AFFIDAVIT OF GLEN MCENTIRE

I, Glen McEntire, being of lawful age and duly sworn do hereby state:

1) I have been retained as a Use-of-Force expert in the Jerome Ersland appellate case.

2) My C.V. is attached hereto and is true and accurate.

3) Jerome Ersland was held to a higher standard of responsibility than we, as a society, hold our law enforcement officers.

4) Jerome Ersland was presented with a set of facts over which he had no control.

5) Jerome Ersland's acts in this matter were reasonable acts when confronted with an armed robbery.

6) Law enforcement officers are not interviewed immediately after the critical incident, because we recognize that because of the stress they are under right after the critical incident, they are not able to accurately state what happened immediately following the critical incident.

7) Further, most often there are gaps in the memory right after the critical incident and the mind, if forced to talk about the critical incident while the person involved is still under stress, will fill in the blanks in the person's mind.

8) The facts filling in the blanks may or may not be accurate if forced to recite the facts immediately after the critical incident, however, these facts become real to the person involved in the critical incident.

9) In my opinion, Jerome Ersland was not intentionally lying about the events surrounding the shooting. The inaccuracies he recited were what he thought happened.

EXHIBIT S

10) Some of the statements about his past are easily explained as a result of him looking for any positive reinforcement he could find to help deal with the anguish which always comes from the taking of a human life.

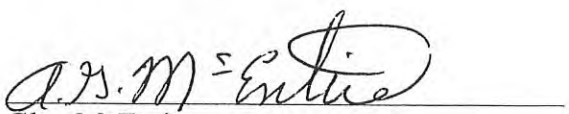
11) It would have been highly unlikely for Jerome Ersland to accurately reflect what happened immediately after the shooting.

12) It is a natural reaction for any person, not comfortable with his own shooting capability, but committed to stopping a threat, to get as close to the target as possible, however, persons engaging in this type of behavior generally don't realize they are doing so at the time of the shooting.

13) Jerome Ersland, to the best of my knowledge, has no type of training in handling this type of critical incident.

14) It is my opinion that Jerome Ersland, at the time of the second string of shots, (shots #2 - #6) was acting in a reasonable manner in responding to the threat he perceived.

15) Jerome Ersland also had to be concerned that the other robber might come back to the aid of the first robber - so without action, Jerome Ersland could have been confronted with two armed robbers to deal with.



Glen McEntire

STATE OF OKLAHOMA)
) **SS:**
COUNTY OF OKLAHOMA)

Subscribed and sworn to before me this 26 day of Sept, 2012.

Notary Public

My Commission Expires:
8/18/13

TERRI DENNIS
NOTARY
03006945
EXP. 08/18/13
PUBLIC
STATE OF OKLAHOMA

Vita

ALFORD "GLEN" MCENTIRE

Chief Firearms Instructor, State of Oklahoma

After serving two tours of active duty as a helicopter pilot in the Republic of Vietnam, I began my career in municipal law enforcement in 1976 until 1983 at which time I was hired by the Council on Law Enforcement Education and Training as a self-defense and firearm's instructor. In 1985 I was put in command of the State's law enforcement firearms training programs. Since 1983, I have conducted firearms training for an estimated 6,500 basic recruits and advanced firearms training for thousands of certified officers.

Firearms Related Training and Experience

Nine-hundred-sixty hours of firearms related training from the nation's leading firearms schools.

07/30 - 08/03/79	Council on Law Enforcement Education and Training Firearms Instructor Course (Oklahoma City, OK)
03/15 - 17/82	Firearms for Instructors, Federal Bureau of Investigation (Oklahoma City, OK)
04/12/82	Weapon Retention (Oklahoma City, OK)
07/19 - 07/30/82	Firearms Armorer school, Murray State College (Tishomingo, OK)
07/23 - 07/28/84	General Pistol Course, American Pistol Institute (Paulden, AZ)
10/11 - 10/15/84	Sturm-Ruger Armorer School (Oklahoma City, OK)
03/05 - 03/10/85	Smith & Wesson Armorer School (Oklahoma City, OK)
07/22 - 07/27/85	Defensive Shotgun School, American Pistol Institute (Paulden, AZ)
08/25/85	Federal Bureau of Investigation Firearms Training Course (Camp Dodge, IA)
01/09/86	Smith & Wesson Semi-Automatic Pistol Familiarization Course (Oklahoma City, OK)
10/19 - 10/23/87	National Rifle Association Rifle Instructor School (Shawnee, OK)

03/07 - 03/11/88	National Rifle Association Semi-Automatic Pistol Seminar (Oklahoma City, OK)
09/19 - 09/23/88	National Rifle Association Long-Range Rifle School (Raton, NM)
01/09 - 01/14/89	American Society of Law Enforcement Trainers Seminar (Kansas City, MO)
01/31/89	Sig-Sauer Familiarization Course (Oklahoma City, OK)
02/01 - 02/02/89	Sig-Sauer Firearms Armorer Course (Oklahoma City, OK)
10/23 - 10/28/89	Special Pistol Course, American Pistol Institute (Paulden, AZ)
05/07 - 19/90	Firearms Instructor Phases 3-5 (Oklahoma City, OK)
01/06 - 01/10/91	American Society of Law Enforcement Trainers Seminar (West Palm Beach, FL)
08/06/91	Glock Semi-Automatic Pistol Armorer School (Edmond, OK)
12/02 - 12/06/91	Sturm-Ruger Semi-Automatic Pistol Armorer School (Oklahoma City, OK)
01/30 - 01/31/92	Beretta Semi-Automatic Pistol Armorer School (Oklahoma City, OK)
09/07 - 09/12/92	NRA Long Range Rifle Instructor School (Oklahoma City)
11/11 - 11/13/92	Smith and Wesson Academy Firearms Program Management (Springfield, IL)
02/11 - 02/15/93	Ruger Armor School, Sturm, Ruger and Company (Oklahoma City)
07/05 - 10/93	Rifle Instructor School (Oklahoma City, OK)
09/23 - 09/27/93	H & K Armor School (Springfield, IL)
10/11 - 16/93	Long Range Rifle School (Oklahoma City, OK)
09/27/94	Terminal Ballistics (Edmond, OK)

01/24/95	ASLET (American Society of Law Enforcement Trainers) (Anchorage, AK)
03/15/95	Mental Preparation for Armed Confrontation (Oklahoma City, OK)
07/19 - 07/21/95	Glock Semi-Automatic Instructor's School (McAlester, OK)
07/09/96	Smith & Wesson Sigma Armorer School (Oklahoma City, OK)
01/22 - 24/97	Remington Armorer School (Tulsa, OK)
04/10/97	Terminal Ballistics Workshop (Oklahoma City, OK)
03/11 - 12/98	Domestic Anti-Terrorist Instructor School (Reno, NV)

Other Firearms Related Achievements

08/29/85	Team Captain, Council on Law Enforcement Education and Training National Champion 4-Man Pistol Team, NRA National Police Revolver Championships (Camp Dodge, IA)
09/23 - 09/26/91	Team Member, Council on Law Enforcement Education and Training 4-Man Pistol Team (2nd Place, Master Classification), NRA National Police Shooting Championships (Jackson, MS)
05/20 - 05/23/92	Select participant, Bianchi Cup International Pistol Competition (Columbia, MO) (Top 300 shooters world-wide are selected to participate)
08/30 - 09/4, 1995	Conducted Defensive Shotgun Training for Salvador National Police (San Salvador, El Salvador)
March, 1995	Invited to teach Firearms to Russian Police
1994	On retainer by GLOCK as expert witness
1996-97	NRA Appointment to Law Enforcement Assistance National Committee

Self-Defense Training

09/11/79	Officer Survival (Edmond, OK)
02/13/80	Self Defense Tactics (Oklahoma City, OK)
07/07/80	Self Defense Instructor (Oklahoma City, OK)
08/10/81	F.B.I. Hostage Negotiations (Oklahoma, City, OK)
12/06/89	Custody Control Instructor Update (Oklahoma City, OK)
05/29/97	Budo-Kai International Federation awarded Black Belt of Aibujutsu Rya Jujitsu (Shodan)

COURT CASES.....A. G. McEntire

OCT 1995	Marilyn Allen, personal representative Of Terry Allen vs Muskogee OK, Rex Eskridge, Don Smith, Bentley McDonald, Brian Farmer and James Crall	Reggie Whitten
APR 1996	Kenneth R. Worthey and Patricia Worthey vs Kay County Sheriffs Dept.	Mills & Whitten
OCT 1996	Thom Waggner vs The Sportsman Guide vs B-West Imports	Mills & Whitten
JAN 1997	Angie Smith, representative of Glen L. Smith vs City of Shawnee, Tom Pringle and Allen Gunter	Mills & Whitten
JAN 2000	Story vs City of Norman vs Kyle Harris	Kyle Harris
JUL 2000	Gonzales vs Klein	Phil Watts

A. G. McEntire
13825 N. Everest
Edmond, Oklahoma 73013

STATEMENT OF CHARGES

Review depositions, statements, or other documents, provide statements, affidavits, or other documents, standby for court or any other general work.	$150.00/hr
Appearance for depositions for first hour of depositions or any part thereof-	$500.00/hr
After first hour	$150.00/hr
Appearance for courtroom testimony	$1000.00/hr
For first hour or any part there on the stand-	
After first hour	$150.00/hr

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ORIGINAL

STATE OF OKLAHOMA

vs.

JEROME ERSLAND

STATEMENT OF ANDREW SIBLEY, M.D.
TAKEN ON BEHALF OF THE DEFENDANT
ON AUGUST 31, 2010
IN OKLAHOMA CITY, OKLAHOMA

EXAMINERS:

MR. IRVEN R. BOX
MR. STEPHEN A. BOX
MR. JEFF BOX
2621 South Western
Oklahoma City, Oklahoma 73109

MR. JOE B. REYNOLDS
501 N. Walker, Suite 120
Oklahoma City, Oklahoma 73102

Also present: Ms. Cherokee Ballard

REPORTED BY: BRENDA SCHMITZ, CSR, RPR

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* * *

BY MR. REYNOLDS:

Q. Will you state your name for the record?

A. Andrew Sibley, S-I-B-L-E-Y.

Q. Were you contacted by someone to review the autopsy report of Dr. Trant regarding the death of Antwun Parker?

A. Yes, I was.

Q. And when were you contacted to do that?

A. Would have been not last Thursday or Friday, but the Thursday or Friday before that by Mr. Prater.

Q. So last Thursday or Friday would have been the 26th or 27th?

A. The one before that hearing I went on, yeah.

Q. Would have been the 12th or the 13th, you think. Two weeks ago?

A. When was the hearing?

MR. IRVEN BOX: 26th.

Q. Yeah, the 26th?

MR. IRVEN BOX: No, the hearing was --

Q. It was the 26th. So it was two weeks before that?

A. No, the Thursday or Friday before that

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hearing.

Q. So maybe the 19th or 20th?

A. Yeah, that's right.

Q. And Mr. Prater contacted you here, at the Tulsa office?

A. I called him because he had -- didn't you let me know that he was concerned of those notes and so forth, so I called him, told him, you know, give me a couple of days, I'll review this. I may have initially contacted him a little bit earlier than those two days. I said, "Give me a couple of days --"

Q. When you say "you", you're talking about Mr. Box talked to you first?

A. No, I hadn't talked to you until the hearing. Maybe it was Monday or Tuesday that I heard that there was a problem with notes in the file, and I said, you know, "Give me a couple of days," and Thursday or Friday I called him and told him what I thought about the case, and he said, "Go ahead and put something in writing," and that's what I did, and sent it to him by e-mail on Saturday.

Q. So Mr. Prater called you and said he thought there was some problems with the notes?

A. Well, I mean, it was in response to

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some -- a newspaper article about -- about the handwritten notes that weren't disclosed, yeah.

Q. Do you know the specific notes that he's talking about?

A. Yeah --

Q. Or Mr. Prater talking about?

A. There are two, there's one by Dr. Choi, and one by Dr. Yacoub, and I have those in my file.

Q. And what caused Mr. Prater concern over those notes. Do you know?

A. He was concerned that he didn't know that they had been in the file, and he was wondering why it is that our office, specifically our doctors, would put a note in the file without him knowing that it's there, and that it could cause problems with the proceedings if those aren't disclosed to everybody, so that everybody knows they are there.

Q. He didn't have a problem with the actual content of the notes, or did he? Did he indicate that to you?

A. I think, you know, I don't know specifically about the content. I think maybe with the wording of Dr. Yacoub, he may have had a problem, but I can't remember exactly what that problem was.

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Q. Do you have that with you?

A. Uh-huh.

Q. May I see it?

A. Sure do.

Q. Thank you.

MR. IRVEN BOX: Doctor, at the hearing we had this last week, one of the questions that Mr. Prater asked is if you -- I'm not -- I've not got the transcript here, but something along the lines, did you have any problems with or disagreement with Dr. Trant's autopsy report, do you recall something being asked in regards to that?

DR. SIBLEY: I don't remember --

MR. IRVEN BOX: Do you have any --

DR. SIBLEY: I don't remember them asking if I had any disagreements, I don't remember that question, no.

MR. IRVEN BOX: I thought something along that lines. Steve, do you remember what it was? I thought it was "do you take issue of anything to Dr. Trant's?" I'll ask it specifically.

DR. SIBLEY: It may have -- I think it was just do you -- do you agree or essentially agree with his cause of death and his manner of death? And I would say yes, I do agree with those, yeah. I

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DR. SIBLEY: In the hospital there's brain death definition. I don't think we -- I don't think a discussion about brain death in a pharmacy or outside of the hospital situation is relevant, though. I mean, we don't make a distinction between how his brain is dead, but his heart is still beating, other than in a hospital setting.

BY MR. IRVEN BOX:

Q. Can you give an opinion as to based upon that first wound, and it being not -- a nonfatal, could you -- do you have an opinion as to how long that person could have survived? Can you give a opinion of how long they could have survived untreated there with that wound?

A. Untreated?

Q. Uh-huh. As shortest -- from the shortest --

A. I think the shortest, from four or five minutes, and the longest, for hours.

Q. Okay.

MR. REYNOLDS: Have you seen the picture of the head wound?

DR. SIBLEY: Yes, I have.

MR. REYNOLDS: State's Exhibit 6?

DR. SIBLEY: Uh-huh. Sure have.

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MR. REYNOLDS: You saw the color photograph of that?

DR. SIBLEY: Yeah, I have a disc, this isn't very good. But I have a disc.

MR. REYNOLDS: Is there brain matter coming out of the wound there?

DR. SIBLEY: I can't tell here, and I can't remember on that, whether there is or not. I mean, we know that the projectile pierced through the brain all the way down into the optic chiasm region.

MR. REYNOLDS: So basically the first gunshot wound blew some of his brain out of his head?

DR. SIBLEY: I don't know. Like I say, I'm not sure if that was brain matter or not. I could look at it and see and probably be able to tell on my own.

MR. REYNOLDS: If Mr. Trant said there was white and gray matter on that photograph, would you have any reason to dispute that?

DR. SIBLEY: No, not at all.

BY MR. IRVEN BOX:

Q. Description of the wound or the bullet or the injury to the head by Dr. Trant on the head shot wound, is it described as -- in his report as a grazing wound?

And I couldn't understand, frankly, Doctor, what he meant by that.

A. Yeah, he does. The reason why he's calling it a grazing wound, is because the entrance and the exit are connected and they're the same. In other words, there's no separate hole for entrance and no separate hole for exit.

What happens when you get a wound on a curbed surface, specifically the skull, is that if the angle of entry is also kind of on a bias, what happens is you'll get a projectile that goes almost end on into the curved area of the skull so you have a part of it that travels outside of the skull and exits and you have another part that goes inside of the skull and that's what he means by a keyhole. You get an entrance and an exit all in one wound.

And so in a sense, you might call it a graze wound, part of the projectile grazed upward and didn't go into the brain and exited, but another part clearly over a centimeter long did go into the brain. I wouldn't call it a graze wound.

MR. REYNOLDS: And that one went into the middle of his brain?

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DR. SIBLEY: Yeah, went all the way deep into his brain, yeah.

BY MR. IRVEN BOX:

Q. Are you aware of what type of weapon was shot and what the projectiles were?

A. I'm confused by about that. I was told in one instance it was a 380 and another instance a shotgun, and perhaps the shotgun was the first wound. If it was a shotgun that was the first wound, it for sure wasn't bird shot.

Q. No.

A. It must have been some sort of slug or that type of thing.

Q. Let me tell you what it was. The weapon he had to start with was appropriately called the Judge. It's a Taurus weapon, it's called a Judge and it will shoot, and in fact, I've got one, it shoots either a .45 or it shoots a .410. And the first shot fired into the head was a .410 with double aught pellets.

A. That makes sense, that's fine.

Q. That's what the first one was. The second, or the other wound was the 380 but the first one was that.

A. So I think likely, I think he only found

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DR. SIBLEY: Okay.
MR. JEFF BOX: Is it fair to say the original pool size of the blood would have been where the coagulation is and after some period of time, the serum portion would have drained out or let loose from the clot later? I don't know if that photo --
DR. SIBLEY: I can see here where you've got a clear.
MR. REYNOLDS: You're looking at State's Exhibit 5.
MR. JEFF BOX: It looks like there's a ring right here, and there's a big coagulated portion, and outside of this is just some red serum and yellow serum?
DR. SIBLEY: It takes time for blood to separate into the plasma element from the red cell element, so yeah, that would have occurred later.
MR. JEFF BOX: The original pool size would have been something of a smaller size with the clot or the proteins for clotting would have been formed in this area here?
DR. SIBLEY: Yes. And if I were measuring this, I would -- I wouldn't include that, that's kind of an outlie that's not even whole blood.

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MR. REYNOLDS: You're talking about the clear yellow liquid?
DR. SIBLEY: The farthest from his head, yeah, the clear-looking stuff.
MR. IRVEN BOX: I don't have much more.
MR. JEFF BOX: Did you look at any of the photos when he was brought to the ME's office that were taken?
DR. SIBLEY: I looked at the autopsy photos, but I don't know --
MR. JEFF BOX: There was a photo in there that showed some brain material, I guess when the stocking cap was pulled back, there was some brain material on the inside of the stocking cap and his hair as well?
DR. SIBLEY: They asked about that, I told them I don't remember the photo, but if Dr. Trant said there was brain material, I have no reason to doubt it.
MR. JEFF BOX: My question went a little further, if you could tell us whether it's white or gray brain material?
DR. SIBLEY: No, I can't tell that.
MR. JEFF BOX: And if Dr. Trant indicated that both there was white or gray material, you

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wouldn't have any reason to dispute that?
DR. SIBLEY: No.
MR. REYNOLDS: How much blood loss --
DR. SIBLEY: You know, we get -- I get suicide cases where the person's been in the hospital for three days after shooting themselves and they've got white and gray material coming out of their mouth -- I mean out of their wound, so if you're going to try and say as white and gray matter you would die right away, I wouldn't go along with that.
MR. REYNOLDS: But you would die within two or three days, at the very outset?
DR. SIBLEY: Well, with treatment? Not necessarily, no. Some people survive gunshot wounds in the head. You know, this is one that, I mean, perhaps in a minority of the cases, people would survive with a wound like this. But for the most part, yeah, this would have eventually been fatal.
MR. REYNOLDS: So it's very likely the first shot would have been a fatal wound even if treated?
DR. SIBLEY: I think more likely than not. I can't say, you know, 95 percent, but I can say more likely than not, that a gunshot wound to the

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head within with a centimeter projectile passing through the brain is going to kill you.
MR. IRVEN BOX: I think you said, you've answered this once to us, could he have been making sounds?
DR. SIBLEY: Absolutely.
MR. JEFF BOX: There's no way to determine if there's loud sounds or soft sounds or gurgling or whatever?
DR. SIBLEY: No way to know that, no.
MR. IRVEN BOX: Didn't hit his voice box?
DR. SIBLEY: It was intact.
MR. REYNOLDS: Is there any way for people, there was two women in the very back room of the pharmacy hiding. Would it be possible for them to hear any movement or sounds from the deceased in the front room?
DR. SIBLEY: Well --
MR. REYNOLDS: Is that likely, in your opinion?
DR. SIBLEY: I don't know, I don't have a good idea how -- whether there were walls right next to him that he could have kicked or been impacting at the time if he were moving. But if there aren't any objects next to him, if he's flailing around or

WORD INDEX

STATE'S
EXHIBIT
45

RECORDED INTERVIEW

OF INAS YACOUB, M.D.,

TAKEN ON AUGUST 27, 2010

COPY

APPEARANCES

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REPORTED BY: CARLEE RAINES

EXHIBIT U

INTERVIEW OF INAS YACOUB, M.D.

BY MR. IRVEN BOX:

Q Dr. Yacoub, thank you again for coming to see us. You know we're here on the Antwun Parker deal; is this correct?

A Yes.

Q And is it my understanding that, at some point in time, you were asked to review Dr. Collie Trant's report; is that correct?

A That is correct.

Q Okay. Now tell me what you --

A Basically, reviewing the case and the wound on the head, there was notation that it was non-fatal and I was asked to comment if I would think that this is non-fatal, potential fatal, or how would I describe it, based on that report, as far as the description and the photographs.

Q What did you -- is that what you reviewed? Did you review the, his; did you review his report?

A I reviewed the autopsy report; I reviewed the photographs that were included with the case.

Q Okay. And we know that you -- because it has come out -- that you made some notes and what was your finding or what was your conclusion after reviewing the autopsy and the photos?

A Basically, Dr. Trant mentioned that the cause of death was a gunshot wound to the head and trunk. So, I agree with that. There were wounds to the head and the trunk and the locations of those wounds and the damage that was associated with them, I agree that these would be fatal. And what I understand is the wounds to the head came first and there was an interval and then the wounds to the trunk came later. The wound to the head was -- Initially I was under the impression that it was just a superficial graze wound but reading the report and the description, there was, and the photographs showed that there was brain matter on external examination and there was blood. The description notes that there was, that the projectile entered the skull and covering of the brain, entered the brain itself and lodged in the right olfactory area. So it comes in the left and then lodges in the right. So seeing that description and the photographs, penetrating wounds to the head are wounds that, in many cases, those cases don't make it to the hospital. They die quickly without medical attention. Now some wounds may not act like that and with medical attention, people can live longer. So I felt with that description, that this wound was not be a benign superficial wound. This wound is a significant wound that is associated with significant morbidity and mortality. If it does not kill

the person immediately, it can kill after some time and how much time exactly there is, depending on the clinical evaluation, what else is going on, if they sought medical attention or not.

Q I think, in your notes, you said that it was a probability that it was the first wound that was the fatal wound; is that correct?

A No. In my description I describe this as this wound by itself and let me quote what I said and it was specifically to comment if this was as a non-fatal wound. I said probably, by itself, fatal, though not necessarily immediate.

Q Right. Okay.

Now by not necessarily immediately, I think you kind of explained a little bit; it varies with the individual and a lot of circumstances surrounding that; is that right?

A The age of the individual, if there was medical attention, if there was like a subdural bleed that surgically can't be evacuated, how much blood he lost, there is a number of variables in it. The issue really is, could he make it to medical attention and after the medical evaluation, would they feel that there is nothing surgically that they can do for him; would the measures work or not work, that is up to them.

Q But, by probably fatal but not immediate, does that mean it could be minutes or hours; would that be your opinion?

A It could be minutes; it could be hours; it could be days.

Q (By Mr. Jeff Box) Are you saying that you couldn't really tell how much time it would take?

A Right.

Q (By Mr. Irven Box) Did you notice that there was a -- based on what your picture is and what you saw -- a significant amount of brain matter that was lost because of the wound?

A I saw brain matter and this means that the bullet was not just affecting the scalp, it managed to go through the dura, into the brain.

Q And you said you first, at first you thought it might have been a graze wound, is that because of the way the wording is in Dr. Trant's report?

Would you turn to Dr. Trant's report now? You have that there in front of you? The M.E's -- the first report -- and look at, I think it is the page that talks about the wound to the head.

A On the front?

Q Yes; what does that say?

A The findings?

Q Yes.

A Non-fatal gunshot entrance graze wound to head.

Q Okay. Now would that verbiage in there, that language, "non-fatal gunshot wound graze", would that make you think that is, was, just a grazing blow to it; is that what you said you thought earlier, that maybe it was just grazing blow?

A Yeah, that is what I understood, reading that sentence.

Q And I did too. That's the reason I'm saying that. But, you found out from the pictures that it wasn't, it was an entry wound that went through the left and into the right side of the brain, correct?

A That's the description that I have on the detail description in the nervous system.

Q Yes.

A He describes that there was a gunshot entrance wound in the left scalp and it describes the calvarium is perforated in that location; it describes the defect being located in the left parietal at the junction between the left parietal and frontal bones; it describes the fractures that it caused, radiating from the defect posteriorly in the left parietal bone to the occipital bone, anteriorly into the left frontal bone and inferiorly

into the left temporal bone and this was associated with scalp, galeal and muscle contusions. And then he goes into the brain itself, the gunshot wound track perforates all layers of the meninges. He describes there was minimal thin layered hemorrhage, so that is not a big hematoma that, surgically, they would go in and evacuate. And then he describes the brain itself, how the wound path later on here, in the paragraph before the last, he describes that the gunshot wound track perforates the lateral surface of the left parietal lobe and travels downward at a 45 degrees, perforates the cortex and underlying white matter, as well as, the internal capsule and globus pallidus, to exit the olfactory area on the left. The track continues by penetrating the olfactory on the right so there is crossing of midline if I am understanding this description correctly.

Q Right.

A So this projectile goes through the scalp, goes through the cranium, causes fractures from where it entered, goes through the meninges, goes through the brain, crosses midline not associated with significant subarachnoid bleeding or subdural hemorrhage.

Q (By Mr. Reynolds) What's the importance of that statement you just made about evacuation and --

A Well, if he was alive long enough to have

medical attention arrive to him, they would look at his Coma scale, they would look at the age; they would look at brain stem functions; they would look at his overall condition and if he just has this wound or other wounds. If there is a subdural hematoma that is pressing on the brain, then they may go in and evacuate that to relieve the pressure and hope that there would be a better outcome.

Q But there wasn't a subdural hematoma?

A From this description, it says that there was not -- let's see where he has it, where Dr. Trant describes --

In the first paragraph in the nervous system, 8th line, he describes the gunshot wound track perforates all layers of meninges and there is minimal thin-layered hemorrhage associated with the wound track.

Q Does that mean something, like he would die sooner or later?

A Again, that is a question that, like, if he made it to the hospital, he would be given supportive measures, not having the subdural hemorrhage, there is nothing surgically that they would go in and evacuate. But could he have lived longer or shorter, not having medical evaluation; I don't know the answer.

Q (By Mr. Irven Box) The bottom line on time of

death, you said a while ago, it could have occurred, that gunshot wound to the head, within minutes, small minutes or hours or days; is that correct?

A Days would be -- that's possible.

Q Days is probably pushing it; isn't it?

A It's possible.

Q Okay.

But, it could have been also occurred within minutes?

A It could have occurred quickly.

Q Very quickly, okay.

Now would he -- maybe you have seen the supplemental report that, have you seen the supplemental report that Dr. Sibley made; have you read that?

A Yes, I have.

Q And would you agree with his findings in that report?

A Yes; he did a good job covering the question.

Q Okay. And one of the things he had said in that supplemental, was that he could have had movement, based on that first gunshot wound to the head, he could have had some movement; some involuntary movement that could be perceived as a threat, would you agree with that; with what Dr. Sibley said?

A I would.

Q Okay.

Q (By Mr. Jeff Box) What about audible noises?

A He could. I mean, he could utter verbal sounds that may mean something or may not mean something and he could do some movement.

Q When Dr. Sibley was talking about that, he could be making some sort of movements, what sort of -- in your opinion, what sort of movements would you expect to see?

Q (By Mr. Irven Box) Or could you expect to see?

Q (By Mr. Jeff Box) Right.

A Movements like somebody is having a seizure, possibly.

Q Would it be the extremities?

Q (By Mr. Irven Box) Yeah, extremities, you're talking about hands, possibly even head movement, maybe just hands?

A I would be guessing what kind of movements exactly. He did have -- that track went through the junction between the frontal and parietal area so a neurosurgeon or neurologist can better answer that, like what kind of movements could he have done -- if it's in the left temporal, left parietal frontal area, with that path, he could have done any movement and what could he have moved, like lower extremities, upper extremities.

Q (By Mr. Reynolds) Do you think they would be all unconscious movements or do you think he could actually make conscious movements?

A I would be surprised if he made conscious movements with that there.

Q (By Mr. Irven Box) And again, you've looked at Dr. Sibley's report and said you don't disagree with any of the findings he had in his report; is that correct?

A That is correct.

Q (By Mr. Jeff Box) As far as, the areas of brain that hit -- and maybe you are not familiar with this and maybe you are -- I notice that he indicated that the brain material and white brain material that were, I guess, expelled from his skin from the gunshot track, at least in the part of the detailed findings in --

A You are saying expelled or injured?

Q Injured -- or actually, I believe, that would be indicated in his report and he maybe testified to that as well, that part of both and gray and white brain material were on the outside of his scalp?

A I couldn't tell from the pictures if this was gray matter or white matter; it looked white to me.

Q Okay.

A But, I don't know if it is the picture or --

But, the wound track itself, he describes that

it passed through, like the cerebral cortex, could be brain matter and then under it could be the white matter. So he describes that the projectile passed through cortex and white matter to get to it's final location in the right olfactory area.

Q Okay. I don't know if you are -- I just have to ask; are you familiar with the areas that it passed through, with what part of the brain that controls?

A That would be a question to a neurosurgeon or a neurologist.

Q Okay.

A They can better answer that.

Q (By Mr. Irven Box) Can you think of anything in your reviewing of this and what you know about this case, can you think of anything else that we haven't asked you that would be significant for us to know, in regards to this case?

A The way I understand this case, one injury to the head and then several others to the trunk, the wounds to the trunk were associated with bleeding inside the cavities and wound hemorrhage with the wound track, so, this, to me, is evidence that this person was still alive when the wounds to the trunk were happening. Would the bleeding the wounds to the trunk caused, that would make the head wound, even in the worst condition, because

people with head injuries, penetrating firearm injuries to the head, would need supportive treatment, would need to maintain the blood pressure, etcetera. So, having additional bleeding from the wounds to the trunk did not help the head wound. So if he was going to survive a length of time with the head wound, the trunk wounds made that time shorter.

Q Okay.

Jeff, what about the -- Doctor, the definition that the medical examiner used regarding death, is that simply cessation of the heart?

A I'm sorry?

Q The definition that the medical examiner and you use regarding death, is that simply cessation of respiratory and circulatory function?

A Well, we don't get involved in the case before somebody pronounces the person dead by brain death, no heart, no breathing, so, there are cases that you get involved in after the physician has pronounced the person brain dead by the clinical criteria, but they are still attached to machines and heart ventilators and they ask our permission for donation of organs if that would interfere with functions as medical examiners. And as long as some clinician has pronounced that person dead, by clinical criteria, we never get involved in the case until

that is done. Does this answer your question?

Q Sort of. I am assuming that -- Of course everyone you see is going to be dead, at some point.

I guess I am asking you if Mr. Parker could have been brain dead at that point; after the initial first shot?

A Again, I have no way of determining that, and as a forensic pathologist, that's something that, clinically, they would determine; you know, if he has any brain functions and give him an interval and examine him again. I could say that, with the wounds to the trunk, there was hemorrhage along the wound track. So it's a post-mortem wound; those hemorrhages along those wound tracks.

Q As far as still having a heartbeat, at that point, is that what you're saying?

A Right.

Q (By Mr. Reynolds) Can anyone -- can any doctor testify whether he was brain dead after the first shot?

A Again, that would be a question to a neurologist or neurosurgeon.

Q So anybody in the Medical Examiner's office would be guessing whether he could be dead after the first shot; brain dead?

A Well, what we saw -- there was no evidence that

he was dead -- there was no evidence to support that he was completely dead when the wounds to the abdomen or to the trunk occurred. And that evidence, that he was still alive, the heart is working, was the hemorrhage along the wound track and the hemorrhage in the cavities.

Q (By Mr. Irven Box) Okay. Could we make a statement -- would this be a true statement? At the time that he received the wounds to the trunk, he was dying from the head wound? Because, you said it is fatal, the first shot could be probably fatal, so fatal means he's dying.

A But not immediately.

Q Not immediately, I understand that, but could we make a statement saying this, true or false, could we assume that when we received the wounds to the trunk, that he was in a dying state from the head wound?

A I think I can say that he was not having, probably not having, a good chance of survival.

Q When he received the trunk wounds?

A When he received the head wounds, when he received the head wound, his chances of survival are not good.

Q Not?

Okay.

Q (By Mr. Jeff Box) Doctor, do you remember who

asked you to review Dr. Trant's report?

A Dr. Choi.

Q Okay.

Q (By Mr. Reynolds) Would Mr. Ersland be able to tell, after the head shot, whether the movements that Mr. Parker was making were involuntary or voluntary movements?

A That's a question I don't know the answer to. I have not seen the video of --

Q (By Mr. Irven Box) And the video doesn't show after, they don't show those.

A -- the movements.

Q The only video, and I know, maybe you haven't seen it, but the video shows the first shot and it shows Mr. Ersland doing -- attempting the second incident but it doesn't show the deceased in that video.

So I mean if there is movement -- I know you read Dr. Sibley's report -- he said it could be perceived as a threat and as I've said, you have already said that you don't have any disagreement with that, correct? With what Dr. Sibley said?

A I don't.

Q Okay. I think that's all we want.

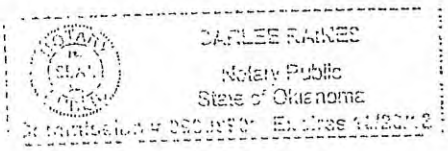
Dr. Yacoub, thank you, thank you. I know you are very, very busy.

C E R T I F I C A T E

STATE OF OKLAHOMA)
)SS:
COUNTY OF OKLAHOMA)

I, Carlee Raines, Notary Public for the State of Oklahoma, certify that Inas Yacoub, M.D., that the statement was taken by me in stenotype and thereafter transcribed by computer and is a true and correct transcript of the testimony of the witness; that the statement was taken on August 27, 2010, at 1:30 p.m., at 901 North Stonewall, Oklahoma City, Oklahoma; that I am not an attorney for or a relative of either party, or otherwise interested in this action.

Witness my hand and seal of office on September 1, 2010.



CarleeRaines

Carlee Raines
Notary Public
Commission #09008901

09 01982

Upon Dr. Choi's request, I reviewed this case. I requested to review the video taping of the incide so far this was not available for my review with the current setting. Chart and photographs review #1. Gunshot wound to head associated with bleeding and visible brain matter on external exam. Probably by itself fatal though not necessarily immediately.

Dr. Inas Yacoub, MD
5/28/10

9-16-2010 3:00 pm

absent

on by I confirm this case.

#1. G.S.W. to Head - potentially fatal

rather than Non fatal.

SUPPLEMENTAL REPORT
Antwun Parker 0901982

At the request of District Attorney Prater, I have been asked to review the case of Antwun Parker and render an opinion, specifically regarding the autopsy performed by Dr. Trant and his findings. At issue is whether or not the gunshot wound of the head would have been fatal.

The autopsy report and diagram are of adequate clarity and detail. After review, the following general principles come to mind regarding this case:

(1) Most gunshot wounds are potentially fatal, given the right circumstances.
(2) Very few gunshot wounds are immediately fatal.

Specifically regarding this case, with consideration given to the anatomic structures damaged by the gunshot wounds, it is my opinion that none of the gunshot wounds sustained would have been immediately fatal; this includes the gunshot wound of the head. The heart would continue to beat and the presence of abundant blood in the body cavities due to the gunshot wounds of the chest and abdomen is evidence of this. Therefore, if the question is "Would Mr. Parker have remained alive for a period of time following the gunshot wound of the head?" the answer is almost certainly "Yes". Death due to that gunshot wound alone could have ensued in a matter of minutes, hours, or possibly not at all - some gunshot wounds of the head are survivable.

Separate from the issue of mortality is the issue of behavior following a head wound such as this. Given the nature of the gunshot wound of the head, with penetration of the projectile into the brain, it is unlikely that Mr. Parker would have remained alert and oriented for any significant period of time. Unconsciousness does not necessarily mean motionless, however. Any movements would likely be involuntary, but it is conceivable that involuntary movements may be perceived as a continued threat.

Andrew Sibley, M.D.
8/21/2010

AFFIDAVIT OF JACQUELYN L. FORD

STATE OF OKLAHOMA)
) SS.
COUNTY OF OKLAHOMA)

Jacquelyn L. Ford, of lawful age, and being first duly sworn, state as follows:

1. I am a practicing attorney, licensed in the State of Oklahoma.

2. I have practiced criminal defense for six years, five years at the Oklahoma County Pubic Defender's Office as a felony trial lawyer, and the last nine months in private practice as a solo practitioner.

3. A true and correct copy of my curriculum vitae is attached hereto relating my experience in criminal felony defense, and is accurate to the best of my information and belief.

4. I had the opportunity to observe first hand some of Jerome Ersland's trial, and am very familiar with the facts and circumstances of the case, and of the defense presented.

5. I have not read the transcripts or case file.

6. I have had the opportunity to review the proposed brief to be filed in the Jerome Ersland appeal.

7. Upon reviewing the brief, and based on my training and experience in this area of law, I have formed the opinion that the defense presented by Jerome Ersland's trial team was inadequate, the efforts asserted were against Jerome Ersland's best interest, and cumulatively resulted in ineffective assistance of counsel.

Further Affiant sayeth not.

Jacquelyn L. Ford

Subscribed to and sworn before me this 26 day of September, 2012.

Kathy Walker
Notary Public

My Commission Expires:
1-24-16

KATHY WALKER NOTARY #08000855 EXP. 01/24/16 PUBLIC STATE OF OKLAHOMA

EXHIBIT V

JACQUELYN L. FORD

Midtown Law Center
414 N.W. 4th Street, Suite 200
Oklahoma City, OK 73102

(405) 604-3200 office
(405) 702-4984 fax
fordlawok@gmail.com

Education:

Juris Doctorate: University of Oklahoma College of Law, May 2006

Bachelors in Science: Oklahoma State University, Business Administration, Dec. 2002

Legal Experience:

Solo Practitioner: Jacquelyn Ford Law, P.C., Dec. 2011 – Present

Felony Trial Lawyer: Oklahoma Co. Public Defender's Office, Sept. 2006 – Dec. 2011

Highlights:

2011 Clarence Darrow Award Recipient for Excellence in Trial Advocacy

Speaker for the Oklahoma Bar Association Continuing Legal Education:

- Learning From the Oklahoma Criminal Jury Trial Masters: Advanced Criminal Jury Trial Techniques (2010, 2011, 2012)
- Maximizing Your Courtroom Firepower: What They Did Not Teach You in Law School Evidence Class (May 12, 2011)
- Power of Accusation: Defending Domestic Abuse Cases (Nov. 18, 2011)
- The Confrontation Clause Then and Now: A Review of Supreme Court Decisions (June 2011)
- Defending the Falsely Accused: The Power of Cross-Examination (June 23, 2012)
- To Testify or Not to Testify? That is the Question. (May 18, 2012)
- 2404(B) Evidence and the Oklahoma Jury Sentencing: A Constitutional Crisis and OUJI CR 9-20: The Bracketed Portion (Nov. 2, 2011)

Oklahoma State University, Adjunct Professor, Courtroom Techniques and Procedures

Oklahoma City Community College, Adjunct Professor, English Composition 1 and 2

Member of the Oklahoma Bar Association Bench and Bar Committee
Member of the Oklahoma Bar Association Women in the Law Committee

AFFIDAVIT OF DR. RICHARD KISHUR

STATE OF OKLAHOMA)
) SS:
COUNTY OF OKLAHOMA)

Richard Kishur, of lawful age, and being first duly sworn, state as follows:

1) That I received my M.S. and PhD. in family therapy from Purdue University and currently practice in the State of Oklahoma.
2) That my C.V. attached hereto is correct and accurate.
3) I was contacted by Jerome Ersland's criminal trial defense team for the purpose of potentially being an expert witness on Mr. Ersland's behalf. The team asked me to do an evaluation of Mr. Ersland.
4) In addition to my testing of Jerome Ersland, I have reviewed his military records, medical records, and affidavits of numerous people close to and familiar with Jerome Ersland.
5) Mr. Ersland exhibited symptoms that suggested cognitive processing deficiencies. In terms of his speech, Mr. Ersland spoke in a somewhat monotone manner; his speech pattern was repetitive; and, his intonation was idiosyncratic. In terms of his mannerisms, Mr. Ersland tended to have limited facial expression and difficulty engaging in conversation.
6) Mr. Ersland's speech and mannerisms lead me to suspect that his mind was not processing information as do most others. He may experience even greater difficulty attempting to process information when subjected to a life threatening traumatic event such as facing a gun.
7) Further observation and study is warranted to determine if Mr. Ersland has diagnosable deficiencies, specifically related to Autistic Spectrum Order.
8) At the time of my evaluation I was not aware that Mr. Ersland's biological son had been diagnosed with Asperger's Syndrome.
9) I recently learned through Mr. Ersland's appellate counsel that Irven Box had been told shortly after Mr. Ersland was charged with murder that Ersland's son had Asperger's.
10) Asperger's is by definition a collection of symptoms which represent a subject's difficulty

with environmental, relational, and cognitive functioning.

11) Mr. Ersland's son's Asperger's condition is a significant finding and an important piece of Mr. Ersland's medical history. It would have been helpful for me to have knowledge of this. Asperger's is a inheritable disease. A medical history of Asperger's in the biologic family further suggests a need for more observation and study in this case.

12) Many experts view Asperger's as a form of Autism. Those with Asperger's are slightly more functional and can hold jobs. But, they are socially deficient, as we see in Jerome Ersland.

13) Jerome Ersland's compulsive need to talk about the critical incident (the shooting involved herein) is symptomatic of emotional trauma and consistent with symptoms of Asperger's Syndrome.

FURTHER AFFIANT SAYETH NOT.

DR. RICHARD KISHUR

STATE OF OKLAHOMA)
) SS:
COUNTY OF OKLAHOMA)

Subscribed and sworn to before me this 25 day of Sept, 2012.

Notary Public

My Commission Expires:
8/18/13

TERRI DENNIS NOTARY PUBLIC STATE OF OKLAHOMA

VITA

Richard Kishur, Ph.D.

Place and Date of Birth

Tacoma, Washington - February 12, 1949

Mailing Address

Richard Kishur, Ph.D., & Associates
3700 N. Classen Blvd., Suite 150
Oklahoma City, Oklahoma 73118

Telephone: (405) 605-2176
Cell Phone: (405) 640-5383
Fax: (405) 605-2153
Email: RKishur@MSN.com

Education

B.S. (Cum Laude) Virginia Commonwealth University, 1981 (Psychology)

M.S. Purdue University, 1984 (Child Development and Family Therapy)

Ph.D. Purdue University, 1987 (Child Development and Family Therapy)

Additional Professional Training

Traumatic Stress Research Program, Purdue University, Dr. Charles Figley, West Lafayette, Indiana.

Supervision in Family Therapy, Department of Family Medicine, Oklahoma University Health Sciences Center, Dr. William Doherty, Oklahoma City, Oklahoma.

Sexual Offender Treatment Consultation, Robert Longo, M.R.C., Charleston South Carolina.

Training and Certification in Physiological Assessment of Sexual Offenders, Dr. William Farrall, Grand Island, Nebraska.

Supervision in Professional Counseling, Dr. Gilbert Sanders, Oklahoma City, Oklahoma.

Training and Certification in Physiological Assessment of Sexual Offenders, Dr. Robert Card, Behavioral Technology Inc., Salt Lake City, Utah.

Licensure and Credentials

Licensed Professional Counselor, #1278
Diplomate in Forensic Counseling, #209
Board Certified Counselor, #9550

Professional Positions and Responsibilities

1992 - Present

Private Clinical Practice
Richard Kishur, Ph.D., & Associates
Oklahoma City, Oklahoma

Development of the **Path to Responsibility** programs. Interventions with clients who perpetrate emotional, physical or sexual abuse. Individual and group psychotherapy. Forensic evaluation.

1989 - 1993

Clinical Director, Psychologist
Residential Sex Offender Treatment Program
Oklahoma Department of Corrections
Lexington, Oklahoma

Design, development and implementation of a Residential Sex Offender Treatment Program at a medium and minimum security institution. Development of an inmate selection and assessment protocol; development and implementation of clinical procedures; design and implementation of the physiological lab and development of a research and evaluation protocol. Recruitment, selection, training, supervision and evaluation of clinical and support staff.

1987 - 1989

Program Director
Sexual Abuse Treatment Program
Parents Assistance Center
Oklahoma City, Oklahoma

Development and administration of a comprehensive family sexual abuse treatment program. Responsibility for staff development as well as evaluation and screening of clients.

1984 - 1987

Readjustment Counseling Therapist
Psychology Service, Veterans Administration
Oklahoma City, Oklahoma

Clinical intervention with individuals, couples, and families. Development and implementation of treatment techniques for Post-Traumatic Stress Disorder. Community outreach, networking, and program development.

1982 - 1983 Administrative Assistant - Research Assistant
Purdue University
West Lafayette, Indiana

Development and implementation of the goals and objectives of the Consortium on Veteran Studies. Communication with scholars and lay persons at local and national levels. Preparation of forensic cases at the direction of Dr. Figley. Development of sampling frame, data collection and analysis for multi-state research project.

1979 - 1982 Clinical and Research Assistant
Psychiatry Service, Veterans Administration Medical Center
Richmond, Virginia

Development and administration of an evaluation of the in-patient drug and alcohol dependence treatment program. Individual treatment plan development. Individual and group counseling.

Areas of Major Interest

Atypical Sexual Behavior

Cognitive and Personality Function

Compulsive Behaviors

Psycho-Social Trauma

Intra-familial violence

Professional Consultation and Collaboration

Oklahoma County Juvenile Bureau

Oklahoma Office of Juvenile Affairs

Oklahoma Department of Corrections

Speck Homes, Inc.

Professional Affiliations

American Academy of Forensic Counselors (Diplomate)

American Counseling Association

American Psychotherapy Association (Diplomate)

Association for the Treatment of Sexual Abusers (Clinical Member)

Professional Honors

Dean's List, Virginia Commonwealth University (1980 and 1981)

Phi Kappa Phi, National Honor Society (1982)

Psi Chi, National Honor Society, Psychology (1981)

Special Contribution Award, Veterans Administration (1985, 1986, and 1987)

Special Contribution Award, Association for the Treatment of Sexual Abusers (1990)

Special Contribution Aware, Oklahoma Partnership for Successful Reentry (2012)

Teaching Experience

Teaching Assistant - Department of Physical Education, Health and Recreational Studies, Purdue University. H&S 225, Sexuality and Health. William Yarber, Ph.D., January, 1983.

Teaching Assistant - Department of Child Development and Family Studies, Purdue University. CDFS 350, Marriage and the Family. Charles R. Figley, Ph.D., January, 1984.

Guest Lecturer, Rose State College, University of Central Oklahoma, University of Oklahoma, Oklahoma City University.

Clinical Experience

Individual and Group, McGuire Veterans Administration Medical Center, Psychology Service, Richmond, Va., 1979 - 1982.

Individual, Group, and Family Therapy, Purdue University, West Lafayette, In., 1982 - 1984.

Individual, Group, and Family Therapy, Veterans Administration Medical Center, Psychology Service, Vet Center Program, Oklahoma City, OK., 1984 - 1987.

Individual, Group, and Family Therapy, Sexual Abuse Treatment Program, Parents Assistance Center, Oklahoma City, OK., 1987 - 1989.

Individual and Group Therapy, Residential Sex Offender Treatment Program, Oklahoma Department of Corrections, Lexington, OK., 1989 - 1993.

Individual and Group Psychotherapy, MacArthur Medical and Psychotherapy, Inc., Oklahoma City, OK, 1992 - 1995.

Program Development and Consultation, CPC Southwind Psychiatric Hospital, Oklahoma City, OK, 1993 – 1995.

Clinical Consultant, Willow View Psychiatric Hospital, Spencer, OK, 1987 – 1989.

Program Development Consultant, Liberty Behavioral Healthcare, Florida Department of Children and Families Sexual Predator Civil Commitment Program, Indiantown, FL, 1999 – 2002.

Individual, Group, and Family Therapy, G. Richard Kishur, Ph.D., & Associates Behavioral Therapy, Oklahoma City, OK, 1992 - Present.

Clinical Supervision Experience

Supervision of undergraduate and graduate students in Educational and Counseling Psychology, Social Work, and Family Therapy in a sexual abuse treatment program setting.

Professional Media Appearances

Public access television: Vietnam Veterans and Post-Traumatic Stress Disorder, Lafayette, IN, July, 1982.

Public access television: A Ghost in the Family: Vietnam Veterans Since the War, Lafayette, IN, November, 1982.

CBS News: 48 Hours, Crime in the Dark, Lexington, OK, September, 1991.

KOCO News: Interview, Risk Assessment of Sexual Offenders, Oklahoma City, OK, November, 2009.

KFOR News: Interview, Sexual Offender Treatment in Oklahoma, Oklahoma City, OK, March, 2010.

KWTV News-9: Interview: Sexual Offender Risk Assessment, Oklahoma City, OK, September, 2011.

Professional Publications and Presentations

Kishur, G.R. Attrition of patients in an in-patient drug and alcohol treatment program. Unpublished, McGuire Veterans Administration Medical Center, January, 1981, Richmond, VA.

___ Evaluation of an in-patient drug and alcohol treatment program. Unpublished, McGuire Veterans Administration Medical Center, February, 1982, Richmond, VA.

___ Psycho-Social problems of Vietnam veterans and their families. Annual meeting of the Oklahoma Psychological Association, December, 1985, Tulsa, Oklahoma.

___ Vietnam veterans and their families. Invited Presentation, University of Texas, March, 1987, San Marcos, Texas.

___ Theory, research, and clinical intervention with families experiencing emotional trauma. Region VII Training Conference, Veterans Administration, April, 1987, New Orleans, Louisiana.

___ Family Stress: Disruption following catastrophic events. Invited presentation, Austin Community College, April, 1987, Austin, Texas.

___ Treating Child Sex Offenders and Victims. Training provided for the Oklahoma Department of Human Services Child Sexual Abuse Specialists, June, 1988, Oklahoma City, OK.

___ Offender Treatment - Primary Prevention of Child Sexual Abuse. Presentation for Oklahoma Department of Health, Child Guidance Service, June, 1989, Oklahoma City, OK.

___ Second Annual Sexual Abuse Treatment Conference, April, 1990, Oklahoma City, OK.

___ Oklahoma's Residential Sex Offender Treatment Program. The State of Corrections, p. 216), American Correctional Association, 1990.

___ A Developmental Model of Sexual Deviance; Preliminary Results. Annual meeting of the Association on the Treatment of Sexual Abusers, Toronto, Canada, 1990.

___ Residential Sex Offender Treatment in Oklahoma. Sexual Trauma Program, Jane Phillips Episcopal Memorial Medical Center, March, 1991, Tulsa, OK.

___ Development of Sexual Deviance in the Adult Offender. Invited presentation, Oklahoma Judicial Conference, July, 1992, Eufaula, Oklahoma.

___ Treatment of the Adult Sexual Offender in a Correctional Setting. Invited presentation, Summer Judicial Conference, Oklahoma District Attorney Council, August, 1992, Miami, Oklahoma.

___ Treatment of Adult Sex Offenders. Bridging the Gaps for Children, October, 1992, Tulsa, OK.

___ Treatment of Sexual Offenders: Some Painful and Pleasurable Lessons Learned. 11th Annual Conference for the Association for the Treatment of Sexual Abusers, November, 1992, Portland, OR.

___ Sexual offender assessment and treatment issues. Testimony provided to the Oklahoma Committee on Public Health and Violence, October, 1993, Oklahoma City, OK.

___ Overview and Development of Sexual Offender Treatment in Oklahoma. Testimony provided to the Oklahoma Legislative Mental Health and Substance Abuse Sub-Committee, September, 1994, Oklahoma City, OK.

___ Long Term Problems of Non-Attachment in Offenders. Invited presentation, Oklahoma Judicial Conference, November, 1994, Tulsa, OK.

___ Assessment and Treatment of Adult Male Sexual Trauma. Department of Veterans Affairs Regional Training, February, 1995, Palm Springs, CA.

___ A Path to Responsibility: A Comprehensive Therapist Treatment and Intervention Manual for Working with Sexual Offenders. Wood N' Barnes Publisher, February, 1995.

___ Finding the Words: Participant Manual, Volume I, Wood N' Barnes Publisher, February, 1995.

___ Changing the Patterns: Participant Manual, Volume II, Wood N' Barnes Publisher, February, 1995.

___ Living in the Real World: Participant Manual, Volume III, Wood N' Barnes Publisher, February, 1995.

___ The Assessment and Treatment of Sexual Offenders. Training provided for Whole Person Counseling, March, 1995, Houston, TX.

___ Assessment and Treatment of Adult Male Sexual Trauma. Department of Veterans Affairs Regional Training, March, 1995, Houston, TX.

___ Assessment and Treatment of Adult Male Sexual Trauma. Department of Veterans Affairs Regional Training, April, 1995, Breckenridge, CO.

___ Assessment and Treatment of Adult Male Sexual Trauma. Department of Veterans Affairs Regional Training, July, 1995, Boston, MA.

___ Community Treatment of the Adult Sexual Offender. Oklahoma Judicial Conference, July, 1995, Eufaula, OK.

___ Cognitive, Behavioral and Experiential Treatment of Adult Male Sexual Offenders in an Institutional Setting. Consultation and Clinical Staff Training, Consolidated Naval Brig, August, 1995, Charleston, SC.

___ Sexual Offender Assessment and Treatment. Foster Care Association of Oklahoma, March 14, 1997, Oklahoma City, OK.

___ Assessment and Treatment of Female Sexual Offenders. University of Oklahoma Health Sciences Center, Department of Pediatric Medicine. May 2, 1997, Oklahoma City, OK.

___ Assessment and Treatment of Sexual Offenders in the Community. Oklahoma Chapter, NASW annual meeting. March 24, 1998, Oklahoma City, OK.

___ Evaluation and Treatment of Sexual Offenders. Invited presentation, U.S. Probation and Parole Officers, January, March, and April 1999, Oklahoma City, OK.

___ Community Management of Sexual Offenders, Invited presentation, U.S. Probation and Parole Officers, May 10, 2004, Oklahoma City, OK. Invited presentation Invited presentation, U.S. Probation and Parole Officers, January, March, April 1999, Oklahoma City, OK.

___ Assessment and Treatment of Sexual Offenders. Annual Training, Sexual Assault Nurses and Examiners, Oklahoma State Department of Health, July 14, 1999, Edmond, OK.

___ Men, Molester, and Monsters. Identifying and reporting Child Abuse and Neglect, Annual Training, Oklahoma Department of Human Services, Child Welfare, April 6, 2000, El Reno, OK.

___ Sex Offender Management and Community Safety. Invited training, Oklahoma State Department of Health, Chronic Disease Section, April 11, 2000, Edmond, OK.

___ Assessment and Treatment of Sexual Predators. Annual Training, The Oklahoma Coalition Against Domestic Violence and Sexual Assault, June 21, 2001, Edmond, OK.

___ Use of Published Materials as an Adjunct to Sexual Predator Treatment, 2002 Conference on Sexually Violent Predators, May 2002, Ft. Lauderdale, Florida.

___ Community Management of Sexual Offenders, Invited presentation, U.S. Probation and Parole Officers, May 10, 2004, Oklahoma City, OK.

___ Vicarious Stress Reaction: The Cost of Caring, Invited Presentation, Oklahoma Department of Corrections, Sexual Offender Management Training, August 2005, Oklahoma City, OK.

___ Inter-Family Sexual Abuse: Fifth Annual Oklahoma Forensic Academy, Invited Presentation, Criminal Law Section of the Oklahoma Bar Association, April 2, 2010, Oklahoma City, OK.

___ Community Management of Sexual Offenders, Invited presentation, Southwestern Psychological Association Annual Conference, April 12, 2012, Oklahoma City, OK.

___ Clinical Perspectives of Community Reintegration of Incarcerated Sexual Offenders, Invited presentation, Oklahoma Partnership for Successful Reentry, September 2012, Oklahoma City, OK.

___ Community Management of Sexual Offenders, In-service presentation, University of Oklahoma Health Sciences Center Department of Psychiatry, November 2011, Oklahoma City, OK.

Kishur, G.R. and Kling, B. The Survivors of Violent Crime. Oaklawn Psychiatric Center Conference. Surviving Traumas and Catastrophes; victims, families and caregivers. Oaklawn Psychiatric Center, May, 1984, South Bend, IN.

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AFFIDAVIT OF STEPHEN PARKER

COMES NOW Stephen Parker, being of legal age and duly sworn, does hereby state:

(1) I represented Jerome Ersland in his civil cases, CJ-2011-3375 and CJ-2011-4062, filed in Oklahoma County District Court;

(2) Jerome Ersland told me about the communication problems with Irven Box which included:

A) Irven Box never went over the shooting with Jerome Ersland in detail;

B) Irven Box did not return Jerome Ersland's phone calls on numerous occasions;

C) Irven Box cancelled numerous appointments his secretary set with Jerome Ersland and then would not set up replacement appointments;

D) On a number of occasions Jerome Ersland was so frustrated with the lack of communication between Irven Box and himself, that Jerome Ersland and Karen Monahan went to Irven Box's office and waited for hours and Irven Box still wouldn't see Jerome Ersland;

E) Irven Box never asked Jerome Ersland if Jerome Ersland was ok with hiring the other attorneys who represented Jerome Ersland. Irven Box just told Jerome Ersland they were coming on board and to get more money.

(3) Jerome Ersland told me it was Irven Box's idea to get on the O'Reilly Show, not Jerome Ersland's.

(4) Jerome Ersland told me Irven Box never discussed with Jerome Ersland, or gave Jerome Ersland the option to testify at trial. Irven Box simply told Jerome Ersland he would not be testifying.

(5) Irven Box personally told me that "No twelve (12) jurors in the whole State would convict Jerome Ersland."

EXHIBIT X

(6) After the hearing at which Jerome Ersland was told his witnesses would not be allowed to testify, Jerome Ersland felt he would be convicted of First Degree Murder.

(7) Jerome Ersland told me he specifically gave Irven Box $40,000.00 for the purpose of retaining experts.

(8) Approximately forty-five (45) days before his trial Jerome Ersland came to me and asked me to represent him in the criminal case.

Stephen Parker

STATE OF OKLAHOMA)
) **SS:**
COUNTY OF OKLAHOMA)

Subscribed and sworn to before me this 6 day of August, 2012.

SAMANTHA MORGAN NOTARY # 08010762 EXP. 10/31/12 PUBLIC STATE OF OKLAHOMA

My Commission Expires:

Notary Public