

SM Exhibit K

DATE 4/14/09

RESTRICTED DUTY

THIS DESIGNATION TO BE RE-EVALUATED IN ACCORDANCE WITH MEMBER'S MEDICAL DISABILITY

Tax# 

INSTRUCTIONS: District Surgeon will prepare this report in duplicate and the member concerned shall deliver both copies to the Medical Section, Restricted Duty Office, #346 Broadway, 9th Floor, on the date he is assigned to restricted duty.

Adrian Schoolcraft PO 12943 81 Pct
NAME RANK SHIELD COMMAND

ADDRESS _____ RESIDENT PCT. _____

DATE REPORTED SICK _____ DATE OF DISABILITY _____ DIAGNOSIS _____

TIME: _____ DATE: _____ TIME: _____ DATE: _____

FIREARMS REMOVED: YES NO _____ LINE OF DUTY _____

DATE REMOVED 4/13/09 NON LINE OF DUTY _____

APPROVED TO OPERATE DEPT. VEHICLE: YES _____ NO _____

INDICATE RECOMMENDED RESTRICTIONS

LIMITED USE OF EYES _____ ARMS _____ LEGS _____ BACK _____

LIMITED AMOUNT OF STANDING _____ WALKING _____ LABORIOUS WORK _____ STAIR CLIMBING _____

OTHER RESTRICTIONS: (IF OTHER THAN ALL TOURS) - REASON _____

DATE TO BE RE-EVALUATED AT THE MEDICAL SECTION: _____

REMARKS: _____


Reporting Surgeon's Signature & District Date

POLICE DEPARTMENT
CITY OF NEW YORK

4/14/09
(Date)

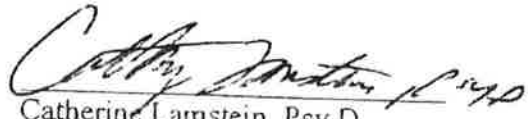
From Catherine Lamstein, Psy D. , Psychological Evaluation Section
To: Firearms Removal/Restoration Desk, Medical Division
Subject: REMOVAL OF FIREARMS FROM A MEMBER OF THE DEPARTMENT

1. I hereby request the removal of firearms from:

Title: PO
Name: Adrian Schoolcraft
Shield: 12943 Tax: [REDACTED]
Command: 81st

for the purpose of psychological evaluation. This person will be placed on Restricted Duty assignment pending the results of this evaluation.

2. For your information.


Catherine Lamstein, Psy.D.
Psychologist - Level I
Psychological Evaluation Section

Shield/ID Card Removal Log # _____

**POLICE DEPARTMENT
CITY OF NEW YORK**

4/14/09

Date

From: Supervisor, Medical Division

To: Supervisor, Shield/ID Card Unit

Subject: **REMOVAL OF SHIELD, FULL DUTY IDENTIFICATION CARD
AND FIREARMS**

1. The following member of the service was placed in a NO FIREARMS

STATUS on 4/13/09 . Please issue P.O. Adrian Schoenfeldt
Date Rank/Name



a No Firearms identification card. The member's Shield and Full
Tax #

Duty identification card were removed and will be forwarded for safekeeping.

2. It is requested that upon issuing the No Firearms identification card, the Supervisor, Shield/ID Card Unit complete the endorsement below and fax it to the Firearms Removal Desk at 718-760-7621.

Supervisor's Rank/Name/Tax #

1ST ENDORSEMENT

Supervisor, Shield/ID Card Unit to Commanding Officer, Medical Division. On _____
Date
the above member was issued a No Firearms identification card.

Supervisor
Shield/ID Card Unit

“B”

Shield/ID Card Restoration Log # _____

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