



UNIVERSITY OF ARKANSAS SYSTEM
CRIMINAL JUSTICE INSTITUTE

DENIED
PER LETT
ON 09-26-08

Course Registration Request

Please fill out this form as accurately as possible. The information is used to contact you about the **status of your request** and, if needed, with information about the course or other CJJ courses. All information provided is confidential.

Course Name: Coping w/STH LAW ENFORCEMENT STRESS

Course Date: 10-03-08 To 10-03-08
MM/DD/YYYY MM/DD/YYYY

Name: FORTE John C
Last Name First Name MI Nickname/Preferred Name

Social Security Number: _____
###-##-#### (Required for CLEST)

Date of Birth: 02-01-66
MM/DD/YYYY

Rank/Title: PATROLMAN

Agency/Department: JACKSONVILLE P.D.
Troop/Company/Unit

Troop/Company/Unit Address: _____
P.O. Box and/or Street

Troop/Company/Unit Address: _____
City State Zip Code

Agency Telephone: 501 982 3191 Extension: _____

Troop/Company/Unit Phone: _____ Fax: _____
Extension

Cell Phone: _____ Alternate/Evening Phone: _____

E-mail Address: _____

Alternate Contact Information: _____

Training Officer's Name: _____
Last Name First Name

Training Officer's Telephone: _____

Training Officer's E-mail Address: _____



Arkansas Pulmonary,
Sleep & Infectious Disease

2215 Wildwood Ave.
Suite 204
Sherwood, Arkansas 72120
(501) 753-2424
Fax: (501) 753-2733

Stan L. Kellar, M.D.
Lee W. Kendrick, M.D.
Timothy R. Cook, M.D.
David S. Greenwood, M.D.

Susan K. Delap, M.D.
Jason W. Hammack, M.D.

August 18, 2009

AR

RE: Forte, John

To Whom It May Concern:

Mr. John Forte is a 43 year-old gentleman I first evaluated April 22, 2009. I have since evaluated Mr. Forte on two further occasions including May 13, 2009 and June 30, 2009. In August 2008 Mr. Forte was involved in a gunbattle for his life. In my clinical opinion this has resulted in Post Traumatic Stress Disorder that has significantly resulted in disruption of his sleep architecture. He has been followed by a Psychiatrist for continued care concerning this medical complication. Mr. Forte also suffers from obstructive sleep apnea for which he sleeps on CPAP. Mr. Forte has not shown any inclination to harm himself or others in our three clinic visitations. If there are any further questions please feel free to contact my office.

Sincerely,

Timothy R. Cook, M.D.



LITTLE ROCK FAMILY PRACTICE CLINIC

A Member Of Arkansas Family Care Network, P.A.

Central Clinic

701 North University Avenue
Suite 100
Little Rock, Arkansas 72205
(501) 664-4810
Fax (501) 663-1256

August 4, 2009

FAMILY PRACTICE
THOMAS C. MOORE, M.D.
KEVIN D. ROBERTS, M.D.
KEVIN C. HIEGEL, M.D.
KENT J. COVERT, M.D.

RE: John Forte
DOB: 02/01/1966

JAMES V. FLACK, M.D.
(Retired)

To Whom It May Concern:

WILLIAM I. WADE, M.D.
(Deceased)

In my medical opinion, I agree with John's diagnosis of Post Traumatic Stress Syndrome from the episode at work 08-25-2008. He has never expressed the inclination to hurt himself or others.

If more information is needed, please contact my office.

West Clinic

4208 North Rodney
Parham Rd.
Little Rock, Arkansas 72212
(501) 228-7200
Fax (501) 228-2285

Sincerely,

FAMILY PRACTICE
HAROLD H. HEDGES, III, M.D.
R.J. McGOWAN, M.D.
R. STEPHEN TUCKER, M.D.
HAL HEDGES, M.D.
KENNETH R. JOHNSTON, M.D.
BARRY G. FORD, M.D.
DANIEL FELTON IV, M.D.
W. BLAKE McGOWAN, M.D.

KEVIN D. ROBERTS, M. D.
KDR/pb

ALLERGY

HAROLD H. HEDGES, III, M.D.
(501) 225-9072

Counseling Services of Jacksonville

707 S. First Street • Jacksonville, AR 72076 • (501) 985-0292 • Fax (501) 985-2070

COPY

June 17, 2009

RE: Officer John Forte
Jacksonville Police Department

To Whom It May Concern:

This letter is regarding the above mentioned. I first saw Mr. Forte for an initial evaluation on 4/23/09. His diagnosis is Post Traumatic Stress Disorder. He is currently taking Remeron 15 mg. at bedtime and Seroquel 200 mg. one half to one at bedtime. These medications are being prescribed to help with his anxiety and sleep due to his Post Traumatic Stress Disorder. I hope this information will help you to assist Mr. Forte. Should you require additional information please feel free to contact my office.

Sincerely,



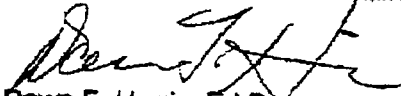
Brent C. Oldham, M.D.
Psychiatrist


COUNSELING SERVICES OF JACKSONVILLE
707 South First Street, Jacksonville, Arkansas 72076
501-985-0292 Fx 501-985-2070

April 17, 2009

Jill Ross
Human Services
City of Jacksonville
Jacksonville, Arkansas

John Forte was seen in this clinic this morning. After a psychological assessment and clinical interview, it has been determined that he will be treated at this clinic with a diagnosis of Post Traumatic Stress Disorder.


Dawn F. Harris, Ed.D.
Psychologist
AR 91-12P

received
4-20-09




April 6, 2009

MUNICIPAL LEAGUE WORKERS' COMPENSATION TRUST

P.O. BOX 37
NORTH LITTLE ROCK, ARKANSAS 72115
PHONE (501) 374-3484
FAX (501) 374-0541

John Forte
9901 Batesville Pike
Jacksonville, AR 72076

RE: John Forte
DOI: 8-25-08
Claim No.: 229-60274
Employer: City of Jacksonville

Dear Mr. Forte:

We have reviewed your claim. After our investigation, we have determined that this is not a compensable workers compensation claim. Arkansas workers compensation laws and rules state that a mental injury or illness is not a compensable injury unless it is caused by physical injury to the employee's body; provided, however, that this physical injury limitation shall not apply to any victim of a crime of violence. It is our position that you did not meet the criteria of a victim of a crime of violence based on our interpretation of the law. Your position as a police officer arriving on scene armed, with notification that shots were being fired, is that of an authoritative and defensive one, which does not place you in the position of a victim.

Therefore, your claim is respectfully denied.

Sincerely,

Andrea Ross
Claims Examiner

Cc: City of Jacksonville
P.O. Box 126
Jacksonville, AR 72078

District No. 1 Trustee
Mayor William Johnson
West Memphis

District No. 2 Trustee
Alderman Murry K. Witcher, Jr.
North Little Rock

District No. 3 Trustee
City Attorney Howard Cain, Jr.
Huntsville

District No. 4 Trustee & Group Manager
Mayor Lane Jean
Magnolia

At-Large Trustee
Mayor Barbara Skouras
Brinkley

Assistant Director
Sheryll D. Lipscomb



CITY OF JACKSONVILLE

RETURN TO WORK AND/OR MODIFIED DUTY

Employee: Have your health care provider review your attached job description and ask him/her to complete this form. Return the completed form to your supervisor before you return to work.

Health Care Provider: Please review the attached job description for this employee, complete this form, and return it to the patient or fax to Jill D. Ross, Director of Human Resources 501-982-4670.

Employee name: John Forte
Department: Police Department
Date: 6-2-09

Date the condition began: 6-25-09

Please check one of the following:

- The employee is able to work a full, regular schedule with no restrictions, beginning (date)
The employee is unable to return to work until (date)
The employee is able to return to work on a reduced schedule for hours a day from (date) through (date)
The employee is able to return to work with restrictions from 6-16-09 (date) through 7-9-09 (date).

Please indicate restrictions, if any, below for:

- Standing (number of hours):
Walking (number of hours):
Sitting (number of hours):
Lifting (number of lbs):
Carrying (number of lbs):
Use of hands (repetitive motions, pushing, pulling):
Run/Jump:

Any restrictions not listed above:

unarmed no exposure to lethal force situations

Signature of Health Care Provider: [Signature]

Printed Name of Health Care Provider: Brent Cichem MD

Date: 6-17-09