IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR PINELLAS COUNTY
CASE NUMBER CRC23-03157CFANO

STATE OF FLORIDA,

Plaintiff,

vs.

THOMAS ISAIAH MOSLEY,

Defendant.
_____/

PROCEEDINGS: Competency Evidentiary Hearing

BEFORE: The Honorable Susan St. John
Circuit Court Judge

DATE: July 23, 2025

PLACE: Courtroom 2
Pinellas County Justice Center
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Clearwater, Florida 33762

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P-R-O-C-E-E-D-I-N-G-S

THE COURT: All right. We're here on case number 23-30157, the continuation of the competency evidentiary hearing we started a week or so ago. And my recollection is we have Dr. Hall prepared to testify today. Unfortunately, we had to move him because of the power outage that kind of delayed our schedule, no fault to anybody.

But I believe there were some preliminary matters we needed to discuss before we get started with Dr. Hall; is that right?

MS. RUSSELL: Just calendaring, your Honor.

THE COURT: Let's talk about Dr. Torrealday.

MS. SEIFER-SMITH: Okay.

THE COURT: My notes reflect that I appointed her and Dr. Railey in the same order, on March 4th. Does that sound accurate?

MS. SULLIVAN: Yes.

THE COURT: Okay. And what I can't recall -- I believe you all told me that she actually did the evaluation. Is that right?

MS. RUSSELL: She did.

THE COURT: She met, and you all were there for that meeting.

MS. SULLIVAN: Part of it.

THE COURT: When was that?

MS. SULLIVAN: In May.

THE COURT: When?

MS. SULLIVAN: I can tell you the exact date. It was on May 8th.

MS. SEIFER-SMITH: And then a follow-up.

MS. SULLIVAN: And then she went back.

MS. SEIFER-SMITH: And she went back the 19th, both in May.

THE COURT: And I don't care who answers this question. You both can. What's the conversation been with her since that time?

MS. SEIFER-SMITH: I believe that both the State and myself have reached out to her independently. We've sent -- I've sent emails, I think, that have CC'd the State. I've had no response. I also have, I think, texted her and called her. I reached out to Court Administration, and they have, in their system, that she is on sabbatical for the month, but they indicated that they would also reach out to her as a gentle nudge, and I haven't heard back that they've had any contact with her.

THE COURT: Okay.

MS. SEIFER-SMITH: My understanding is that

she's in Spain.

THE COURT: On vacation.

MS. SEIFER-SMITH: Yes. That she takes a yearly vacation to see family there.

THE COURT: Okay. So she's not undergoing cancer treatment or taking care of a sick relative or anything like that?

MS. SEIFER-SMITH: I can't speak to that.

THE COURT: You're not aware of that.

MS. SEIFER-SMITH: I'm not aware of that.

THE COURT: Okay. Did she give you any indication as to when she intended on authoring a report?

MS. SEIFER-SMITH: She did not.

THE COURT: At the time of the evaluation, when you spoke with her last, was she aware of the time that we had set aside for these hearings?

MS. SEIFER-SMITH: She was.

THE COURT: Okay. Is there any particular reason I should not do an order to show cause on Dr. Torrealday, with the understanding is I don't want to have to do this? I don't. I don't want to be that guy. All right? I want her to author a report, sit for a deposition, and provide testimony to this Court sooner rather than later. All right?

I don't want to be a jerk about it, but I appointed her in March. You all did a fantastic job of scheduling people. I gave you four days, with enough time to do depositions, have your doctors write reports, and get in here to testify, and you all did that like professionals.

And when this Court hires professional services, I expect a professional response. The best I can tell right now, this is not a professional response, but I want to give her the opportunity to remedy that. So unless there is some reason that I shouldn't -- I'm all ears -- that is my plan.

Mr. Mosley is entitled to have this case move through in a reasonable time frame, and my responsibility is to do that and protect the process for everybody. So any reason I shouldn't, that you know of?

MS. SEIFER-SMITH: No. The only concern that I have is the ability to even communicate that to Dr. Torrealday. She had indicated to all of us that she would be back the first week of August. I don't know if that means that her report will also be in the first week of August. We have -- that's all I can say.

THE COURT: I assume someone's gonna want to depose her. I mean, I don't know what her opinion's gonna be.

MS. SEIFER-SMITH: Neither do we.

THE COURT: All right. So here's my thought: My intention was to give myself 30 days to prepare an order. So I've given myself the artificial deadline of August 22nd to have the order done. I am at a conference the first -- like, August 4th, whatever that week is.

MS. SEIFER-SMITH: The week of August 4th.

THE COURT: Yes. So she will get served at some point. And, you know, when I prepare it, I'm gonna prepare it today, and I believe it has to go to the Sheriff's Office for service. I'm happy to CC you all on it since you seem to have better contact than I do with her, and let her know that the week she gets back, the way she fixes this is to author a report, schedule a depo for you all. I'll give her a date to come in and talk to me the week I get back, which sounds like she'll be back, and if she has reasonable explanations, we're done talking about it.

But we need to pick a date or you all need to pick date with her, for her to be deposed, and then

we need to pick a date for her to have her testimony given, if you all even want her here. I have no idea what -- you know, whether or not you're even gonna want her here. I don't know, but -- and I want to get that done before August 22.

I have manipulated my schedule, canceled other people's trials. You all have manipulated your schedules to make sure this got off relatively smoothly. I can't -- none of us can fix power outages, but I think we did a pretty good job of organizing this entire process. Dr. Torrealday can do the same thing for us now, since we've accommodated her vacation. So that's what I'm going to do.

So I would -- I will send that off to you all today or tomorrow when I have it done, and then you're welcome to send it to her.

MS. SEIFER-SMITH: Well, your Honor, I don't think that it should come from us if it's an order to show cause from the Court.

THE COURT: It's gonna get served by the Sheriff.

MS. SEIFER-SMITH: Okay.

THE COURT: But I'm not requiring you to do

anything. If you happen to talk to her, if you want to send it to her, you can. If you don't, that's okay too.

MS. SEIFER-SMITH: I think perhaps it should come from Court Administration since she is a court-appointed expert.

THE COURT: That's fine. That's my plan. It's going to come from me.

MS. SEIFER-SMITH: I mean, our only additional thought would be she had indicated that she's back, I guess, the first week of August. I don't know if that also means the 1st of August, which is just before your Honor goes on the judicial conference. But all the information that we have is that she is out of the country and not available during this time.

THE COURT: So --

MS. SEIFER-SMITH: So I don't know how service would be effective anyway.

THE COURT: Well, my thought would be I would set a -- I would set the order to show cause for August 11, which is the first day I'm back after the conference. So if she is back August 1st, that gives her 11 days to author a report, schedule a deposition with you all, and then you all can let

me know what date you want to do her testimony.

And if she comes in here on the 11th and we have answers to all of those questions, we're done talking about the order to show cause, and we just move on as normal. So, hopefully, it will self-correct.

MS. SEIFER-SMITH: Okay.

THE COURT: All right. Does that work for everybody?

MS. SULLIVAN: Yes.

THE COURT: August 11 at 8:30.

MS. SEIFER-SMITH: Your Honor, we have a pretrial scheduled for August 1st. Should we take that off the calendar then since --

THE COURT: Do we need that for anything?

MS. SULLIVAN: No.

THE COURT: Okay.

MS. SEIFER-SMITH: Okay.

THE COURT: Yeah, we can do that.

MS. SEIFER-SMITH: Thank you.

THE COURT: And give me one moment.

Okay. What other matters do we want to talk about before we discuss -- or take testimony from Dr. Hall?

MS. RUSSELL: Your Honor, there's the matter

of the testimony of Bernard Currington, who is the stepbrother of Mr. Mosley, who's on the video visit that the State introduced into evidence at our last get-together.

THE COURT: Okay.

MS. RUSSELL: He, unfortunately, couldn't make it today, and neither could Renee Mosley. They both need three weeks to get time off work, apparently. So I don't know if it's possible, if you wanted me to try to tag them onto Dr. Torrealday or if there was some way that we could have an hour for each witness at some point in the Court's calendar the week of August 11th.

THE COURT: I believe that, just looking at my -- madam clerk, can you just double-check my calendaring for me? Can you look at August 12th? I had Michael Bentley set for trial, 24-05793. Mr. Cole is representing him but has recently conflicted off of that case. Mr. DeBerg got appointed and, if I recall, Mr. DeBerg told me that he had other pending trials that he could not move that day. So unless I have another trial, I am likely free on August 12th, morning or afternoon. Do you see anything?

MS. SEIFER-SMITH: Your Honor, I apologize.

Ms. Russell and I have depositions on a death penalty case that day that have already been scheduled.

THE COURT: Do you have time during the lunch break?

MS. SEIFER-SMITH: Yes, we do have a lunch break.

THE COURT: We could do 12:30 to 1:30.

MS. SEIFER-SMITH: Could we do maybe a little bit earlier, like 11:15, just because I'm not certain that the 11:15 and 11:30 would --

THE COURT: Does that work for you?

MS. SULLIVAN: Yes.

THE COURT: Okay. So can you just email that to Jill --

MS. SEIFER-SMITH: Yeah.

THE COURT: -- the names, and she'll put that on my calendar for me.

MS. SEIFER-SMITH: I'll do that right now.

THE COURT: When would you -- do you have any preliminary thoughts on when you might be available for Dr. Torrealday for testimony, should we need her testimony?

MS. SEIFER-SMITH: We can certainly discuss that now if your Honor wants to pencil in some

times.

THE COURT: Yeah. I just want to make sure I'm available.

MS. SEIFER-SMITH: Of course.

THE COURT: And I'll make myself available. Just tell me -- it's really your schedules more so than mine.

MS. RUSSELL: Maybe the afternoon of the 19th?

THE COURT: That's a Tuesday?

MS. RUSSELL: Yes.

THE COURT: Well, I have a 2021 vehicular homicide scheduled for that day. Understanding we have very specific time frames we're working underneath, if that is the only date you're available, I will move things I need to move. I have something on the August 18th in the afternoon I could easily move.

MS. SEIFER-SMITH: I am available on the 14th, after 11:00 a.m., August 14th.

THE COURT: I have a very unhappy gentleman in custody that wants his trial. It's a one-day trial.

MS. SEIFER-SMITH: Let's let him have his trial.

THE COURT: Yes.

MS. SEIFER-SMITH: Okay.

MS. RUSSELL: I'm in a competency matter in another courtroom on the 15th and the 18th in the afternoon. So I think the next option --

THE COURT: So the 19th is gonna be our best option.

MS. RUSSELL: Or the 20th.

THE COURT: I have -- the 19th would actually be easier. I'd only just be disrupting two trials instead of three, but if that's the best we can do, that is the best we can.

Does that work for you?

MS. SULLIVAN: Yes.

MS. SEIFER-SMITH: We're available starting at 11:00 a.m. on the 19th.

THE COURT: That's fine. I'll handle the morning calendar, and then I'll just see you when you're ready to get in here. So we're gonna do August 19, preliminarily, for Torrealday.

MS. SEIFER-SMITH: Okay.

THE COURT: Okay. All right.

MS. SEIFER-SMITH: And email all these to Jill.

THE COURT: Okay. Thank you for that. All right.

MS. SEIFER-SMITH: Of course.

THE COURT: And then did we have a -- I have a paper up here. Here we go. We had a request for judicial notice, right?

MS. SULLIVAN: Yes.

THE COURT: Okay. Do you want to talk about that?

MS. SULLIVAN: So Ms. Seifer-Smith sent that over last week. My objection to that is that I objected to this subject during the cross-examination of Dr. Railey, and as to relevance. It was the topic of a different defendant that Dr. Railey did a competency evaluation on, and there was some disagreement over whether or not the defense attorney had notice for that specific defendant's evaluation, and then ultimately a motion was filed to -- asking to strike him as an expert in that case.

I don't -- I didn't believe it was relevant during the actual testimony. So I certainly don't think that now moving in the actual motion an order related to a separate case that has nothing to do with Mr. Mosley's case is relevant to come in as evidence in this hearing.

THE COURT: Okay. Response?

MS. SEIFER-SMITH: Sure. It wasn't a dispute about whether or not the Defense had notice in that case. I was the attorney on the case. I handled the conversations with Dr. Railey together with Ms. Deliberato. It was very clear to Dr. Railey, in both the order that he had received from the court, which is the standard order, that the doctor shall reach out to the defense attorney. It's also obviously an imperative under the Sixth Amendment.

The assessment of Mr. Peoples was coordinated with Dr. Railey for a specific date. On that date, Ms. Deliberato went to the jail, where she discovered that Dr. Railey had already started a video evaluation of Mr. Peoples. So Ms. Deliberato had him end that evaluation at that time, come to the jail in order to do the in-person evaluation, and then discovered that Dr. Railey had actual done a video evaluation of -- a beginning evaluation of Mr. Peoples several days before, without any notice to either party, the State nor the Defense.

So he did ultimately write an opinion finding that Mr. Peoples was incompetent to proceed; however, because of those grave allegations regarding his flouting the Sixth Amendment, as well as the Court's order, we had filed a motion to

strike his evaluation. That motion was well-taken. It was stipulated to by the state attorney on the case, and Judge Bulone entered an order granting the striking of Dr. Railey. So --

THE COURT: Okay.

MS. SEIFER-SMITH: -- those are pleadings that are in a court file. We were just asking that your Honor take that under judicial notice. We think that it is important and relevant to this Court's determination with respect to the credibility of Dr. Railey in this specific case and his ability to follow the rules, follow the regulations, follow the, you know, professional guidelines, the scientific community in terms of how they practice, et cetera.

If he's incapable of doing such simple things as following a court order or following simple directions regarding, you know, meeting with the defense attorneys for the purpose of evaluating a client, that is certainly something that this Court can take into consideration regarding the validity or credibility of his testimony on this particular issue. This was only something that happened a few months ago.

THE COURT: Didn't we have something similar

with Dr. Ogu the first go-around?

MS. SULLIVAN: Yes.

MS. ELLIS: Yes.

THE COURT: Right?

MS. SEIFER-SMITH: I'm not familiar with that, no. I know that --

MS. SULLIVAN: Yes. Last competency hearing, Ms. Seifer-Smith wasn't on the case. It was Ms. Manuele. But Dr. Ogu was court appointed, and the court order was there, saying that shall notify not only the Defense but the State is there as well to be notified. We were not notified. We raised that during this hearing. We actually asked, I believe -- did we ask to strike her?

THE COURT: I don't think so.

MS. SULLIVAN: I don't think we did. I think we just pointed it out in cross, but it was a similar thing. It was just the reverse where we weren't given notice.

THE COURT: I think Defense was present, but the State was not, and that's kind of the difference between this issue with Dr. Railey and Mr. Peoples, versus Dr. Ogu and Mr. Mosley.

All right. So I'll take the judicial notice of it. You all can argue, you know, how much

weight I should give it, but -- and that judicial notice has been filed. It's case number 24-01492. Okay?

Anything else we need to discuss before we get started?

MS. RUSSELL: No.

THE COURT: All right. Dr. Hall, come on up.

THE BAILIFF: Stand here. Face the clerk. Raise your right hand. Receive the oath.

THEREUPON,

RYAN HALL, MD,

the witness herein, having been first duly sworn, was examined and testified as follows:

THE BAILIFF: Right this way, please. Have a seat there, and speak in a loud and clear voice for the court.

THE COURT: And so you gave me the eval, his CV, and then something I need to put my glasses on for. What numbers are you numbering these?

MS. RUSSELL: I believe 33, 34, 35.

THE COURT: Competency eval is 33?

MS. RUSSELL: Yeah. Well, the CV is 33. The evaluation is 34, and the lead risk is 35.

THE COURT: Great. Thank you. Whenever you're ready.

DIRECT EXAMINATION

BY MS. RUSSELL:

Q Good afternoon, Dr. Hall.

A Afternoon.

Q Would you introduce yourself to our court reporter, please?

A Sure. My name is Dr. Ryan, R-Y-A-N, Chaloner Winton Hall, H-A-L-L, MD.

Q Dr. Hall, what is your chosen profession?

A I'm a psychiatrist.

MS. RUSSELL: May I approach the witness, your Honor?

THE COURT: Yes.

BY MS. RUSSELL:

Q I'm showing Dr. Hall what's been previously marked as Defense 33.

Dr. Hall do you recognize Defense Exhibit 33?

A Yes. It looks like a relatively updated CV from June 12th, 2025.

Q And that lists your professional qualifications and education?

A Yes, ma'am.

THE COURT: To the extent that it helps, I do

recall Dr. Hall from the last evaluation. So it is up to you if you want to go through his CV, but --

MS. SULLIVAN: I'll stipulate.

THE COURT: I have -- I still have my notes from last time.

MS. RUSSELL: Excellent. I would like to just ask a few clarifying questions --

THE COURT: Sure.

MS. RUSSELL: -- with regard to his educational background.

BY MS. RUSSELL:

Q So, Dr. Hall, you are a medical doctor?

A Yes, ma'am.

Q And also a psychiatrist?

A Yes.

Q And how does that come about?

A You apply to medical school. You do your four years there. You do various rotations. At the end of medical school, you select for a residency. Often people will apply to several in one specialty, and then there is a national system that matches people up with whatever residency specialties they've looked at. I've always wanted to do psychiatry. So I went into that specialty pool.

Q And where did you go to med school again?

A Georgetown.

Q And where did you do your residency and internship?

A I did my internship separate at Sinai Hospital in Baltimore, which is a subsect of Hopkins. It's one of the community programs, just have a stronger medical background, ICU experience, neurology experience. And then I did the rest of my psychiatry residency at the Phipps Clinic, which is the Hopkins psychiatry program.

Q And are you board certified in any subspecialties?

A Forensic psychiatry. I did a fellowship at Case Western Reserve Cleveland first and then took the subspecialty exam.

Q How long have you been practicing in forensic psychiatry?

A Since 2008.

Q Can you tell me what's the difference between someone with your background and experience and a garden-variety psychologist?

A Sure. They're both doctorates, but they're different. Medical doctors are MD, DOs; psychologists are usually PhDs or PsyDs. So more kind of along the lines of if you have a doctorate in history, doctorate in english, doctorate in psychology would be a PhD.

They tend to do little more with statistics, research, human reactions. Therefore, they tend to also do more of the testing and school work, variety of that nature; whereas, an MD studies the body, the system, medicine, psychopharmacology. And then we have different kind of trainings in terms of emergency crisis evaluations.

Q Excellent. Did you do a report -- did you author a report in this case?

A Yes.

MS. RUSSELL: May I approach the witness?

THE COURT: Yes.

BY MS. RUSSELL:

Q Dr. Hall, I'm showing you that's been premarked as Defense Exhibit 34. Do you recognize that document?

A Yes. It looks like my report from the last time I saw Mr. Mosley -- or the last report I wrote from when I saw Mr. Mosley.

MS. RUSSELL: We ask that Exhibit 33 and 34 be entered into evidence.

THE COURT: Any objection?

MS. SULLIVAN: No objection.

THE COURT: 33 and 34 will be admitted as such.

(DEFENSE'S EXHIBIT NUMBERS 33 - 34 WERE RECEIVED IN EVIDENCE)

BY MS. RUSSELL:

Q How much do you charge an hour, Dr. Hall?

A I think for this case it was 400 an hour, but my assistant keeps track of the billing, and I think we bumped up our rates in 2023 or 2024. But this case has been going on for a while. So I think we're using the old rates.

Q Luckily, we are grandfathered in.

Is that standard across all types of cases?

A Currently my civil cases are 500 an hour.

Q I want to ask you a few questions about competency. What is competency?

A Competency -- as a physician, I always say I assess more capacity, which is the ability to make a decision, to understand the situation, process information and come to a conclusion. Competency is very similar in that regards, but my understanding is the judge makes the final ruling on competency.

Q And what factors can change whether a person is competent at any given time?

A Their illness state. Several mental health conditions may fluctuate, even physical health. Somebody may be delirious from an infection and not be competent on

one day and then, a week, two weeks later, after treatment, be doing better. Medications, illicit substance use, but also, especially when it comes to court issues, training and education about natures of court that somebody may not know.

Q What about the circumstances of confinement? Can that change?

A Yes. Some people do well in confinement with the structure, other people may have mental health stress due to being confined.

Q So have you formed an expert opinion as to whether Thomas Mosley is currently competent under the six criteria in Florida Statute 916.12 and Florida Rule of Criminal Procedure 3.112?

A Yes.

Q We're gonna get to your opinion in a moment, but before we get there, I'd like to talk about all the records you reviewed in conjunction with this report that you wrote for Thomas Mosley.

A Okay.

Q Did you review any school records?

A Yes.

MS. RUSSELL: May I approach?

THE COURT: Yes.

BY MS. RUSSELL:

Q Dr. Hall, did you review the school records attached to Exhibit 4, in conjunction with your opinion?

A Yes, I believe so, and I abstracted parts that I thought were relevant in my report.

Q Tell me what stood out to you as you read over the school records in Exhibit 4.

A Rough remembrance is that, you know, his deficits became evident relatively early on in elementary school, second, third grade; that he was seen and tested multiple times. At least in third grade he was noted to have good behavior. So there didn't seem to be any intentional disruption or difficulties or trying not to fit in with the school environment. And they noted he had profound problems with asking for help, reading, math, and general functioning.

And it's not uncommon for these to kind of be picked up in second or third grade, because often they want to see if somebody will catch up in kindergarten or first grade, but once you start getting two grade levels behind, then it becomes much more important to identify and get special education or get somebody back on track if they can be.

And it also was important that it seemed to be consistent throughout his academic career, no matter who

his teacher was, what school he was at, whether he was in -- excuse me -- special education classes or more of a regular class environment.

Q So did you notice deficits, from the school records, in the conceptual domain, the practical domain, you know, across all three domains?

A Yes.

Q And the social domain.

A Yes. And I think there was even some in his later high school records where they asked, you know, What kind of things do you do at home, you know, do you do the laundry, do you -- and the only thing checked off was "other," but no explanation. So it seemed like he was having difficulty engaging in tasks in multiple domains.

Q And, in general, why would you review school records in conjunction with a competency evaluation like this?

A Well, if you have concerns over deficit, you kind of want to know what the deficit was due to. So if had been in, like, a car cash and the deficit started after the car crash, that would be a different diagnosis. That would be neurocognitive impairment due to trauma; different prognosis, different treatments, different long-term outcomes or likelihood of restoration.

What was important here is these seem to be

evident from early on, probably existed even prior to getting to the schools, just wasn't severe enough to be recognized when he was, you know, three years old; that it's been consistent over time; that there doesn't appear to be rapid improvement or even further rapid decline.

There may be certain genetic conditions -- I think Rett syndrome is one of them -- where somebody may reach a certain level and then at a certain age start to drop off precipitously too. So these record were important to review, if you are considering intellectual deficiency, since that's usually either acquired at birth or within close proximity to infancy.

Q And what does the DSM-5 say about using educational records?

A That it can be helpful and an assistance, and it's a good collateral. And, also, it's contemporaneous at the time. So, you know, people don't know where someone's gonna be down the road, but you can at least kind of spot-check as you go through.

Q Did you review any videos from visitation in conjunction with your evaluation?

A Yes. I think I viewed them after I finished my initial report. So I don't -- I didn't abstract them, but I have seen them.

Q Did they make any impression on you?

A They were similar to what I saw when I interviewed them. I don't have them all memorized, but most of the conversations seemed very rote, very basic, you know, What did you have for breakfast? How are you sleeping? Again, responses seemed relatively simple. There may have before one or two times where there was a little more gave or take, but, you know, for the most part, it was superficial.

Q Was there anything about what you saw on those videos that changes your opinion?

A No. I thought they were relatively consistent to when I saw him the last time.

Q Dr. Hall, did you review medical records from South Florida Evaluation and Treatment Center?

A Yes.

Q And this was from --

A I don't have them fully memorized, but I did look over them.

Q And what stuck out about those?

A That, if I remember right, I think he got there about December. I think he left end of February or beginning of March; that they did change his medications there, both mental health medications as well as somatic body medications.

They started him on Synthroid at 50 micrograms.

I was worried about that at the last visit, that he had labs adjusting his hypothyroid and needed treatment for that. They initially increased his Zyprexa. I think I saw one note that said 30 milligrams, and then I think saw another one that said 15. I don't remember if that was 15 twice a day or not. But 15 to 30 milligrams is a good dose of Zyprexa and is what we would prescribe for somebody with a schizophrenia or bipolar disorder.

At some point, I think was around the 11th, they decided to switch off the Zyprexa and went with fluphenazine, or Prolixin's the other name for it, and that's a generation-one antipsychotic neuroleptic, kind of a cousin of Haldol. So it's an older one, and sometimes if somebody's not responding to a second generation, you will try a different class.

His dose there was 5 milligrams, which is kind of a maintenance-level dose for somebody with schizophrenia. If he was having acute exacerbation of significant disturbances, you may need higher, but 5 seemed to be helpful for him.

They had also stopped the Remeron, which was an antidepressant that he had been on, and switched him over to Zoloft. And per prior records I reviewed, he'd been on Prozac in the past. So I think they were trying to try another SSRI to address the depression.

So I think, best I could determine, from adding the Synthroid, changing the antipsychotic to the Prolixin and adding in the Zoloft or Sertraline, he seemed to be doing better from mood and psychotic-symptom standpoint.

Q So you said, on the 11th, they changed the antipsychotic. Was that February 11th?

A I believe that's correct.

Q Okay. In general, is it important to be competent and stable on your medications when you're giving people tests, like IQ tests?

A In general, yes. And, again, I'm not a psychologist. So I don't want to overstate that, but if I was ordering testing, I'd want to make sure somebody had been on a medicine for a period of time and stable. All medications have side effects, and part of the reason we don't use the fluphenazine as much as we did in the past is that, at times, it can be sedating. It can cause constipation. It can cause dry mouth. And there's a risk of a side effect called tardive dyskinesia. Some of those side effects do get better over the first week or two of being on it. So he may have had some sedation effects that could have improved. But, again, that's just from reading the black and white, and I don't know directly how much that did or did not impact him.

Q So Thomas Mosley was on antipsychotics?

A Yes.

Q And do antipsychotics treat the negative symptoms of psychosis and schizophrenia?

A They're much better at the positive symptoms, the hallucinations, the delusions. So positive is when something's added in. It may help the negative symptoms, but that's -- and I don't want to be too flip, but that's one of the holy grails in psychiatry, if we could get a medicine that treated both the positive as well as the negatives. The negatives often remain. They may not be quite as severe, but they're often always present or still there.

Q And negative symptoms of psychosis or schizophrenia are what?

A Usually negatives is when something's taken away. So that kind of dull look in the eye, the lack of smile or facial expression, lack of motivation, lack of empathy or ability to connect or relate sometimes would be considered a negative symptom. Loss of motivation could be a negative symptom or could be a depressive symptom.

Q So while he was at South Florida Evaluation and Treatment Center, Thomas Mosley was also given antidepressants?

A Yes.

Q And medication for his thyroid?

A Yes.

Q Was there anything else about his medical records that stood out to you?

A Those were the big ones in terms of his body health. I mean, he didn't seem to be getting into trouble. I don't remember him ever needing seclusion or restraints. You know, he seemed to be able to do well in the structured environment. There was some questions over how much he was participating in some groups. My rough remembrance is that he usually sat kind of in the groups or was quiet or had to be encouraged to participate.

Q Did you read the report of Lana Tenaglia, the psychologist at South Florida Evaluation and Treatment Center, in conjunction with your report?

A Yes.

Q What stood out?

A That she saw him, I believe -- and I may have the date wrong. It was either the 14th or the 18th, and tried to do testing with him; that there had been some debate other whether he could read or not. And she had said previously -- sorry. Frog in the throat. Thank you.

THE COURT: Let me know if it's empty. I'll give you some.

THE WITNESS: I was having some sinus issues. So I'm on a medicine that's giving me cottonmouth.

THE COURT: If you need a break, you let me know.

THE WITNESS: Thank you, your Honor.

There was some debate or whether or not he could read. I think she referred to one of the groups he was in as an indication that he probably had higher reading ability than what he was claiming; that she had concerns that he may be, I think, malingering due to the VIP malingering scale or forced-choice test that he was asked to do. I think his responses there were more consistent with the past one we talked about. And I apologize. I'm blanking on the instrument used previously, but that it was more kind of random Christmas tree responding.

And, in general, I don't think he likes doing a lot of neuropsychologic assessment because it often takes hours and asks you to do things you may not be comfortable with.

BY MS. RUSSELL:

Q Did you notice anything about the records that were collected and reviewed --

A It seemed --

Q -- by Dr. Tenaglia?

A It seemed to be mostly court documents. So I

think they made reference to my previous report, some of the other evaluators, some of the court orders. I don't know if they had the educational records to refer to. Sometimes -- and, again, I'm not a psychologist. So I don't mean to say what she should or shouldn't have done, but if you've got concerns over someone's reading level, there may be some additional tests or initial screens you would do, like a Woodcock-Johnson Inventory. I don't think that she got collateral from family members.

Q Is there anything else about her analysis that you take issue with in terms of being relied on by a psychiatrist like you?

A Again, I want to be careful and not be negative of the another professional. I thought that she at least reviewed what records she had. There is often debate on if it's worth reaching out to a family member for more of a traditional depression symptom that you may see in the here and now. But for an intellectual disability or question of something like autism, you do often want to get collateral from family.

Q Are there any medications for intellectual disability?

A Yes and no. We may sometimes have medicines that can help with some of the symptoms. Again, sometimes people may be irritable or get into fights or have issues

like that. Some medications may help with the impulsivity. As best I know, there is no medicine that will give you back 20 or 30 IQ points.

Q What about autism? Are there medications for autism?

A Yes, in the sense that they address the symptoms, but there's -- as best I know, there's no cure for autism. There may be certain therapies. There may be some things we can do to improve functioning, but we can't necessarily reverse the diagnosis.

Q Getting back to the list of things that you reviewed in preparation for your report, did you also read medical records from Pinellas County Jail?

A Yes.

Q And did you read more recent records in conjunction with your testimony today?

A Yes. I saw more of the updated ones where there were some questions if he was declining certain medications or missed some medications.

Q And was there anything else that you noticed?

A He seemed relatively stable. He seemed better than where he'd been in the past. There's still some question on how much he may discuss symptoms or not. I don't know fully why he wasn't taking all of his meds. I don't remember seeing a lot of reports of side effects,

but, unfortunately, it's not uncommon for folks to not necessarily like taking medicines like Prolixin. As I said, they sometimes slow you down or cause constipation or other things. So I think he benefits from it, but I'm not surprised that at times he may not want to take it.

Q So, in your mind, has he been consistent with his medication over the time that he's been returned to the Pinellas County Jail through the present?

A I think he's taken more than he's missed. There were some periods where he missed a couple of days. And it's hard to tell. Some people can miss a couple days and it not necessarily cause them to decompensate. Other people, if they're off for four or five days, it could be back to square one.

Q And, with that, you're talking about antipsychotics and antidepressants?

A Yes.

Q What about thyroid medication? How does that affect you if you miss a dose?

A Depending on what thyroid you're on, there's two forms of thyroid. T4 has about a halflife of about five days, meaning it takes five days for half of it to come out of your system. So if you miss a dose of thyroid, probably not the end of the world, but if you miss two or three weeks' worth, you're gonna start seeing some

symptoms return.

There's also what we call T3, or Cytomel, which is a faster-acting thyroid that only last for about eight to 12 hours. Given that he's on Synthroid, if he missed a dose here or there, I don't think that would cause him to decompensate, but, again, an endocrinologist may have a different opinion or a more detailed response to that.

Q Did you review the speech and language testing by Dr. Fritz? I know that it came in after your report, but did you have a chance to --

A Yes.

Q -- review that prior to your testimony?

A Yes.

Q And what were your impressions of that?

A She had concerns for autism, and I hadn't considered that. So I'm not sure I'd necessarily change my diagnosis, because I didn't ask the direct questions and do the history needed for that, but I can't rule it out either.

Q And what about Dr. Fritz's report made you reconsider?

A I think she did the GARS, if I remember right, which is one of the autism screens out there. I've never used that one. I've used the CARS once or twice when I had a patient that needed to be approved for benefits

through the state or see if they were eligible for a group home or a foster.

Q Okay. Give me a minute.

MS. RUSSELL: May I approach the witness?

THE COURT: Yes.

BY MS. RUSSELL:

Q Dr. Hall, I'm gonna show you what's been marked as Defense Exhibit 13. I'm sorry. It's the report.

MS. SULLIVAN: Okay. Thank you.

BY MS. RUSSELL:

Q That's the speech language evaluation by Dr. Amy Fritz.

A Yes.

Q Can you take a minute to refresh your recollection by reading through her report?

Dr. Hall, is there anything from Dr. Fritz's report that informs your testimony today?

A Yes. And I apologize. I may have misunderstood the original question. The autism was something that surprised me. There was obviously more in the report than that. So she talked about the receptive language issues and noted that they also could be consistent with an intellectual deficiency.

If I'm keeping my reports straight, I think she also talked about interviews with his father, where he

talks something about how he did in sports, which I thought was interesting, because some of the school records talked about he was gonna be a football player, but the father said he often got confused with the plays and would run the wrong way on the field.

So, again, I, at times, have been worried he may give simple answers or may give covering answers that hide deficits or may not be necessarily fully appropriate. But, I mean, the big thing from the report was the language deficits, which seem very consistent with the educational records I had reviewed previously. And, again, I think this was the one where she raised issues of autism. If it wasn't Dr. Fritz, it was one of the other reports I read.

Q So when you say "covering answers," is that what's commonly also spoken -- talked about as the "cloak of competency" with people of cognitive deficits?

A It can be. I'll be honest, I've not heard it put that way, but, you know, I run into it a lot more with folks with dementia, where they just don't want to acknowledge they have deficits.

So you ask them a question, like, you know, how are things going in Washington?

Well, you know DC.

Okay. Who's the president?

Eisenhower.

So I got the sense that at times he will say something, whether or not he really believes it or feels it's something that he's gonna do, you know, probably trying to just move the conversation along and get done.

Q Dr. Hall, did you also read the report of Dr. Michael Railey?

A Yes.

Q Did it play any part in your diagnosis?

A Not directly, but it helped confirm some of my concerns, because Dr. Railey got a very different history of than I did from Mr. Mosley. So I -- and I think I've got one or two light examples in my report, such as him saying he was born in San Diego. I thought he was born in St. Pete. Talked about, you know, well, he only failed one grade. My understanding is he failed the third grade and then the ninth grade but multiple times.

And, again, one of my concerns is his ability to testify, and he may say something that sounds reasonable unless you know that it's not accurate.

Q You yourself have done numerous evaluations of Thomas Mosley over more than two years?

A Yes.

Q At this point I'd just like to incorporate by reference and have the Court take notice of Dr. Hall's two

prior reports filed in case, on July 21st of 2023, and June 13th of 2024, as well as his prior testimony before this court on June 20th of 2024.

THE COURT: Okay. Any objection to that?

MS. SULLIVAN: No, your Honor.

THE COURT: All right.

BY MS. RUSSELL:

Q So now I'd like to talk to you a little bit about your personal observations of Thomas Mosley over this past proceeding, so starting from March.

When did you first see him after he returned from his 83 days at the South Florida Evaluation and Treatment Center?

A I think it was in April of 2025. I think the date was the 12th, but I may be getting it mixed up with some other dates in my report.

Q I thought it was the 11th.

A That could be. As I said, I was trying to keep it straight.

Q How long were you with him?

A About two hours. Two and a half hours.

Q Did you give any tests?

A I would say I gave screens, again, as a psychiatrist, kind of bedside stuff. I gave a Mini-Mental Status Exam, which I'd also given to him previously. I

gave him a Rey 15-Item, which is a simple test of effort. And then I gave him a clock drawing, which I think I'd given to him previously as well.

Q What is a Rey 15?

A I would say it's a test of effort. Some people may also call it a malingering. It's a very simple thing you do in 10, 15 seconds, where you show somebody 15 items. You say, Please recreated them. On the surface, it looks like 15 items should be hard to remember. So if somebody is trying to fake memory problems or cognitive issues, they tend to do very poorly on it. But due to the nature of the items and grouping and chunking, it's actually a lot easier than it initially appears.

Q How did he do?

A I think he got a 12, if I remember right, or a 15. I'd have to look. Whatever it was, I thought it was okay for adequate effort. Most people suggest a cutoff of about nine.

Q What about the Mini-Mental Status Exam?

A He actually did better on it this time than the first time I saw him when I was worried about more psychosis and depression. He still had trouble with the math. So he couldn't do a Serial Seven, which looks at concentration and keeping multiple things in your mind at the same time, but he was able to do a quasi-equivalent

task of spell the word "world" backwards, which still requires some concentration and keeping sequences in your head.

Q Now, the Serial Seven, help me out. Is that backwards or forwards?

A Backwards. So you start at a hundred and you subtract seven, and then seven back from that, and seven back from that, and because seven's an odd number, you have to get into changing into the tens category and everything else. Fives are a lot easier to do. So seven challenges the memory a bit more.

THE COURT: So, seriously, who can do that in their head? I can't. I mean, I can get to -- I can go one back without getting out a pen. All right? I mean, I like to think I'm not intellectually disabled. That is a horrible test to give.

THE WITNESS: I understand. That was done by Folstein, Folstein and McHugh in 1976, and I've sometimes used it in my law school class and for that exact reason, and a half the class does well with it and half the class doesn't. But when you actually really sit down at say please do it and people get past the first, no, that's ridiculous --

THE COURT: I'd have to take my shoes off to

take that test. I went to calculus in college, and I can't pass the IQ test.

THE WITNESS: I understand. And just to be clear, this isn't an IQ test.

THE COURT: Well, whatever. Whatever it is.

THE WITNESS: This is a cognitive screen that is often used more for the here and now. And I've also had one person who was delirious as could be do it the fastest I've ever seen. So it's a part. There are other questions on there, but I understand.

THE COURT: Okay.

THE WITNESS: And that's also why I give the alternative, is to try to get best sense of someone's functioning.

THE COURT: I'm glad to hear that.

BY MS. RUSSELL:

Q Did you give an alternative in this case?

A That would be the world backwards.

Q Okay. And he was able to do that?

A Yes.

Q What about clock drawing?

A He did poorly on that, and I think he's made mistakes every time I've done it with him. I think this time he put the 1 at the top rather than the 12.

Q Were there any other errors?

A I think he put the time at the wrong area. So clock drawing is a little unique, because it's sometimes used more in neurology rotations where you're worried about strokes or actual damage to the brain itself. In certain patterns, people put all the numbers on just one side. They get what we call a hemineglect, where they don't see the other side.

The other issue is, if somebody can't tell time, obviously they're gonna do poorly on it. So I don't think he's got a classic hole in his brain based off that, but I do wonder intellectually how he does with learning how to tell time. And with digital being more common, a lot of people, especially if you aren't doing well enough, don't pick that up in elementary school. I think it's first, second grade they teach that.

Q Did you see him again on July 9th?

A Yes, briefly.

Q And that was an in-person visit?

A Yes.

Q Did you notice that his condition had changed in any way?

A No. He wasn't very communicative. He didn't really want to talk to me much or answer a lot of questions. So it was only like a 5-, 10-minute visit in

one of the interview cells in the first floor. I didn't detect any indication of him being psychotic or delusional or hallucinating, but, again, he just didn't want to talk.

THE COURT: Is that the second time you went to see him; is that what you said? First or second?

THE WITNESS: Second. So he seemed similar to the first time except he was willing to talk to me for about two and a half hours. This time, and, again, it was in between the morning and evening session of the trial, he just didn't want to talk.

THE COURT: Okay.

BY MS. RUSSELL:

Q So, Dr. Hall, what's your diagnosis?

A I kept it very open and broad, just because this is more competency. But I put him down as a psychosis not otherwise specified with a rule out schizophrenia versus major depressives disorder with psychotic features.

Q What is rule out schizophrenia?

A Part of my problem here is, when I first saw him, he was on no medications but was very psychotic, had potentially used marijuana and other things. So other factors could have caused that psychotic episode.

Usually, if I was treating somebody in the community, you'd kind of follow them out in the normal

environment, but since he's been in prison and been relatively on some form of medication, I don't know if the psychosis symptoms would fully come back, not come back, and I'd like to have more history longitudinally to make the schizophrenia diagnosis.

I did review previous hospital where he'd been Baker Acted, and they gave more of a depression diagnosis. Sometimes, with schizophrenia, you do get what we call a prodromal about two to three years before the psychotic symptoms present where you see more depression changes, changes in behavior.

So, again, because this is competency, I just try and kept that very broad. I thought he was psychotic when I saw him, I believe probably schizophrenia, but there could be other factors I couldn't fully rule out.

Q Does he have any other problems?

A I've always been concerned for intellectual deficiency with him based off of some of his responses, especially as I've seen him more and more and especially after I thought a lot of his psychiatric symptoms and depressive symptoms have improved.

Q So his symptoms have improved after --

A Yes.

Q -- two stays at the South Florida Evaluation and Treatment Center?

A Yes. And whether that's the Zoloft and Prolixin or whether it's the Synthroid, it's hard for me to say what caused the improvement. Not to be too flip, but I often tell people, If your thyroid's off, I can put you on all sorts of medications. We're not gonna get great improvement. The thyroid's kind of like the oil in the engine. It doesn't make it go by itself, but without oil, you're not going very far.

Q Is it sometimes hard to assess cognitive deficits when somebody is actively psychotic?

A Yes.

Q Why is that?

A Because the symptoms of the psychosis, attention, concentration, odd beliefs, inability to engage in an evaluation could at times be similar to symptoms you can see with intellectual deficiency.

Q I'm gonna talk to you about intellectual disability, or "ID." Can you tell me what it is?

A In the old days, we referred to it as "mental retardation." In the DSM-5 in 2013, they wanted to change the terminology so it would be less stigmatizing, and I believe "intellectually deficiency" is now what they go with. Usually symptoms show up either around time of birth or in the infancy/toddler stage.

Depending how severe the intellectual deficiency

is, usually, the earlier it's diagnosed. So somebody who may be more on the mild spectrum, it may not be picked up until kindergarten, first, second grade. Somebody who's very profound may not meet normal developmental milestones such as speaking or talking, and it may be picked up 12, 18 months.

Q So intellectual disability is a spectrum from mild to severe?

A Yes.

Q What causes intellectual disability?

A There may be multiple causes. One of the things the DSM-5 says is is if you're trying to diagnosis it or if you're at a university center, try and do genetic panels to rule out certain genetic causes. So, for example, people with Down Syndrome also tend to have some elements of intellectual deficiency. Also there may be environmental exposures, hypoxia, infections at birth, encephalitis, something that may damage the brain shortly after birth. So there can be multiples different causes that could lead to those symptoms.

Q So let's talk about the diagnostic criteria in the DSM-5. You're familiar?

A Familiar, and, again, as part of my training, I have been exposed to elements of intellectual deficiency. It's not an area that I put myself out, outside of the

legal realm, as an expert in. You know, there are some people who all they do is see intellectual deficiencies or work with schools. So in the sense of, by education, do I know more than laymen, yes, and I do have patients with it, but it's not a primary area of my psychiatric practice.

Q IQ?

A Yes.

Q Where does the IQ need to be, to be diagnosed under the DSM-5-TR?

A This in one of the strange things about the diagnosis, and, again, I could be mistaken here, but I think it's the only diagnosis in the DSM that says you have to have psychologic testing to make the diagnosis. There may be screens or things, but even autism, you don't have to do a GARS or a CARS to make the diagnosis. But intellectual deficiency, they say you have to have IQ testing, but IQ testing alone is not enough, and then you also need adaptive functioning limitations. And then again, you get into issues of standard of error and degrees of differentiation. So I think what they say is anywhere from about 65 to 75 may fall in the range, because there is some standard of error when you do the testing.

THE COURT: 65 or 75 is what?

THE WITNESS: Is the range --

THE COURT: For?

THE WITNESS: -- intellectual deficiency, mild to start.

THE COURT: Thank you.

THE WITNESS: So, one hand, they do standard deviations, and it's supposed to be, I believe, two standards deviations, with the standard deviation of 15. So that would make it 70, but because you can have some fudge factor with the test, that it may be five points higher or five points lower, they kind of say range of 65 to 75 to meet threshold.

THE COURT: For mild?

THE WITNESS: For mild.

BY MS. RUSSELL:

Q So, Dr. Hall, did you have confidence in the IQ testing that you were provided in conjunction with this case?

A No. I think the first one done at the hospital, the WAIS-IV, they had him at like 49 or something or a 42. I thought that was way below where he probably was. And then the second one that Dr. Railey did, I think it was like 56, which may be closer, I guestimate. And, again, without doing the test, I need to be careful not to assign

a number, but I'm guessing he's probably somewhere in the 60 range. But Dr. Railey didn't feel it was a valid test. So I'm not gonna go against his statement there.

Q You thought Dr. Railey didn't think he gave a valid test?

A I thought -- and, again, his report speaks for itself, and if I'm misquoting it, I apologize, but I thought Dr. Railey said that he did think 56 was an accurate number or accurate representation.

Q So, as you sit here now, is there an issue diagnosing Thomas Mosley with intellectual disability if you don't have a score you can rely on?

A Yes. And, again, DSM might think this is the only diagnosis where they say you do need to have psychologic testing.

THE COURT: You thought he was probably in the 60s?

THE WITNESS: Would be my best guess.

BY MS. RUSSELL:

Q And, Dr. Hall, is there a problem with eyeballing IQ tests? That's not really a proper diagnostic criteria.

A No. You should be careful eyeballing IQ. And, again, you do need to do the tests, and, again, psychologists are the ones that do the testing and know it

better in-depth. So I want to be careful and not get too far out of my realm. But, you know, my -- I would like to see a test that most people feel is valid and accurate.

Q Let's talk about the diagnostic criteria that you could evaluate. Adaptive functioning, for example, did you notice that there were deficits in Thomas Mosley's adaptive functioning?

A Yes. From reviewing the school records, there appeared to be deficits there. He had trouble with schoolwork, multiple domains, different teachers, different subjects, different learning styles. And it looked like people tried to engage him or change the teaching methods, and he seemed to have difficulty no matter the approach.

And as I said, I think there was some testing where they asked about home life and things along those lines, roughly age 16, and even there they weren't identifying a lot of things that he was doing that an average 16-year-old may do, such as laundry or dishes or, you know, chores.

Q And what about the third diagnostic criteria, the age of onset?

A Again, given that the school records show problems, I think, going back the second or third grade, I would say that he meet criteria there.

Q Can you think of any reason why Thomas Mosley wouldn't have been diagnosed with intellectual disability earlier in his life?

A I saw, I think, either in a report or someone else's testimony that there may be pressure at times to not give out diagnoses because they don't want to stereotype or stigmatize people, but I'm surprised he wasn't tested. When I trained up in Baltimore Kennedy Krieger School of Development was affiliated with Hopkins, if he had those scores and problems, I would have expected him to have an IQ test done.

Q So is the only reason that you can't diagnose Thomas Mosley with intellectual disability the fact that you don't have an accurate IQ score, in your mind?

A Yes. And, again, it's a big diagnosis, especially given the legal situation. So I'm trying not to overstep. And I have concern, and I think I've said that from day one. I don't feel I have enough information to make a solid diagnosis that's appropriate at this time.

Q And is there any reason why you can't make a diagnosis of autism right now?

A No, and probably the issue there is that I just can't gather the information myself. And when I first saw him, I was more impressed and focused on the psychosis and the mood disorder, which I think is better now. So if I

saw him now for the first time, I may be more in tune to the autism, but I just didn't want to keep piling on diagnosis, and other people had done more direct interview and study on that. So I think it's possible. I'm not ruling it out, but it wasn't my initial impression.

Q So, Dr. Hall, have you formed an expert opinion as to whether Thomas Mosley is competent?

A Yes, and it's complicated.

Q Well, let's start with intellectual disability. Do you feel like he has issues with any of the six criteria because of his cognitive deficits.

A Yes. I have concerns over criteria four, being able to work with his attorney. And criteria six, being able to testify, I put that down as questionable. Some people can have intellectual deficiency and still be able to be competent. I wasn't sure how severe his language issues would be with him being able to answer questions, and that's why I put questionable.

Q And what kind of issues do you see that he might struggle with in testimony?

A Getting frustrated, understanding the questions, not asking for breaks, not asking for clarifications when he doesn't understand something, not being able to convey his thoughts to the trier of fact.

Q And what about consulting with counsel?

A Again, similar concerns, that he doesn't ask for help when he needs to, he doesn't know what he doesn't know, and that he may not understand the importance or significance of information and what should be said or what shouldn't be said.

Q Were there any specific things that stood out to you during your interview that reflected those concerns?

A Yeah, especially more at the first times, but he, you know, talked about, I don't want to say names. I'm worried, if I say something, something bad would happen.

I know we discussed the notions of magical thinking previously, and initially I thought it was the psychotic symptom. I'm now wondering if it's more of an intellectual deficiency symptom. And I provided a definition this time from the American Psychological Association's glossary of terms, but it's a thought pattern you often see in younger folks, four- or five-year-old, and some of his testing shows that he reads and interacts at a very young age. So I don't know if some of his magical thinking maybe more influenced due to his intellectual disability than I originally realized.

Q Did you ask him about his self-esteem?

A Yes.

Q How'd that go?

A I ask him about that every time, and I need to redefine it for him every time. So, again, I don't know how well he learns or how well he does with words he doesn't recognize.

Q What do you mean you have to redefine it for him?

A My rough remembrance -- except for the last time, I didn't directly use self-esteem, but every time I've seen him at the jail, that's one of my standard questions because it's one of the symptoms of depression, low self-esteem or pathologic guilt, and I always have to define to him what the word "self-esteem" means. He initially says, Fine, and then looks at me and then says, What's that mean? So, I mean, that's an occasion where he does acknowledge, but I think there's times where I've said stuff and he doesn't.

Q And did you ever talk to him about reading the bible?

A Yes.

Q How'd that go?

A That's one of those areas I think I get a rote response, where he keeps saying, I'm reading Psalm 26. And if I say, Oh, what's that about, tell me about it, he's like, My mother gave me -- she told me it's important for my map, but he can identify the Psalm, but he can't

give me the context, meaning the significance of it. So, I mean, his eyes may go over the words, but I don't know how much he understands.

One of the other things I asked him more recently was, you know, Hey, are you playing cards?

Yeah, I'm playing cards.

Well, what games are you playing?

I play Spades.

Okay. He can answer it.

What are the rules to Spades? Can you walk me through Spades? Could you teach me Spades?

No, I can't do Spades.

All right. Well, maybe Spades is complicated. Any games you played before you came here?

Yeah. I played Trunk.

All right. What's the rules for Trunk?

He had trouble explaining the rules to the card game, and if he can't explain something like that, I don't know how he would do answering questions in a cross.

Q Or understanding a complex, two-phase death penalty trial that might last a month?

A That would be a concern.

Q I want to get back to something you said about the 26th Psalm. Is it's possible that he was talking to you about the 23rd Psalm, "The lord is my shepherd. I

shall not want," one of the most sort of popular and well understood bible verses?

A I'm now showing my warped nature of bible school. So I -- whatever Psalm he said, I did not recognize it as the Lord is my shepherd. So that's bad me.

Q Was there anything else that happened in the interviews that stood out to you in terms of demonstrating the cognitive deficit?

A There was limited reciprocity when you talk to him. I mean, the first time, there was hardly any. The last time I -- at the end, I said, Do you have any questions, anything I can -- you think I should know? And he said, So how are you? It, again, seemed a little out of place, a little more rote, but at least I think it was the first time that he showed any acknowledgment of someone besides himself.

So, again, his behavior was often very quiet, down looking, poor eye contact, mumbling answers, simple answers. A lot of what I saw seems to be captured in the school records I reviewed.

Q And I guess you also asked him about what a mitigating factor is.

A He had trouble defining that.

Q Did you talk to him about it?

A I did. And, again, similar to some past reports, at times I this he could parrot stuff, but if you tried to go back around five, 10 minutes later, he still sometimes had trouble grasping the full concept. So, again, that's one of those areas I thought was questionable.

There's a few times in the past where I saw him where I thought it was clearly unacceptable. This is much more of a gray zone than, again, people who may do more with language skills may be better able to address.

Q Dr. Hall, I'm interested in your medical opinion about comorbidities and how intellectual disability, autism, and mental health issues might all combine.

A Yeah. And, again, oversimplified, you could think of a Venn diagram with three circles that meet, and I kind of put it under the psychosis and intellectual deficiency as my two main circles. I understand how somebody else may look at something and say, hey, language issues, maybe that's more autism than intellectual deficiency.

The other thing with intellectual deficiency is they sometimes report symptoms in odd ways. So I was talking with somebody else in a different case that has autism, and they said, Well, if you're suicidal, will you tell us? And he took it very, very literally and said,

No, because if I want to kill myself, why would I tell you? You'd stop me from being able to do it.

So answers, responses, how symptoms are presented sometimes can be off. And, again, when we're looking at issues of malingering, the psychologists know the books better and know the structure, but you got to look at if it's appropriate or if there needs to be different criteria established for somebody who does have intellectual deficiency.

Q And are these three syndromes seen very often together?

A Yes. Autism has a lot of comorbidities, whether it's attention deficit or OCD, you know, intellectual deficiency. A lot of times you can see depression or anxiety because people get confused or they can't solve problems. Schizophrenia in and of itself sometimes has some soft cognitive symptoms, but it's not impossible to have both schizophrenia and autism or both schizophrenia and intellectual deficiency.

Q Or all three?

A It's possible.

Q So, back in 2023 and 2024, you diagnosed Thomas Mosley with psychosis?

A Yes.

Q Rule out schizophrenia?

A Yes.

Q Or major depressive disorder with psychotic features?

A Yes, just because he had past history of major depression with his two Baker Acts.

Q And suicide attempts?

A Yes. But, again, I think schizophrenia is more likely than not the correct diagnosis, but I just can't fully definitively say it.

Q Because of the circumstances of his confinement?

A Yes, and that he's been on medicines, and I just don't know if he would have another exacerbation if he stopped his meds fully or not. And when I say fully, I mean two to four weeks off meds, the psychotic symptoms could come back.

Q What are the symptoms of schizophrenia that you have seen exhibited by Thomas Mosley?

A Primarily the delusions were the big ones. Some of his reports of the hallucinations are a little unusual, but, again, if there's intellectual deficiency, that may explain that. You know, his statement of seeing blood in my eyes seems a little odd, but, again, if -- with intellectual deficiency, he may be describing more of a flashback symptom but verbalizing it as more of an auditory hallucination.

But, I mean, primarily the positive symptom I saw was the -- the flat affect is negative, but the withdrawal, the affect, and then the delusions, and they appear to last for longer than six months which is what you would need for a schizophrenia diagnosis.

Q And those symptoms are treatable with medication?

A Yes.

Q In many circumstances or all circumstances?

A No medicine's right for everyone, but, you know, about 60 to 70 percent of people respond to antipsychotics. Maybe higher, but rough number.

Q And are the negative symptoms of schizophrenia or psychosis basically the same?

A I apologize. Basically the same as?

Q Negative symptoms between schizophrenia and psychosis.

A Sometimes -- yes. Yeah, the way I'm using psychosis, I would expect the negative symptoms to be the same.

Q And the negative symptoms are not treated by medication?

A They're not as well treated. You may have some slight improvement, but oftentimes the negative symptoms stick around.

Q Are the negative systems of schizophrenia or psychosis ever confused with something else?

A Yeah. The negative systems could be confused with apathy, with depression, or with flat affect with autism or inability to relate, or you can sometimes see overlap where the intellectual deficiency, not being able to motivate or engage in a task.

Q Did you ever see evidence of poor effort on Thomas Mosley's part?

A Yes.

Q Tell me about that.

A It's one of those where I know I saw it. I'm trying to remember the best example to give. But I think there's times where I asked him to do something or, like, again, describe the Psalm or what was in it, and it was like he just -- I'd get a simple initial answer, but there wasn't much follow-up.

When I did my short cognitive screens -- and, again, neuropsychologists will do hours worth of testing. Mine's like five to 10 minutes. He seemed to put forth effort on those, but, again, much shorter. Over a long duration, he's -- you know, some of my longer interviews, you could tell he was getting tired or restless or just wanted it done.

Q All right. I want to talk about your report for

a minute on page 31.

A Sure.

Q There's something called a Multiaxial Evaluation Report, something we don't see very often these days. Can you tell me what that is?

A Sure. So when I was going through my training, the axis system was what was being used. So part of it is just a relic of my training, what I'm comfortable with and how I've kind of learned to formulate cases and put things together so I don't miss things. It first came out in DSM-III, was in DSM-IV.

Q And omitted from DSM-5?

A And in DSM-5, they took it out. And Axis I used to be major disorder. So your depressions, your schizophrenia, your PTSD, your anxieties would be Axis I.

Axis II was either personality or where intellectual deficiency would go. So by today's standards, that's the one area that may be a bit different on how someone would present information.

Axis III was other medical conditions. That's where you put the hypothyroidism, to indicate that that could also impact the depression or the psychosis.

Axis IV was kind of the environmental stressors.

And then Axis V was something called the Global Assessment of Functioning, which was meant to be kind of a

rough idea of how severe symptoms were, but not necessarily what someone's baseline is, day in, day out.

Part of the reason I keep the axis system in is the Americans with Disabilities -- sorry, sort the American Medical Association's disability guideline book still makes reference to the GAF, the sixth edition. So I leave it in just in case somebody ever is in a jurisdiction where that form of disability is used and may be relevant to them.

Q And when you say a score was 60, it's 60 out of how many?

A Out of 100. And roughly nobody ever gets 100 because that would imply that nothing ever bothers you and your functioning is 100 percent perfect. Most folks without mental health issues are probably 75 to 90-ish, in that range. 60 is relatively good. Usually when somebody's 50 or below, that's when you're starting to think about hospitalization, crisis intervention, or major medication changes.

Q Now, is this multiaxial evaluation on the four axes the same thing as an adaptive functioning assessment for intellectual disability?

A No. It's more the biopsychosocial model, just acknowledging that there may be biologic factors, genetics, social, like your environment. Like, if you

have poor housing, you may have issues with medication compliance which then may lead to issues with your symptoms. But it's not meant to be an adaptive functioning measure because it tends to be more influenced by current symptoms which may change.

Q Did you note that there were housing problems and lead exposure?

A Yes. I saw some documents indicating that some of his house, when they were doing renovations, there may have been lead in some of the paint.

MS. RUSSELL: Your Honor, may I approach?

THE COURT: Yes.

BY MS. RUSSELL:

Q Dr. Hall, I'm showing you what's been premarked as Exhibit 35. That was a lead remediation report done by an Anthony Pena.

A Yes.

Q What did that tell you about the home where Thomas Mosley grew up?

THE COURT: Are you moving that into evidence?

MS. RUSSELL: Oh, yes, your Honor.

THE COURT: Any objection?

MS. SULLIVAN: No, your Honor.

THE COURT: All right. It will be entered.

(DEFENSE'S EXHIBIT NUMBER 35 WAS RECEIVED IN EVIDENCE)

THE WITNESS: Just that he could have had an exposure to lead paint. I don't have independent lab values to let me know if there's still lead in his system, and I'd have to go back and research. Since we took lead out of the gasoline, I think in '76, we've seen fewer and fewer cases of lead poisoning. But if HE grew up in an environment with lead and if he chewed paint -- and I know that sounds silly, but a lot of people who did in the past said it had kind of a sweet taste to it and, therefore, then they'd suck on it -- it could have impacted aspects of his cognition.

BY MS. RUSSELL:

Q So is childhood lead exposure a risk factor for intellectual disability?

A Yes, depending on the degree of exposure. So, again, when we discussed earlier what can cause intellectual deficiency, that could be an explanation, or it could just be and add-on that made it worse than what it would have been otherwise.

Q So, Dr. Hall, after evaluating Thomas Mosley on April 11th and July 9th, as well as all the hours you spent with him over the past two-plus years, do you feel

like he has issues disclosing pertinent facts to counsel due to a mental health condition?

A Yes, more the intellectual deficiency that I suspect. I think he got better in terms of his psychosis and depression, but I still think he's got some communication problems.

Q And what about the relevant testimony? Is that potentially due to a mental health condition?

A It would be due to the suspected intellectual deficiency. He's got some form of communication problem. And, again, somebody who specializes in education or that may be better able to find exactly what it is, but he's got difficulty, and it's been documented since he was in elementary school.

Q So at this point, you're saying it's due to the intellectual deficiency and not either schizophrenia or psychosis, just to be clear?

A Yes, that would be my best opinion.

Q Let me talk about malingering --

A Sure.

Q -- and feigning.

So, as a psychiatrist, how do you determine if somebody is making full effort?

A That often depends on who you're evaluating, why you're evaluating them, changes in behavior, symptoms they

report, does it seem consistent with records you've reviewed. So it -- I hate to put it this way, but sometimes it goes by feel, just the impression you get while you're in the room with them.

Q And is malingering an actual diagnosis under the DSM that you're aware of?

A It is in the section for conditions psychiatrists could run into that are not considered to be mental health problem. Because, again, with malingering, somebody is having extreme exaggeration usually of symptoms and being deficient, but sometimes you run into cases where people are faking good because they don't want to be taken out or they want the secondary gain of being normal. But, you know, usually it's the faking bad where people are worried about malingering.

Q And when looking for cognitive problems, is that one reason that's important to look at historical records?

A Yes.

Q Why is that?

A To see if there's been changes over time, to see if you would find expected improvements. So, again, I don't want to overstate the significance of this, but the fact that his Mini-Mental actually went up with treatment and being at the State Hospital I took as a sign there was expected improvement. If he was trying to, again, look

impaired or cognitively deficient, I would have expected him to do poorly on the mental status.

Q And what about the secondary gain of children in elementary school? Is that something you often see?

A From the records I looked at, I didn't see an indication that he was trying to get out of class or trying to get into a special class or go to a room with milk or cookies. You know, what -- the third grade records I had available said that he was polite, seemed engaged, wasn't overly distractive in the classroom, but also just wasn't doing well, and didn't do well when they evaluated him multiple times for language issues.

Q So to the uninitiated or potentially unprofessional, could symptoms of depression ever be mistaken for malingering?

A Could be. Somebody could have a more severe depression than somebody else believes.

Q And what about negative symptoms of schizophrenia?

A It can be. What may be lack of interest or poor empathy, somebody may see as being overly guarded or intentionally not wanting to discussion something. It's possible.

Q Thank you, Dr. Hall.

MS. RUSSELL: May I approach?

THE COURT: Yes.

BY MS. RUSSELL:

Q I'm showing the witness what's been marked and admitted into evidence as State's Exhibit 7.

A Yes.

Q Dr. Hall, this is something that supposedly has Thomas Mosley's name on it with a question?

A Yes.

Q Does this change your opinion at all in terms of Thomas Mosley's intellectual deficiencies?

A No. At this time it looks like he's asking for records or some sort of information, but without knowing the context of why he submitted it or who may have encouraged him, I don't know what to make out of it. So it wouldn't change my opinion because I don't have enough information. Sometimes you can run into what we call "jailhouse lawyers" where they say, Hey, you mean you haven't gotten this yet? Here, this is what you write.

So I don't know if he spontaneously came up with this, if somebody assisted him with this, or even why he's asking for it.

Q And does that change your opinion at all as to whether Thomas Mosley can consult with counsel or testify relevantly?

A Well -- and, again, I want to be careful here.

But if he was able to consult with counsel and understood what counsel did, I'm sure counsel could have gotten him this information without him having to submit for it.

Q Excellent. Give me one minute. All right. Thank you, Dr. Hall.

THE COURT: That's it for direct for now?

MS. RUSSELL: Yes.

THE COURT: Okay. All right. Do you need a break?

THE WITNESS: I'm good if you're good.

THE COURT: Okay. I'm good.

All right. Madam court reporter, are you doing okay?

THE COURT REPORTER: If we could take just five minutes, that would be great.

THE COURT: Sure. Let's take a five-minute break.

(RECESS)

(THE DEFENDANT ENTERED THE COURTROOM)

THE COURT: Okay. Looks like everybody's present.

All right. Cross-examination.

CROSS-EXAMINATION

BY MS. SULLIVAN:

Q Good afternoon, Dr. Hall.

A Evening.

Q So you don't have a definitive opinion on whether or not Mr. Mosley is intellectually deficient, right?

A No, because I don't think I have access to an adequate or validated or agreed-upon IQ test.

Q Okay. Your report notes that your most significant findings were related to the school records provided to you by Defense, right?

A I believe so, yes.

Q And that was regarding his deficits in receptive and expressive language, right?

A Yes, and also behavior.

Q Behavior. Okay. Over half of your report is a summary of what you find to be relevant information from those records provided by Defense, right?

A Yes.

Q And so it appears you did a thorough review of the records?

A I read them once, and I tried to pay attention to them and highlight them where I thought it was relevant.

Q Okay. You mentioned his third grade school records a lot, but you read all the records up through high school?

A Yes.

Q Okay. In your review of the school records, did you note and see that he didn't attend school often?

A That there were times where he was truant. And, again, I think he at times engages in avoidance and had a maladaptive behavior he picked up starting in school. There's also times where they said he just sat there or stared at his phone.

Q And on that point, he didn't put forth effort at times, right?

A Correct.

Q At times, he would get grades in the B and C range, but then those grades would seem to decline when he stopped attending class. Did you see that in the reports?

A I saw aspects of it, but there was also some confusion. Like, for example, I think he had a special learning class that at one point they said he was getting a C in and then at another point said he was getting a 33 in. So, yeah, I mean, there were a lot of factors going on with him.

Also, they socially promoted him at times. Most of the standardized evaluations seemed to put him at second, third grade level. So I'm surprised if he was getting a B in the tenth grade when he's reading at the second or third grade level. So I don't know how accurate

some of those grades are.

Q Okay. So let's talk about that. You saw the records. There's a page in there that's in evidence of a full year of quarters. There's four quarters in a year, right?

MS. RUSSELL: Objection. He's got the exhibit in front of him. Can you give him a page reference so at least he knows what he's doing?

MS. SULLIVAN: Sure. All right. Let me find it so we're talking about the same thing. All right. What Defense exhibit is that so I'm --

MS. RUSSELL: 4.

BY MS. SULLIVAN:

Q Exhibit 4, I'm gonna take you to page 45.

A Do you know the tab number that's under?

Q I think that's the first tab.

A Okay. Okay.

Q All right. You see at the -- so this was his exceptional student education progress report from Boca Ciega High School?

A Yes.

Q Okay. And 2019 to 2020 grades?

A Yes.

Q What I'm referencing is that at times, November 14th of 2019, at the bottom of that page 45, he was

earning a B in math quarter one. You see that?

A Actually -- oh, yes, now I do.

Q Okay. And then in 2020, he's -- January 28th of 2020, he's earning a B in math for the first semester?

A Yes.

Q Okay. And then as you go through the records, I'm not gonna go through every one in detail, but at times he's failing those types of classes, right?

A Yes.

Q Okay. You would agree with me that at times he has a B and at other times he's failing?

A Yes.

Q Okay.

A And, again, that B seemed out of place in the context of lot of his other records. Also, the period where this is is also right when COVID was starting with homeschooling and everything else. So I don't know how that was impacting or affecting his scores.

Q So is it your opinion that these records aren't accurately reflecting his grades?

A That B in math at tenth grade seemed to be an outlier, especially since he repeated ninth grade three times in a row. And then he was at different facilities and still had difficulty doing the GED and didn't seem consistent with his earlier testing on his abilities to do

math.

Q Okay.

A So it is what it is, and that's what it says, but in the overall scheme of everything I looked at, that one B seemed to be a bit of an outlier.

Q Okay. Well, let me ask you this then. Your report notes that part of the school records reflect that he shows signs of motivation from time to time, right? Comes and it goes?

A I'm not sure it showed that he had motivation at times to times. I think there was some times where he did a little better, but I think most of the times they said he had difficulty with communication and that that difficulty with the communication led to frustration or lack of motivation of -- I mean, there was a particular sentence in my report that I put in bigger font that kind of highlighted that. I want to say that was a ninth grade statement.

So part of the reason I focused so much on third grade during my direct exam is, again, were these deficits evident early in life, would that be consistent with an intellectual deficiency disorder, yes. I think he tested and showed similar deficits throughout. At some point I do think he started to avoid -- develop avoidant behavior because he was getting frustrated and had difficulties.

Q Okay. So I'm just -- I'm taking straight from your report. Okay?

A Fair enough.

Q Your report notes that part of the school records reflect that he shows signs of motivation from time to time and that it is hard to gage his academics with his low motivation.

A Could you tell me what page that was on so I could get better context?

Q I would have -- I can try.

A Thank you. And I'm not trying to --

Q I mean, are you disagreeing with me that that might be in your report?

A I just don't remember that language. So I just want to refresh my memory. And, also, sometimes I quote something, and people then say, well, you said this, and I may be referencing a quote. So I just want to see --

Q Oh, I'm not saying you specifically said that. I'm saying that your report notes that the records reflect --

A I would want to see the page so I can see the context and the other things around it, because, again, he was at multiple different places, and I think some schools said that we can't do anything with him and then other schools said we think it's his language issues that's

causing it.

Q Okay. Well, let's do it this way, Doctor, because I want your opinion. Do you think that a person's motivation changing, sometimes being motivated to learn, sometimes not, not giving good -- poor effort, that that could affect his academics --

A Sure.

Q -- and the grades? That's what I'm asking you.

A As a hypothetical, could somebody have more motivation at one time than another?

Q Yes.

A Yes.

Q Okay. You -- your report does mention you talked about his behavior. You saw his excessive absences, right?

A Yes.

Q His tardiness?

A Yes.

Q Walking out of the classes?

A Yes.

Q Defiance?

A I don't know how much defiance I saw. I know there was something about he was questioned by the vice principal, but yes.

Q Okay. Well, let me ask you about defiance.

Would you consider getting up in the middle of a classroom and walking out mid class defiant?

MS. RUSSELL: Objection. Could we have a time frame on the question? I mean, are we talking about third grade or high school?

MS. SULLIVAN: Oh, I'm just talking about in general, people being defiant right now.

THE WITNESS: It could be defiant act, or also sometimes with ESE kids, we encourage them, if they're about to lose control, to go out and go to a safe room. So, again, could it be? Sure, it could also have been behavior management or something that he had been instructed to do somewhere else or he was using at the wrong place or time.

BY MS. SULLIVAN:

Q Okay. Refusing to work while in class, not turning on a computer, is that good behavior?

A It depends on why he's not doing it. So, again, he's not disrupting others. Could it be because he didn't understand and was shutting down or didn't sleep that night or -- again, the one act, it could be interpreted many ways.

Q You would agree that these types of things should factor in when you're determining whether or not

someone's school grades accurately reflect their ability, though, right?

A Could be.

Q Okay. You're wanting to go to it could be a -- it could be an intellectual disability problem, but it could just be a bad behavior problem, right?

A Given the context of everything I read in the testing and the pattern over time, my opinion is is I don't think it was just a bad behavior issue.

Q You would agree that a person can have a language delay or impairment and not be intellectually disabled, right?

A Yes.

Q Could just be a language impairment --

A Yes.

Q -- period, right?

A And speech therapy is often given and helps many people.

Q Right. The school records noted he would get along with his peers socially. He would hang out with peers. No issues there, right?

A Again, I don't know I have enough context to comment one way or the other what it meant for hanging out with peers. If kind of like in class, where he was just around them and quiet and he was there, I don't know how

much interaction. I don't know if he was a leader or a follower. So hard for me to determine what that means or the significance of it.

Q You didn't read anything in the records showing that he had any specific problems with peers. Nothing was documented, right?

A No. I mean, most of what I saw is that he was more quiet and just sat there is my rough remembrance of the overall take.

Q The school records didn't -- there's nowhere in the school records where there's an intellectual disability diagnosis given, right?

A No. I don't think they ever gave him an IQ test.

Q And an autism diagnosis was never given in the school records, right?

A No, but also of note, autism had changed while he was going through school. So 2013 is when the DSM changed how we define autism, and it became a much broader diagnosis.

Q Okay. But my question is, it's not in the records. There's boxes to check for those types of issues that could be looked at and tested for, and intellectual disability and autism is not checked in those records, right?

A I don't ever remember seeing a box that lists those two things, but if I had seen one checked off, I would have highlighted it.

Q Okay. You met with Mr. Mosley in April for a little over two hours, right?

A Yes.

Q This current time.

A Yes.

Q And then I think we just learned on direct that you saw him again mid -- or a hearing that we had July 9th, you said?

A I believe that's the right date, yes.

Q Okay. He didn't want to talk to you that day?

A No.

Q You noted in your -- I'm gonna talk about your April eval, just so we're clear.

A Yes, ma'am.

Q You noted that most of your answers -- most of his answers to your questions were one-word answers, simple answers?

A Yeah. They weren't complex sentence structures. They weren't paragraphs. It was usually -- and I don't mean to make it sound like it was just yes or no, but, I mean, a lot of times he would nod his head or it would be I'm all right, or it would be just very basic, not a lot

to go on; didn't seem to anticipate future questions or put additional relevance or context, what you would normally get when you're talking with someone.

Q It's fair that sometimes, if a person does not want to talk to someone, that they may be brief in their answers, right?

A Sure.

Q They may make poor eye contact with you if they don't want to talk to you?

A Sure.

Q It doesn't necessarily mean that they cannot answer more thoroughly if they chose to, right?

A That could be an explanation, but, again, I've also reviewed records of him talking with family, and kind of the facial expressions seem consistent to what I remember when he talked to me as when he was doing the video chats with his family. I didn't see necessarily -- there was more communication with family, but then again, he's more familiar with them. But even there I didn't see, you know, long discussions, paragraphs, in-depth stories. It was still very -- and, again, I don't want to make it sound like it was just yes, no, but it was more basic one- or two-sentence responses for the most part.

Q How many video visits did you watch of

Mr. Mosley and his family?

A And I apologize. I don't have a firm memory of this. I want to say four or five.

Q Did you see the ones with his mom, Renee Dixon?

A Yes.

Q All right. And the ones you saw, did you see his mom and him talking and then other family members would jump on the video chat and talk to Mr. Mosley?

A Yes.

Q Are you saying he wasn't laughing in those visits? You never saw him smile?

A There may have been a brief smile, but, again, when you see him sit down and start and everything else, there's still that kind of flat affect. Flat affect doesn't mean that it's always flat. Or maybe the term "restricted" is more appropriate where there may be brief brightening. But he didn't have what I would consider a normal affect even on those calls.

Q But you agree with me you saw him smile to his family?

A I don't specifically remember it, but is it possible? Sure. And would I be surprised? No.

Q Joking around with family members about the haircuts?

A Joking around was pretty minimal.

Q But he did it?

A Sure. I think it was with his father. He also pointed out that there seemed to be a new TV in the house. So, again, he was engaged and was aware of his environment. But, again, it was, New TV, huh? It wasn't, Hey, what model or why do you like it or how did you make the decision? It was very simple sentence structure, very simple responses, and it didn't seem to go in greater depth.

Q He seemed interested in what other family members were doing and talking to them, right?

A Yeah. And, again, sometimes when people are incarcerated, they're very bored. So any change in the routine is appreciated. So I didn't get the sense that he was overly excited, but he did ask about others.

Q Much different probably interaction with his family and interest than when you spoke with him, though, right?

A To be honest, no. Again, I don't want to make it sound like he was a stone statute with me, but I didn't get the sense of great warmth or that I was seeing a totally different person.

Q All right. You no longer have a concern regarding the thyroid issue due to the medication he's been on, right?

A No. I think that's been addressed, I my rough remembrance is they did a follow-up, but I don't remember the exact number. Now, again, could change in the future. Sometimes people need to have changes made. A thyroid can fluctuate, but right now I think he's okay.

Q He's still reporting to you the auditory and visual hallucinations regarding blood?

A Yes.

Q But he did not want to talk to you about it?

A Correct.

Q That was a choice?

A I think -- the impression I got is he's worried that talking about it could lead to bad outcomes.

Q Okay. He wouldn't tell you the names of the victims in this case.

A And I apologize. When I say bad outcomes, I don't mean, oh, bad outcome in the legal case, but something bad would happen to him while he was in jail or that night or in the immediate vicinity.

Q Okay.

A Just to clarify, when I say bad outcomes.

Q Understood. He wouldn't tell you the names of the victims in his case because he was afraid that God would harm him or punish him, right?

A Correct.

Q You noted that this was consistent across evaluations with him, that he doesn't want to tell you the names of the victims?

A Yeah. When I first saw him, he was very worried that victims' family members were incarcerated with him or that they would kill him or that something bad would happen. So, initially, I was worried it was a delusional symptom. Over time, I think the delusions were much better. He wasn't worried about somebody was intentionally targeting him or was in the jail cell with him.

THE COURT: What made you think that was the reason? Did he say something to you about that?

THE WITNESS: Yeah. Yeah. Because when I first saw him, he was in general, and then like -- and I apologize. I don't remember --

THE COURT: First saw him as in the prior or this year?

THE WITNESS: First time, first time.

THE COURT: Okay.

THE WITNESS: He was -- again, part of my concern of delusions was, you know, family members are in here and they're gonna get me. And then he was put in the isolation cells, and I want to say I saw him like two weeks, three weeks later, and

that's when he was in the isolation cells because he was fearful that people were out to get him. So he seemed to be acting on those active delusions at the time, and he wasn't medicated at those times.

When I see him now, he's like, you know, Yes, my charges are serious, and I worry about my general safety, but it wasn't, I think somebody's gonna come get me because of this or related to that directly. So his concerns changed and seemed to be more of a general safety concern in an incarcerated environment rather than, yeah, no, people are specifically gunning at me and they're coming for me and they're already here.

THE COURT: Okay.

BY MS. SULLIVAN:

Q Last year you mentioned this idea of magical thinking, and I think you mentioned it again on direct. I want to talk to you about this magical thinking you referenced.

A Sure.

Q You stated you're not sure if his view of God punishing him is a psychotic belief versus a misunderstanding or an overvalued idea of how religion works. Is that fair from your report?

A Yes.

Q Okay. You would agree that some people have just strong beliefs about anything from religion to politics, right?

A Yeah. And, again, with mental health, we always have to be careful with religion, because what somebody may see as a culturally sanctioned belief may come across as very strange or unusual to an evaluator. So I try and be respectful, and I think the first time I testified, I tried to be very clear I was being respectful, but also people can have religious delusions.

Q Okay.

A So it's challenging at times.

Q Having strong beliefs doesn't necessarily mean that the person's psychotic or delusional, though, right?

A No.

Q All right. So I just want to be clear, because I think this is what is still unclear. What is the magical thinking that you think Mr. Mosley is doing?

A That he thought that God would kill him in his sleep. So most people I run into that have strong beliefs about God think there may be punishment or something else, but the sense I got was he was worried about dying that night in his sleep by God, and I don't think that is culturally sanctioned by most religions.

Q Okay. Are you aware that his family seems to be

religious?

A Yes.

Q One of his brothers is involved in the church. If you watch that video visit, he talks about it.

A Yeah. I think one of the ones where the brother came to the jail center, he mentioned it --

Q Yes.

A -- and doing something on Sunday. Mom seemed to mention it at one of the visits.

Q His mom reads scripture to him at the end of every video visit?

A I don't remember if it was every video, but, yeah, I know they discussed it.

Q They pray on the video visits? Mr. Mosley prays on the video visit?

A I believe so. Again, I don't have them fully memorized, but --

Q So it's not quite the leap that he may believe that God may punish him for what he did or talks about if he's raised as part of a religious family, is it?

A And, again, my opinion -- others may disagree -- it seemed to be more that he was worried about a direct consequence that seemed out of line with what most normal religions talk about. You know, I've attended Episcopal school. I've attended a Catholic medical

school. I've attended a Jewish hospital. None of those faiths, as far as I'm aware of, does God come and kill you in one day. There may be the Trial of Jobs. There may be, you know, Sodom and Gomorrah, but the notion of God coming and killing him because he spoke something, to me, at least, seemed to be more influenced by an abnormal belief that was outside of normal cultured sanctions.

Q Okay. So him telling you that he doesn't want to name the victims or talk about the facts of his case because God may punish him, that's the magical thinking or delusion that you're referencing?

A Right, at that one time. And, again, I think previously when I was here, you asked for examples, and it was the bible on the head treats headache. The other one I forgot is, when I saw him in the isolation cells, he'd written a lot of things on his shoes, and I was wondering if there was some sort of meaning or value or warding off spirits through that.

Q And that was all last year's evaluations, right?

A Correct.

Q All right.

A Those would be two other examples that may fall under that larger umbrella.

Q Okay. Other than that, have you seen any delusions or him having any hallucinations when you talk

to him?

A I haven't seen him responding to hallucinations when I've been in the room with him, and that's not necessarily uncommon. A lot of times hallucinations may come when people have less direct stimulation, and very few people hallucinate 24/7. So the fact that I didn't see him darting around the room because he saw something out of the corner of his eye is not inconsistent with what he told me. The delusions, when I first saw him, yes, I thought I witnessed delusions from how he was acting, what he was saying.

Q Okay. But you would agree that these auditory hallucinations, that he's self-reporting them to you, right?

A Yeah.

Q And it's still the same, blood, blood in the shower, blood in my eyes, same thing he was doing last year?

A And it's an unusual way to discuss a visual hallucination, which is again one of the reasons I'm wondering is this more intellectual deficiency and he's having trouble describing what he's experiencing.

THE COURT: Well, last time we talked about this, I asked you some questions, and we had a conversation about -- I don't remember the words

that you used, but intrusive -- that's what it was; "intrusive thoughts" were the words that you used last time.

THE WITNESS: Yeah.

THE COURT: You couldn't tell if the blood in the eyes and the hallucinations that were being reported by Mr. Mosley was really magical thinking versus delusions versus just intrusive thoughts based on the nature of the offense and the allegations.

THE WITNESS: Yes.

THE COURT: Okay. Has your opinion changed on that?

THE WITNESS: I think what he is saying when he sees blood in his eyes -- and, again, my opinion, other people may interpret it -- is that what he's getting is more mental imagery but not really seeing blood.

THE COURT: Mental imagery as in intrusive thoughts.

THE WITNESS: Yes. Like you close your eyes and you're seeing an image in your mind projected on a screen, which is different from a hallucination which is a sensory experience that isn't there.

THE COURT: Okay.

THE WITNESS: And sometimes may be splitting hairs on symptomology, and I apologize.

THE COURT: No. I'm not. To me, it sounds like you're describing PTSD.

THE WITNESS: I don't think he has PTSD, but, again, people can have intrusive thoughts with OCD, with psychosis.

THE COURT: Okay.

THE WITNESS: But, yes, you can see them with PTSD.

BY MS. SULLIVAN:

Q You said on direct, though, that it could be possible he's having flashbacks, right?

A Yes.

Q Okay.

A And a flashback is seen in PTSD but is not pathognomonic for just PTSD.

Q Flashbacks aren't necessarily delusions or hallucinations. They're flashbacks of something that happened in real life, right?

A Or a dissociative symptom or episode, yes.

Q Okay. When you asked him about his interests, he said he was reading the bible, and we talked Psalm 23.

Did you see on his video visits that his mom

tells him to read Psalm 23 at the end of every visit they have?

A Yeah, I believe so.

Q Okay.

A And that's always consistent with what he told me even before I saw those.

Q Okay. And you said, when you asked the context of Psalm 23, he told you he didn't want to talk about it.

Your opinion is that because he didn't understand it?

A Yes.

Q Is he telling you he doesn't understand what Psalm 23 is, or you're just -- that's your opinion?

A No. That's one of those I actually asked several follow-up questions on. He's like, I don't want to discuss it.

Well, what's it about? What's the content? What does it mean to you? You know, and I could get nothing from him about it, and I asked him multiple different ways, multiple different contexts. So I was just trying to get a sense of why does it have meaning or value to you. So I wasn't asking him to repeat it back word for word, but just some indication that he understood or could work with that -- those words.

Q And was that his phrase, I don't want to talk to

you about it? I don't want to discuss it?

A I think initially it was "I don't want to," and then with the follow-up questions, it was "I don't know" or "I can't."

Q He reported he doesn't have any suicidal thoughts currently, right?

A Correct.

Q He understood his charges.

A Yes.

Q He understands the State's seeking the death penalty?

A Yes.

Q That that sentence would take some time?

A Yes.

Q That he would be in a cell alone?

A Yes.

Q You mentioned he provides a degree of rational thought and thinking it would be better to live on death row than to be in general population?

A Yes, because he thought it would be safer and he would have a cell by himself.

Q Then you asked him about his attorneys, and he indicated to you there are aspects of his life he does not like to discuss or talk about?

A Yes.

Q So, again, it's him not wanting to, not an inability to?

A Again, and this is where we're splitting hairs and also why I say this is a gray area. The impression I got is some things he doesn't want to discuss because he's afraid bad things will happen because of it. Initially, I thought it was primarily due to his psychosis. Most of the psychotic symptoms have improved. If that's still remaining and if it's still at the level that he says it is, that could be related to elements of the intellectual deficiency.

Q Okay. Because you and I talked about this a lot this time last year, this concept of does he want to or is he unable to do it, right?

A Sure.

Q Okay. And at the time, you said, I don't know with the psychosis going on. We got to get him stabilized on meds and see what it is, I don't want to or I'm unable to, right?

A Yeah.

Q We're a year later. He's on antipsychotics, right?

A Yes.

Q It's your opinion that he seems stable from that and the psychosis is dissipating, right?

A Yes.
Q And now we're back to the same question, when it comes to the facts of the case, does he want to or is he unable to, right?
A Right. And what's different between last time we spoke and now is I had the educational records which I hadn't seen last time. I wasn't aware of his verbal difficulties, his trouble putting sentences together. And, again, the magical thinking I think is still there, but I don't think it's a psychotic symptom at this time.
Q Okay. You noted he seemed engaged with you better than in the past?
A Yes.
Q When we talk about his workability, he's had two jobs, right?
A Maybe three. I think he worked with his father, but he worked at two different waste management companies as best I know.
Q Right. And you're aware he was arrested right after turning 21 years old, right?
A I didn't know that, but if you say so.
Q If I said that, would you agree with that?
A Sure. Sounds about right.
Q So we're dealing with the time from about the age of 18, when you start working, he's out of high school

and all that, to 21, of him to have job opportunity that you can use as historical data, right?

A Potentially. And, again, I don't mean to quibble, but some people start working at 16. So, I mean, it may even be longer than that.

Q Okay. But for Mr. Mosley, what we know, we really have that window. We know he had a waste management job and he worked for his dad.

A Yes.

Q Okay. And so he held jobs. He left the waste management because he couldn't get along with supervisors, right?

A I think he had two separate waste management jobs. One was for four months. I don't know why he left that one. And then the one that was longer, I don't -- I'm trying to remember if he said it was because he couldn't deal or because he had positive urine tox screen. I think I had different accounts in versions I've seen.

Q But no indications it's because he was unable to complete tasks or actually do the job, right?

A No. I want to be careful, but I asked if there was any work records, and I was told that there wasn't any. So I would have loved to have seen his performance evals. I would have loved to have seen his HR file. I

would have loved to have seen why he was terminated. Did he get warnings? Did he respond? Were there problems? Was he late getting to work? I suspect that those things were all issues. Best I know, there's no evidence of it one way or the other.

Q Right. And when you're looking at something like the workability, kind of like with the school records, this historical data that we're using to make decisions and generate opinions about a person, there's a lot of I don't know this, maybe this, if that, right, like what you just did about the working?

A Well, the school records we have and are consistent and do document where they tested him over time -- and, again -- and I don't remember every year and every person who said what, but generally the agreement was his reading ability is either between kindergarten to about third grade, and that seemed consistent over years.

I would love to have work records. I asked if we could get them. Again, I want to be careful. What I was told from the other attorney, I can't independently verify it, but that he was hired from a temp agency and, therefore, those records they're having trouble tracking down.

Q Okay. But, again, with the school records, you talk about his reading ability. You saw in there he was

given the Star Reading and Math test, right?

A I believe that's correct. I don't remember exactly.

Q And are you familiar with those tests at all?

A A little. I mean, usually what I see when I look at school records is the Woodcock-Johnson, but, you know -- so I'm not particularly familiar with Star, but I can see what they said the results were.

Q Okay. These are tests that are designed to take about 20 to 30 minutes to complete; would you agree with that?

A Well, the Woodcock-Johnson I think takes more. So that's why I say I'm not too familiar with Star. So I want to be careful. I'm not sure.

Q Okay. Well, let's just assume for this discussion it takes about 20 to 30 minutes.

A Sure.

Q What we know is that Mr. Mosley's completing these tests in under six to seven minutes.

A Yeah.

Q You saw that in the records?

A Yeah, which would be consistent with him Christmas treeing and just trying to get through and not necessarily putting forth best effort.

Q Right. So it's hard to say that those results

accurately reflect his abilities if he is doing the Christmas tree thing, right?

A And he's been doing that ever since second or third grade.

Q Yeah.

A So it's a consistent pattern over time. There's no reason for him to malinger in second or third grade, though.

Q You note that he has improvement in his mood.

A Yes.

Q Right?

You reviewed he's been on high doses of antidepressants and vary -- they kind of switched back and forth at the State Hospital, and they've raised his dose because he was still self-reporting that he was sad and depressed, right?

A Yes. And I also think, when he was admitted, their observations at admission -- my rough remembrance was indicating sad and depressed, too, from the physician's observation. So I think it was more than just self-reports.

Q Okay. But the depression, in terms of his capacity to be competent, you're not concerned with that anymore.

A Not at this time.

Q You're testing that you did I think is on page 25 of your report.

A And, again, I'd say more screening. They are bedside exams. I wouldn't call them in-depth testing.

Q So you did the Mini-Mental State Exam. He got a 30 out of 30 on that?

A Yes.

Q So it seems, when he tries, he can do well on a test?

A Yeah. And, again, that -- some of that is a little harder, like the Serial Sevens which we discussed, but some of it's easier, like I'm holding up an object. What is this? So some of it is basic information. Some of it's a little drawing. Some of it is, Do you know today's date? And I think the first time of Serial Seven, he got like a 22 out of 30. But if you used world, he got 27. And then the second time I saw him, he did better. So, again, I thought he had improved with medication with the thyroid, and if he wanted to look ill, he could have just as easily bombed it or scored a 22 again.

Q But, again, when he tries, he can do well?

A Yeah. I got the sense that he was at least engaging with me when I saw him in some areas, because, again, in some areas, like the Psalm, he doesn't want to talk about it. I think that's probably due to

intellectual difficulties, but, again, other people may have a different opinion.

Q You didn't do an IQ test on him. You cannot do an IQ on him, right?

A MD, not PhD, not PsyD.

Q Okay. But you do agree than an IQ of 46, which is what the state hospital doctor got, is not realistic for Mr. Mosley?

A I don't think so. I've got a patient with severe autism and an IQ of 50, and Mr. Mosley is much more functional than that individual.

Q So you would agree something's going on during that test that Mr. Mosley's doing for his IQ that's making it a 46, and you don't think his IQ is 46.

A No, I don't think his IQ is 46.

Q All right. You didn't do a standardized adaptive functioning test on him either, right?

A No.

Q Did you -- you got all your adaptive functioning opinions from the school records?

A Primarily, plus also talking with him, plus seeing him, plus looking at hospital records, plus looking at reports of other experts.

Q You didn't do any type of standardized adaptive functioning tests with his parents?

A No.

Q All right. You didn't do any type of formal autism tests with him, right?

A No.

Q In fact, you didn't have the impression that autism was a factor when you evaluated him, right?

A Correct. I was more impressed with the depression and the psychosis.

Q So you did not see any symptoms of autism in Mr. Mosley when you evaluated him in April of this year?

A The symptoms I see, I'm attributing more towards intellectual deficiency and probably a lingering psychotic disorder that's in remission with treatment, such as the flat affect, the verbal issues. Now, verbal issues you can see with autism. So my impression was intellectual deficiency. Somebody who deals with this more may have a different opinion or may be better able to clarify why they feel more one camp than the other. I'm not ruling out autism, but it was not my primary impression.

Q And, again, nothing in the school records that you reviewed indicated that autism was a diagnosis or there was testing for autism or anything like, that the records you looked at?

A The records I looked at do note a lot of problems with language structure, verbiage --

Q Okay. But we talked about -- let me just -- I want to -- I have a specific question.

A -- which can be an autism symptom.

Q I understand you want to talk about that, but we already addressed this. You can have language impairment or delays and it not necessarily lead to intellectual disability and autism, right?

A Sure.

Q And this individual was being looked at and assessed almost yearly throughout school for those language impairments, and nowhere in those records was he ever diagnosed with intellectual deficits, intellectual disability or autism, right?

A Not that I saw.

Q Okay. In terms of your competency assessment that you did, you have found him acceptable on criteria one, two, three and five, right?

A Yes.

Q Okay. He's questionable on four and six?

A Yes.

Q All right. Not unacceptable, but questionable?

A Right. It's an improvement, and I think we're in a very gray area. And, again, if somebody had called me up and said we want you to look at competency just for intellectual deficiency, I would probably would have said

you may want to find somebody a little more expertised with it. When I originally got involved with this, it was the depression and psychosis.

This is an area I have knowledge about, but it is not my bread and butter. People can have intellectual deficiency and still be competent. I have concerns on his intellectual communications, and that's why I have those two as questionable.

Q Okay. So, for criteria four and six, they have to do with talking about the facts of the case or relaying facts of the case to his attorneys, right?

A Yes.

Q And that's what he's consistently -- every time you've evaluated him, he's been unwilling to discuss with you, criterias four and six, the facts of the case, talking to his attorney, testifying relevantly, right?

A Sure. And when I thought it was unacceptable, I clearly said unacceptable. I think his psychosis is well managed at this time, or managed, and I think his depression's improved, and I think his physical ability with the thyroid is much improved. There is still some question -- and, again, I try and call it as I see it. This is an area I have concern, but I don't think it is necessarily unacceptable, but others who work with people with these problems may be better able to comment on that

than I can.

Q And so it's your opinion that, as to those two specific criteria, when it comes to talking about the facts in this case and what happens in this case, that it's his cognitive deficits and magical thinking that cause him to be unable to do that with you?

A That is where I say questionable and that somebody who does this as more of a day in, day out, and seen a thousand people with this type of condition may be belter able to fully comment on.

Q Okay. So the cognitive deficits and the magical thinking only come into play -- they don't come into play for criterias one, two, three, five; but four and six, here come the cognitive deficits and the magical thinking. Is that your opinion?

A True, because four and six is looking at ability to communicate, and my concerns is his ability to communicate, answer questions, process information. He's aware of what his charges are. That's more memorization and being able to call up information been presented in the past.

Q And when you saw him again on July 9th, he didn't want to talk to, but you didn't see any symptoms of psychosis at that time?

A No. I didn't get a sense that psychosis was the

main concern or a concern.

Q Let's talk about this lead poisoning report. Anthony Pena, do you know him?

A No.

Q Ever met him?

A No.

Q Do you know if he's any good at his job?

A No idea.

Q Did you read this report?

A Yes.

Q Okay. There's a blood test that can be done to figure out if someone has lead poisoning, right?

A Yeah. And I'd have to go back and really look at how long that's good for and, you know, can somebody have poisoning as a child that impacts the brain and then be seen 20 years later and not have evidence. So I'd have to do more research.

Q Okay.

MS. SULLIVAN: And I'm sorry, your Honor, what Defense exhibit was this so I reference it?

THE COURT: 35, I believe.

MS. SULLIVAN: Do you remember?

MS. RUSSELL: Yeah, 35.

BY MS. SULLIVAN:

Q All right. So just so the record is clear,

we're talking about Defense Exhibit 35, this lead risk assessment done on what appears to be the Mosley home on March 25th of 2025.

A Yes.

Q So it says old lead paint could have originally been exposed to anyone in the household before it was covered up.

But we don't know if that actually occurred and if it affected Mr. Mosley, right?

A Correct. And I think I used the word "possible" or something that was a more qualifying statement when I listed it Axis IV.

Q And this area of the home that this Mr. Pena saw was only exposed because the Mosleys are just recently remodeling their house, right?

A Well, from the videos I saw, it looks like extensive renovations.

Q Right. But Mr. Mosley's been in jail since they've started those renovations, right?

A True, but I believe he was living there his entire life. So I don't know the last time they painted or when it was painted over. And, again, I noted it's a possible exposure. It's not the make or break of my opinion.

Q Okay. But really you kind of just said where I

was going, that we don't know when the lead could have been exposed, when it wasn't, when it was covered up, when it wasn't covered up. We don't know any of that from this report, right?

A Or even if we could do testing now to prove one way or the other.

Q Okay. And Mr. Pena, again who apparently is a lead risk assessor, ends his report with "you know, losing a few IQ points can be very detrimental to a child who doesn't have many to give."

A Yes, which is why I said earlier that I was asked what are the causes for intellectual deficiency, I said it may be related to environmental exposures or it could in addition, a few extra points taken off due to it. Could be.

Q Okay. And Mr. Pena, I'm assuming he's referring to Mr. Mosley as the child who doesn't have many to give, but, again, does it appear Mr. Pena is a doctor or anything to say that?

A I don't know his background. And if he's a toxicologist, maybe he's got criteria to say that. Again, you'll have to discuss his report if he's called.

MS. SULLIVAN: May I have a moment?

THE COURT: Yes.

MS. SULLIVAN: Nothing further.

THE COURT: Any redirect?

MS. RUSSELL: May I have a moment?

THE COURT: Sure.

MS. RUSSELL: Just a couple questions, your Honor.

REDIRECT EXAMINATION

BY MS. RUSSELL:

Q Just a few questions, Dr. Hall.

A Sure.

Q Competency, is that about capacity to disclose facts to psychologists and psychiatrists?

A No. Doing that may be an indication you can do it elsewhere, but it's about can you communicate and, again, process the information and be able to interact appropriately for the circumstance.

Q And the circumstance, with regard to disclosing facts to counsel, means communicating with your lawyers, right?

A Yes.

Q And your concerns about Thomas Mosley's capacity to communicate with his lawyers are what?

A That I think he won't understand questions asked of him, so he may not respond appropriately; that he may not understand important information; or he may not convey information in a clear manner that then can be used or

worked upon.

Q And, Dr. Hall, you're a forensic psychiatrist with years and years of graduate experience as well as many years of testifying in a witness stand like this, right?

A Yes.

Q So tell me about the skills that it takes to be subject to cross-examination by a very experienced state attorney.

A You have to be able to keep your calm. You have to be able to control your voice. You have to not talk too fast or too slow. You have to be able to pay attention. You sometimes have to start thinking what you're gonna respond while initially hearing the full question before it ends.

Q And what concerns you about Thomas Mosley's ability to utilize all those skills on the witness stand in front of a jury?

A I think he could become easily overwhelmed and then shut down and engage in avoidant behavior like he seemed to do throughout his educational history and in evaluations I've seen and with others.

Q What about cognition? What about the thinking part?

A That's what I mean by shut down. I think he

will just give simple first thoughts that come to mind, anything that will get the questioning over, rather than deal with the drawn-out process is my concern.

Q Do you think he's even able to deal with the drawn-out process in a situation like this, with a courtroom and a jury and a judge and a very smart state attorney?

A I don't know, but I have concerns.

Q Are you aware of what's needed to prepare a two-phase death penalty trial?

A Not from personal experience, but I know that they're a long, drawn-out process that often takes weeks.

Q And we have the first phase, right, the guilt phase, and then the second phase, the mitigation phase, right?

A Yes.

Q And, in the mitigation phase, the ABA requires counsel to do a three-generation review of familial and genetic issues, mental health issues, substance abuse issues, and any kind of information at all about a family, going back, right?

A I'm assuming, yes. I've never had to prepare a death penalty case. I've testified, but I've never had to prepare.

Q And it also includes a very thorough look at

someone's life history.

A I'm assuming that would be true.

Q From birth to the present.

A Yes.

Q Along with a very detailed view of basically all the life circumstances that might have impacted the defendant.

A Yes.

Q Do you know where we as lawyers get that type of information from?

A I'm assuming probably the individual and probably the person -- the people that the individual identifies as additional collateral.

Q Do you have concerns that Thomas Mosley might be able to disclose the type of facts that we would need to create a full penalty phase?

A I have concerns.

Q Why is that, Dr. Hall?

A Because I think he has difficulty answering and responding to questions. I think he's got language deficits.

Q And that has to do with your concerns about his being able to consult with his lawyers?

A Yes. And as I pointed out before, I mean, one evaluator thought he was born in San Diego. So if you're

trying get a history and look at mitigating factors and you ask a simple question, like where were you born, and are getting unusual responses, that could be a problem.

Q Give me one minute, Dr. Hall. All right. Thank you, Dr. Hall.

MS. RUSSELL: We don't have anything further.

THE COURT: All right. Thank you for your time, and thank you for accommodating our scheduling difficulties. I appreciate you coming back here as soon as you did.

THE WITNESS: I understand. And as you said, no one can control electricity.

THE COURT: No. Thank you very much.

He's free to go, I assume, yes?

MS. SULLIVAN: Yes.

THE COURT: All right. Thank you.

All right. Anything else we need to talk about today?

MS. SULLIVAN: Not from the State.

MS. SEIFER-SMITH: Just would it be all right if I reached out to Jill for Zoom links for our mitigation specialist for the upcoming dates in August?

THE COURT: Sure, of course. Was she supposed to be on today?

MS. SEIFER-SMITH: She was. She had tried signing on much earlier, and when she signed on again this afternoon, there was some error message, and she didn't want to disrupt the proceedings.

THE COURT: Okay. All right. Just remind me when we get started. I'll turn Zoom on next time.

MS. SEIFER-SMITH: Okay. Will do.

MS. RUSSELL: Thank you, your Honor.

THE COURT: Thanks. So we're set then --

MS. SEIFER-SMITH: I have us --

THE COURT: -- for the two family member collaterals that we discussed, and then we set a hearing. I'll call it a pretrial for Mr. Mosley, as well, so he's brought over.

MS. SEIFER-SMITH: Okay.

THE COURT: I am going to, either today or early tomorrow, sign an order to show cause and have it sent for service. I will send you a courtesy copy. I'm not asking you to do anything. It's just so you have it, all right, so if she does reach out to you. I just want it done. And we'll go from there. All right? And I will see you all -- I guess the next time I will see you is --

MS. RUSSELL: -- the 11th?

THE COURT: Yes. Thank you.

MS. RUSSELL: Your Honor, just to let you know, kind of off-the-record, the Mosleys are really having a lot of trouble coming. So I'm gonna try to get them set up for that day, but if they can't come, then I guess we'll just have to --

THE COURT: I will make myself available for any lunchtime. I know that's not easy, but I think that's usually when we all can, in between depositions and court hearings and things, probably work it in. I will make it work.

MS. RUSSELL: Thank you, your Honor. We appreciate it.

THE COURT: Yep.

MS. RUSSELL: I'll let them know.

THE COURT: All right. I'm gonna shut the sound off.

(PROCEEDINGS CONCLUDED)

CERTIFICATE OF REPORTER

STATE OF FLORIDA)

COUNTY OF PINELLAS)

I, Jennifer Fleischer, Registered Merit Reporter, certify that I was authorized to and did prepare the foregoing digitally recorded proceedings and that the transcript is a true and correct record of said proceedings to the best of my ability.

DATED this 13th day of August, 2025.

/S Jennifer Fleischer
Jennifer Fleischer
Registered Merit Reporter