probable cause that the search should be made are:

See Attachment A

5. The object, thing or person searched for constitutes evidence of the commission of such offense.

[ ] CONTINUED ON ATTACHED SHEET

6.  I have personal knowledge of the facts set forth in this affidavit OR

I was advised of the facts set forth in this affidavit, in whole or in part, by an informer. This informer's credibility or the reliability of the information may be determined from the following facts:

The statements above are true and accurate to the best of my knowledge and belief.

[ ] CONTINUED ON ATTACHED SHEET

Special Agent

TITLE OF APPLICANT (IF ANY)

*Mat. Sgt. [Signature]*

APPLICANT

Subscribed and sworn to before me this day.

*4/16/2007 8:31 PM*

DATE AND TIME

*M. [Signature]*

CLERK

SHERIFF

JUDGE



Attachment A

On April 16, 2007, an incident involving various firearms, resulting in multiple injuries and deaths occurred on the Campus of Virginia Tech at Norris Hall. Found at the scene of the incident was a bomb threat directed at Engineering School Department Buildings. (Norris Hall is an engineering related building)

Over the preceding three weeks, Virginia Tech received two other bomb threat notes. A bomb threat note was found in the close vicinity of the shooting which occurred near the victims and presumed suspect who is deceased. The presumed suspect was believed to have multiple firearms including, but not limited to a Walther P22 and a Glock 9 MM handgun.

Based on the affiant's training, knowledge, and experience in similar investigations along with countless other investigations, and discussions with other investigators who feel the same, it is reasonable to believe the note is connected with the shooting incident.

During the investigation it was revealed the presumed suspect recently purchased a handgun at a firearm's store located in Roanoke, Virginia. It is further reasonable to believe suspect is the author of the bomb threat note. Additionally it is reasonable to believe the evidence sought under this search warrant would be maintained, secreted, and stored at the presumed suspect's residence and or vehicle.

S/A *[Handwritten Signature]*

ACKNOWLEDGED BY MAGISTRATE *[Handwritten Signature]*  
4/16/07  
8:31 PM

SEARCH INVENTORY AND RETURN

The following items, and no others, were seized under authority of this warrant:

1. CHAIR FROM TOP LEFT CLOSET SHELF
2. FOLDING KNIFE & COMBINATION PAD LOCK
3. COMPAQ COMPUTER SERIAL & CND 331001 L FROM DESKTOP
4. ASSORTED DOCUMENTS, NOTEPADS, WRITINGS, FROM DESKTOP
5. COMBINATION LOCK
6. DREMEL TOOL & CASE
7. NINE BOOKS, TWO NOTEBOOKS, ENVELOPES, FROM TOP SHELF
8. ASSORTED BOOKS & PADS FROM LOWER SHELF
9. COMPACT DISKS FROM DESKTOPS
10. ITEMS FROM DESKTOP DRAWER: WINEMASTER MULTI TOOL, 3 NOTEBOOKS, MAIL, CHECK, CREDIT CARD
11. ITEMS FROM 2ND DOOR: KODAK DIGITAL CAMERA KEYS, CITE BANK STATEMENT
12. TWO CASES OF COMPACT DISKS FROM DIESSER TOP
13. DOZIE SEA GATE 80-G.B.
14. SIX SHEETS OF GREEN GRAPH PAPER
15. MIRROR WITH BLUE PLASTIC HOUSING
16. DREMEL TOOL BOX WITH RECEIPT / 17. DELL LATITUDE SERVICE TAG BR3X181

The statement above is true and accurate to the best of my knowledge and belief.

A-17-07  
(DATE)

S/A Mal Dal...  
EXECUTING OFFICER

Subscribed and sworn before me this day

4-17-07  
(DATE)

Stephanie Polite  
Dep.  CLERK  MAGISTRATE  JUDGE  
 NOTARY PUBLIC: My commission expires

EXECUTION

Executed by searching the within described place, person or thing.

4-16-07 9:06 PM.  
DATE AND TIME EXECUTED

S/A M.D. Austin  
EXECUTING OFFICER

Certified to Montgomery

Circuit Court on 4-17-07  
(DATE)

S/A Mal Dal...  
EXECUTING OFFICER

Received on 4-17-07  
(DATE)

by Stephanie Polite  
CLERK, CIRCUIT COURT



*Rep Merrill Paul*

**VIRGINIA: IN THE GENERAL DISTRICT COURT OF THE COUNTY OF MONTGOMERY**

In Re: )  
Seung-Hui Cho )

**ORDER**

This matter came before the Court on the motion of James W. Stewart, III, Inspector General for Mental Health, Mental Retardation and Substance Abuse Services, by counsel, to unseal the audio recording of the commitment hearing of Seung-Hui Cho held on December 14, 2005 before Special Justice Paul M. Barnett for the limited purpose of providing the Inspector General with access to the recording and to release to him a copy of the recording.

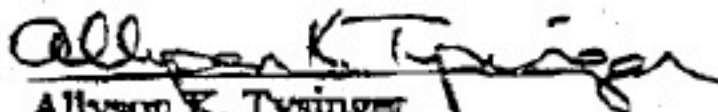
Upon mature consideration of the motion of James W. Stewart, III, Inspector General for Mental Health, Mental Retardation and Substance Abuse Services, and deeming it proper to do so, it is hereby **ORDERED** that the Clerk of the General District Court for Montgomery County unseal the audio recording of the commitment hearing of Seung-Hui Cho held on December 14, 2005 before Special Justice Paul M. Barnett for the limited purpose of providing the Inspector General with access to the recording and to release to him a copy of the recording.

It is **FURTHER HEREBY ORDERED** that the audio recording shall remain sealed except for the limited purposes authorized in this Order. Pursuant to Virginia Code § 37.2-425(F), records that are confidential under federal or state law shall be maintained as confidential by the Inspector General and shall not be further disclosed except as permitted by law.

Entered this 7<sup>th</sup> day of June, 2007.

  
Judge

I ask for this:

  
Allyson K. Tysinger  
VSB No. 41982  
Office of the Attorney General  
900 East Main Street  
Richmond, Virginia 23219  
Counsel for Movant