

## Liberek Marianne (DIP)

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**De:** Del Monico, Chris <DelMonicoC@state.gov>  
**Envoyé:** mardi 15 août 2017 15:29  
**À:** Liberek Marianne (DIP)  
**Cc:** Studer Dorothée (DIP)  
**Objet:** CREAMER-SUTZ - Demande d'autorisation pour une visite

Bonjour Madame Liberek,

La section consulaire de l'Ambassade des Etats-Unis souhaiterait effectuer une visite à l'hôpital cantonal Genève pour rencontrer :

CREAMER-SUTZ, Skyler  
et  
CRÉAMER, Cory

Date prévu :

Mardi le 22 août à partir de 10 :30.

Les personnes participant de notre section :

Jeremias, DIRK ; Consul  
Chris, DEL MONICO, Senior Assistant

Dans l'attente de votre réponse, nous vous présentons, Madame, nos salutations les meilleurs.

Kind regards,

Chris Del Monico  
Senior Consular Assistant | American Citizen Services  
U.S. Embassy Bern | Sulgeneckstrasse 19 | 3007 Bern, Switzerland  
Tel: +41 (0)31 357 7323 | Fax: +41 (0)31 357 7280 | E-mail: [DelMonicoC@state.gov](mailto:DelMonicoC@state.gov)



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## Studer Dorothée (DIP)

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**De:** RUFENACHT Magali <Magali.Rufenacht@hcuge.ch>  
**Envoyé:** mercredi 16 août 2017 15:32  
**À:** DelMonicoC@state.gov  
**Cc:** SCHECHTER Daniel; BOUCQ Isabelle; MAUTI-TOGNI Leondina; BUCLIN Emilie; SOROKEN Cindy; CAFLISCH Marianne; Liberek Marianne (DIP); Studer Dorothée (DIP)  
**Objet:** RE: CREAMER-SUTZ - Demande d'autorisation pour une visite

Cher Monsieur Del Monico,

L'équipe de pédiatrie est également favorable à cette visite, nous avons retenu la date et serons disponibles pour vous rencontrer vers 11h00 en pédiatrie avec l'équipe multidisciplinaire qui s'occupe de ces enfants depuis leur arrivée.

Seront présents mardi 22.08.17 les personnes suivantes:

- Mme Liberek du SPMi
- Mme Mauti assistante sociale de pédiatrie
- Dre Caflisch du Groupe de Protection de l'Enfant
- Dr Schechter pédopsychiatre qui s'occupe des enfants
- Dre Rufenacht et Bulcin, pédiatres de l'unité où sont hospitalisés les enfants.

Dans l'attente de vous rencontrer, nous vous adressons, cher Monsieur Del Monico, nos meilleures salutations.

Dres Emilie Buclin et Magali Rüfenacht.

**Dre Magali Rüfenacht**

**Médecin interne**

Service de pédiatrie générale - B2  
Département de l'Enfant et de l'Adolescent  
Hôpitaux Universitaires de Genève  
Rue Willy-Donzé 6 - 1205 Genève

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**De :** Del Monico, Chris [<mailto:DelMonicoC@state.gov>]  
**Envoyé :** mardi 15 août 2017 15:29  
**À :** Liberek Marianne (DIP)  
**Cc :** Studer Dorothée (DIP)  
**Objet :** CREAMER-SUTZ - Demande d'autorisation pour une visite

Bonjour Madame Liberek,

La section consulaire de l'Ambassade des Etats-Unis souhaiterait effectuer une visite à l'hôpital cantonal Genève pour rencontrer :

CREAMER-SUTZ, Skyler  
et  
CREAMER, Cory

Date prévu :

Mardi le 22 août à partir de 10 :30.



Preuves 20

25 août 2017

COPIE

CAFLISCH Marianne

De: SCHECHTER Daniel  
Envoyé: vendredi 25 août 2017 19:32  
À: Del Monaco, Chris  
Cc: RUFENACHT Magali, CAFLISCH Marianne, Liberek Marianne (DIP)  
Objet: RE: CREAMER  
Pièces jointes: Confidential Medical Report re Family C.pdf  
Importance: Haute

Dear Mr. Del Monaco (Chris),

Thank you again for your patience

We have attached the updated medical report in English with Drs Rufenacht and Caflich from our General Pediatrics Service and Hospital Child Protection Group copied as well as Ms. Liberek from the Geneva Child Protective Services

Please do not hesitate to contact us if you have further questions or concerns.

Best regards,  
Daniel Schechter

Daniel S. Schechter, M.D.  
Médecin adjoint agréé responsable d'unité  
Unité de liaison  
Service de Psychiatrie de l'Enfant et de l'Adolescent (SPEA)  
Tél: +41(22)382.50.57

Senior Lecturer in Psychiatry  
University of Geneva Faculty of Medicine

Hôpital  
Universitaires  
Genève

Documents médicaux des  
enfants envoyés par  
email à l'assistant du  
consul Américain!

D. Schechter à Del Monaco

Comment ça se passe au niveau  
du secret médical?

De: Del Monaco, Chris [mailto:DelMonicoC@state.gov]  
Envoyé: jeudi 24 août 2017 15:28  
À: SCHECHTER Daniel; RUFENACHT Magali  
Objet: CREAMER

Dear Mr. Schlechter,  
Dear Mrs. Rufenacht,

Thank you very much for accommodating us and organizing the visit for the children.

I was wondering if you have the medical report ready?

Kind regards,  
Chris

Kind regards,

American Citizen Services Ltd  
US Embassy Bern, Bundesstrasse 19 3005 Bern, Switzerland  
Tel: +41 (0)31 357 7011 | Fax: +41 (0)31 357 7230 | E-mail: [BernACS@state.gov](mailto:BernACS@state.gov)

Echange de documents  
médicaux des enfants  
entre La Suisse - USA

Dorothee Studer  
Marianne Lieberck

Jeremias Jiri  
(Consul)

Chris Delmonico

De: Liberek Marianne (DIP)  
Envoyé: jeudi 31 août 2017 13:33  
À: Studer Dorothée (DIP)  
Objet: TR: Confidential question

Importance: Haute

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De : SCHECHTER Daniel [mailto:Daniel.Schechter@hcuge.ch]  
Envoyé : jeudi 31 août 2017 12:49  
À : Del Monico, Chris  
Cc : ALT Alexandre; MAUTI-TOGNI Leondina; CAFLISCH Marianne; PINÖSCH Selina; Liberek Marianne (DIP)  
Objet : Confidential question  
Importance : Haute

Dear Mr. Del Monico (Chris),

The visit with Ms. Creamer and her boys yesterday went very well. She is doing well psychologically and in terms of her interactions with the children which were appropriate and sensitive.

The visit with Mr. Sutz last week, despite well-intentioned efforts on his part, went less well as he is very mistrustful, tense and unable to contain speaking of accusations and criticisms of the children's mother (sometimes in rather crude, inappropriate ways) in front of them despite my telling him not to do so.

He claims to have consulted two psychiatrists but would not give me their names and has not yet begun treatment with either one to my knowledge. (He stated he saw them rather for „an expertise“)

I asked him to sign a release form to contact the psychiatrist he chooses to treat him—but I have not yet received that signed release form or further information.

In any case, I am writing as it seems that the Geneva court is requesting specific information for psychiatric follow-up in the US for the children.

I wanted to check with you if you had further information as to whether I should be working on those arrangements in North Carolina? Or in Arizona?

In speaking with Ms. Creamer, if she had to return to Arizona, knowing that she wants to avoid returning to Phoenix, a good option for her might be Tucson where there is a University Medical Center and where I also have contacts in child and adolescent psychiatry.

I have thus identified Child psychiatrists both at Duke Medical Center in Durham, NC and at the U. of Arizona in Tucson, AZ.

Please advise.

Thank you again!

Best wishes,  
Daniel Schechter, M.D.

Daniel S. Schechter, M.D., C.C.  
Médecin adjoint agrégé responsable d'unité  
Unité de liaison  
Service de Psychiatrie de l'Enfant et de l'Adolescent (S.P.E.A.)  
+41(022) 372.50.67





Hôpital Cantonal

To whom it may concern

Département de l'Enfant et de l'Adolescent

Service de pédiatrie générale

Geneva august 25<sup>th</sup> 2017

N/Réf. MC/DS

## Medical Report

**Re: Child CREAMER, Cory Grant, born 11.01.2010**

**Re: Child CREAMER-SUTZ, Skyler, born 04.04.2014**

### Reason for Consultation:

- Evaluation of the psychosocial status by the Group for Child Protection

### Diagnoses:

- Very complex family situation
- Probable genetic disorders in the case of both children
  - Mutation of gene 2P22.1 re: Cory with
    - Autistic Spectrum Disorder
    - Seizure Disorder (by history, said to be under control currently)
  - Mutation of gene MYH14 re: Skyler with
    - Developmental delay (significant developmental language delay)
    - Myopathy
    - Eating difficulties (dysphagia, requiring PEG (gastric tube) feeding)

### Review of essential background:

Following intervention in the home by HUMUS (mobile crisis team), the two children were urgently hospitalized on the 25.07.2017 at the Children's Hospital on the General Pediatrics Service for protection and evaluation. There was an order by the court for placement under protective care following the psychiatric hospitalization of the mother of the children who is the only one recognized to have parental authority (in Switzerland). The Geneva Child Protective Services ("SPMi") also was made aware of this situation and began to evaluate the family.

To summarize the family issues, we note that Ms. Creamer (mother of the 2 children) has a long history of traumatic life experiences beginning in her child (among which child sexual abuse). Her history she stated is known to Arizona Child Protective Services. Her family, according to her account and that of Mr. Sutz, is part of a sect of fundamentalist Mormons in which polygamy and sexual relations with minors are accepted. She states that she suffered a great deal because of this and has been psychiatrically hospitalized two times prior to the birth of her children, in addition to other emergency room visits for emotional issues.



Her first husband, father of Cory, was also a very fragile individual who committed suicide. Ms. Creamer then met Mr. Sutz (a self-stated mental health advocate who suffers from bipolar disorder), who is the father of Skyler and to whom she was married and then divorced in 2014. Ms. Creamer despite significant conjugal difficulties (see below), decided to co-parent with him following their divorce, for the sake of raising the children as the children's care was too burdensome and complicated given their developmental problems, due to among other possible causes, genetic disorders (see above). Ms. Creamer describes Mr. Sutz as a person with a very strong personality ("high energy and anxious"), suffering from a mood disorder, who can be very controlling even psychologically or physically violent when he was not compliant with his psychiatric care. Ms. Creamer said that there were several police interventions in the home because of this but that she never pressed charges. Ms. Creamer alleges that Mr. Sutz uses intermittently drugs (i.e. cocaine) and alcohol, which Mr. Sutz denies. Mr. Sutz speaks of his own psychological difficulties as anxiety for which he takes benzodiazepines (alluding to having realized with help of an Arizona doctor that he had been "misdiagnosed" with bipolar disorder and realized he was not taking the right medicine). Mr. Sutz's side of the story describes Ms. Creamer as having episodes during which is somewhat "dissociated", and that she can be unpredictable and at times impulsive. He states that he has fears concerning her mental health and the safety of the children. The parents' relationship currently is very strained. Each accuses the other of lying.

Several events led up to the current crisis: In February, 2017, both parents state that they discovered that Mrs. Creamer's parents were involved in sexual abuse and making of child pornography that included Mrs. Creamer's nephew (son of her sister who is said to suffer from a major psychiatric illness). Horrified, Mrs. Creamer took one of the films and sent it to the Arizona authorities, which led to serious threats by Mrs. Creamer's family (including her mother, step-father and brother who belong to the aforementioned fundamentalist Mormon sect). It was in this context that Mr. Sutz who through his deceased mother has a Swiss citizenship, was able to convince Ms. Creamer for reasons of safety to move to Geneva. Before leaving for Switzerland on 15.06.2017, Cory and Skyler had medical appointments in Phoenix and Ms. Creamer herself benefited from receiving psychiatric and neurological care, the latter for her own neuromuscular disorder that is thought to be genetically based. Before arriving in Geneva, Ms. Creamer had been under the impression that Mr. Sutz had organized everything for her and the children's care given their special needs (i.e. appropriate housing, medical and developmental-educational connections for the children). When they arrived, the family was housed by the Geneva Welfare System (Hospice Générale) in the St. James Residence, a boarding house and rapidly, Ms. Creamer realized that no proper arrangements had been made for the care of the children including that Mr. Sutz had stopped his own psychiatric treatment. These unexpected conditions made Ms. Creamer extremely anxious and she began to have insomnia, feel sad and to binge-drink wine and beer. During a heated moment of couple's crisis in this context, Ms. Creamer, while intoxicated threatened to kill herself and was brought to the cantonal psychiatric hospital Belle-Idée. Mr. Sutz was said to have provoked Ms. Creamer during a video that he made in presence of the children showing her distress during this crisis.

**Concerning Cory**, we noted in terms of his pediatric status that he is a child who appears his age, with signs of some neglect and anxiety. His growth curve was within normal limits (height at P50, weight at P25). Following from medical information at our disposal (provided by mother), Cory suffers from an Autistic Spectrum Disorder (ASD; in former parlance a subtype known as Asberger's Disorder) and has a genetic mutation 2p22.1. Despite having ASD, Cory enters easily into conversational contact with medical and nursing staff with whom he is familiar, although not often engaging eye contact). He is said also to have suffered in the past from epilepsy with Grand Mal seizures, treated by Depakote for an unknown duration, a treatment that was stopped 2 years ago without relapse of the disorder since.

Cory's mother stated that he wears diapers because he's not interesting in using the toilet. During the weeks that he has spent thus far at the hospital, we have been trying to toilet-train him. At first, he was reticent, yet quickly became interested and is now urinating in the toilet independently, even though there are still occasional accidents. We have not yet been able to get him to defecate in the toilet, as sitting down on the toilet still is "too difficult" for him.

In terms of his psychiatric status, we observed that Cory's use of language (evaluated by native English speaker), while using vocabulary that is more or less typical for his age, is highly atypical and idiosyncratic concerning his syntax, pragmatic social communication (with multiple errors such as referring to himself in third-person as "he" or "Cory", or not allowing reciprocal turn-taking or other exchange, or shift of topic, not initiating greetings or farewells). Cory puts words together in very unusual ways and is highly perseverative with stereotyped phrases, "because because" or "no no no no no", and is at times echolalic (repeats last half of question asked rather than answering). He speaks with a mechanical prosody. In sum, these are all aspects that are characteristic of communication by a patient with ASD who has acquired language. We have also noted that he has since arriving on the pediatrics ward, started to learn some words in French.

Cory also shows hypersensitivities to sounds, is a picky eater (prefers only to eat bread with ketchup or chicken nuggets) and shows fragile emotional regulation, manifesting by a tendency to have tantrums during moments of frustration such as one might expect of a younger child. He does not tolerate well transitions. His tantrums have been so far managed by the staff without need for medication. Despite these difficulties, Cory does show the capacity to play independently with symbolic play scenes using figures and stuffed animals, drawing, and video games. An additional concern is that Cory's spontaneous narrative and play contains frequent mention of danger, distress, injury ("owies"), such as when told about the fireworks display at the Geneva Festival, he changed the topic to ask if someone got burned by the fireworks, if a rocket fell on someone's head. When asked if he has been afraid of anyone in his family, he spontaneously mentioned his maternal grandmother, "she screams and can be mean". He denies ever having been afraid of his mother. When asked about Mr. Sutz ("Neal"), he changed the subject. He later said, "no, he takes me to get white ice cream. I want to go out with him and get white ice cream."

With his mother, he showed an affectionate attachment without demonstration of fear or vigilance towards her. His relationship observed with his step-father Mr. Sutz (alternates calling him "Neal" and "Daddy") seemed also to be harmonious. Cory shows as mentioned above greater reticence with professionals whom he does not know and avoids gaze.

**Concerning Skyler**, we noted in terms of his pediatric status a little boy who appears his stated age, with a significant expressive-greater-than-receptive language delay, and adequate pragmatic communication. Skyler only is able to make sounds that do not clearly correspond to discernable words for the most part. We have, however, noticed that since he has arrived on the pediatrics ward, we have been able to understand better some of the key words that he is trying to articulate.

He has a height and weight between the 10<sup>th</sup> and 25<sup>th</sup> percentile, which is within the normal range for his age. He is sociable and smiles a great deal with staff. His medical history was provided in part by his mother, as well as from a medical report in the form of a brief consultation letter by Dr. J. Schenkein, a gastroenterologist at Phoenix Children's Hospital, dating from 31.07.17, at the request of Mr Sutz. Skyler suffers from a familial form of myopathy given a mutation of the gene MYH14. This mutation may be causing Skyler to suffer from global developmental delays as well as muscular hypertonicity that is currently treated with clonazepam. Muscle biopsies done in Phoenix showed anomalies of Type 1 muscle fibers and electro-myelography done on site also yielded abnormal results. Skyler is



under medical care by a gastroenterologist for poor feeding difficulties in the context of dysphagia and an impossibility for him to be fed completely by mouth. For these reasons, Skyler has benefitted from the placement of a gastrostomy tube (PEG) by which he is fed using a therapeutic milky formula. Upon arrival on the pediatric service, the state of the PEG stoma was poor, with a culture of the infected border that was positive for the fungi *Candida albicans* and *krusei*, the reason for which the site is currently being treated by an anti-fungal cream with improvement in the state of the surrounding skin. Beyond this cutaneous problem, Skyler presents no somatic concerns at this time since his arrival on the service.

In terms of Skyler's mental health status, we have also observed that Skyler is a smiling child with good eye-contact, and is very affectionate and related with others. He likes to play but verbalizes little for his age. He tries to say simple words through imitation such as "look" "car" "mama", but his articulation is not often clear (i.e. represents an expressive language delay of 2 years approximately, thus a well over 50% delay). Skyler shows an affectionate relationship with his mother and father Mr. Sutz. I shows a great deal of separation anxiety around farewells with his father which are difficult even more so for his father than his mother, but clearly stressful for both parents.

#### **Observations of parent-child interactions:**

With Ms. Creamer: Ms. Creamer seemed well-groomed and polite. She spoke clearly and respectfully to both doctors and nurses. The interaction (1<sup>st</sup> visit) observed by child psychiatrist with Ms. Creamer for which she had arrived 30 minutes too early was as follows: The reunion with her children as observed by pediatrician and nurse, was per their accounts, characterized by both children having run into her arms with great joy that was shared by Ms. Creamer. When I arrived, Ms. Creamer was in the children's room looking at all the many toys that Cory had received, and which he proudly wanted to show his mother. Ms. Creamer in return showed appropriate affect in speaking to the children as one would expect for their age (of note, Ms. Creamer was trained as an early childhood educator. In sum, the interaction with both boys was very affectionate without vigilance observed

With Mr. Sutz (1<sup>st</sup> observed visit): Mr. Sutz who described himself as "high energy" and "anxious" during the interview preceding the visit, seemed as if he had neither slept enough nor taken adequate personal care of himself (i.e. unwashed). Despite this, he was organized when he saw the children in the corridor as we arrived in the pediatrics unit. The children ran towards him. We went in their room where Mr. Sutz gave them food that he had bought for them at McDonald's. He focused on what Cory was saying namely that he was not happy at the hospital and wanted to return to their "apartment" (Residence St James). He held Skyler in his arms and on his lap, as Skyler attempted to point at various toys and games in the room to show Mr. Sutz; however, Mr. Sutz was too absorbed by the intense dialog with Cory and had not appeared to notice Skyler's efforts to communicate. After telling Mr. Sutz the time allotted for his visit had expired, the separation was difficult and Mr. Sutz said the choice to stay (with them) or go was not his to make. He spoke in a rapid, pressured manner yet remained appropriate in terms of the content and choice of words of his verbal exchanges with both boys. He listened to them and tried to respond sensitively to their questions. The interaction was affectionate. Finally, Mr. Sutz and I were obliged to leave Skyer who was crying in the arms of this nurse at the moment of separation which then went well. Having remained relatively organized for the 30-minute visit with the boys in their room, just outside in the busy corridor, Mr. Sutz spoke loudly enough such that the children could hear, but using respectful language, of his surprise and frustration that perhaps the children could be repatriated to the United States with their mother and that he and his son Skyler would lose their rights to remain together.



### Course of Hospitalization thus far and discussion


Since the children have been hospitalized, their mother has been able to come several times for observed visits. After four such visits, her privileges to leave her unit at Belle-Idée were suspended due to her erratic behavior following a decision to separate from M. Sutz and return to the US without further contact until he resumes his psychiatric care.

Ms. Creamer would like to return to live in the US, if possible to live in the state of North Carolina in order to escape her family of origin. While North Carolina is a state where Ms. Creamer admits to not having friends or family, she believes from what she has read that it has among the best medical and educational opportunities for children like Cory with ASD. She also said that she would like to separate definitively from Mr. Sutz, but is not opposed to his maintaining a parenting role in the life of the children as long as he undergoes psychiatric care.

In taking into account our various observations, we expect, that Ms. Creamer and her children's return to the US will require professional accompaniment and a well thought out preparation for her being received by social services and psychiatric providers in the US, in order to assure both her safety and that of her children.



Docteur D. S. **SCHECHTER**  
Pédopsychiatre  
Médecin adjoint agrégé  
Responsable d'Unité de Liaison



Dre M. **CAFLISCH**  
Pédiatre  
Médecin Adjointe Responsable  
Groupe de Protection de l'Enfant

Copie: Mme M. Lieberck, Mme D Studer, Mme S. Beney Rupp  
Service de Protection des Mineurs,  
Boulevard de Saint-Georges 16, 1205 Genève

Demande d'information  
Cournie

Il rappelle encore pour parler de la suspension des visites.  
Je lui dis que c'est provisoire le temps qu'on puisse évaluer les derniers événements.

Nous discutons de l'alcoolisation de Mme.  
Il me dit qu'il l'a vu lundi après sa visite aux enfants, qu'elle a commencé à boire du vin et tomber en ville donc il l'a ramenée à Belle-Idée plus tard.  
Cournie lui aurait dit être enceinte d'un homme de la résidence. Il dit qu'à B-I ils lui ont fait un test de grossesse.

M. dit que l'homme en question lui fait du chantage disant que s'il ne reste pas "son ami" il va le dénoncer au SPMI et le tuer avec son pistolet.  
M. dit qu'il est allé à la police hier par rapport à cet homme.

Il dit aussi que lundi ils ont été dans un café et ils ont regardé le compte de Cournie pour voir les mvt et avoir des preuves du vol de l'argent.

Je lui demande comment Mme a pu s'acheter du vin. Il me dit qu'il lui a donné 200frs l'autre jour lorsqu'il est allé la visiter à B-I.

M. dit que Mme s'en fout des enfants. Il dit qu'il a peur de bcp de choses à causes d'elle et peur pour les enfants.  
Il dit qu'il aurait pu la "laisser voler par la fenêtre mais il est qqun d'humain".

Il dit qu'aux USA quand qqun est dans un hôpital psy il n'a pas le droit de signer quoi que ce soit donc il ne comprend pas pourquoi ici Mme peut le faire et qu'ici on oblige Mme à signer des documents et en plus sans ses lunettes.

Il dit qu'en 2013 la famille de Mme l'avait accusé d'avoir molesté Austin.

14.08.2017

Monsieur Sutz

Monsieur se présente au Service sans Rdv. Je vais le voir à la réception et lui fixe rdv pour le jeudi 17 août à 9h au Service.

Monsieur me dit qu'il est très inquiet, que personne ne lui répond, que Mme l'a appelé une centaine de fois ce week-end en lui disant que les enfants vont être rapatriés en Arizona. Il dit que ce n'est pas bien pour eux. Je lui réponds que rien n'est décidé, que les enfants sont toujours à l'hôpital et que nous en discuterons jeudi.

Appel Belle-Idée

Appel à Dr Alt, Dresse Raimundo: pas de réponse

Dr Alt me rappelle:

Pas nouvelle spéciale, Mme n'a pas fugué. Ils en sont à 30 jours d'hospitalisation, ils doivent alors voir avec le TPAE pour un placement de Mme si l'hospitalisation se prolonge.

Mme est très ambivalente. Elle a demandé à l'équipe de ne plus avoir contact avec M. Sutz, mais elle l'appelle et le voit en dehors.

Dr Schechter a envoyé un mail à Dr Alt pour lui dire que le rapatriement se fera avec Mme et les enfants. Je rappelle que c'est la juge qui va décider et que nous attendons sur elle.

Appel Mme Mauti

Ont appelés l'ambassade.

Si la mère peut être stabilisée, alors le rapatriement des enfants se fera avec elle.

Les médecins vont se mettre d'accord et communiquer entre eux, on va recevoir le rapport du Dr Schechter.

Appel à l'ambassade

Certificat de naissance Skyler → Monsieur est bien dessus, mais s'il y a eu une décision d'un tribunal pour enlever ses droits à Monsieur, alors il n'a plus ses droits parentaux. L'ambassade n'a pas connaissance d'un tel jugement et ne peut pas avoir l'info.

Il est bien en contact avec la pédiatrie, mais attend notre décision et celle du TPAE.

Il faudrait que quelqu'un accompagne Mme et les enfants jusque sur le sol américain où les services



Cornie  
Demande  
il faut

Le 16 juin

HG a eu contact avec l'OMP

M. Sutz a appelé:

Je n'ai pas répondu à son appel, nous avons déjà été assez claires sur le fait qu'il doit cesser de nous solliciter constamment et il m'a déjà envoyé un email attestant du fait qu'il a bien compris qu'il doit appeler le Dr SCHECHTER

M. Sutz est venu au Service:

Il voulait déposer des documents en mains propres. Il a fait signer une attestation à Mme CREAMER lui donnant l'autorisation d'avoir Skyler à son domicile..

M. Sutz a dit à la CDG qu'il n'avait plus besoin de l'HG, qu'il avait remonté son entreprise et qu'il allait avoir un appartement ou une maison.

Réunion HUG avec consul et son senior assistant

Tout le monde est d'avis qu'un rapatriement serait dans l'intérêt des enfants.

Les médecins expliquent au consul que comme c'est une hospit. sociale, ils n'ont pas fait de bilan complet et ils ne font pas tout ce dont les enfants devraient bénéficier pour remédier à leurs difficultés (logopédiate, gastrologie, et autres suivis). Ils n'ont fait que des petites choses comme apprendre aux enfants à aller aux toilettes.

Nous disons aussi que les enfants ne pourront pas rester indéfiniment aux HUG, ils sont déjà sur la liste d'attente pour le foyer.

Le Dr. Schechter va contacter M. pour les visites.

HUG et consul disent également que M. les harcèle. Les HUG vont également limiter les contacts avec M. qui peut se montrer agressif

Tout le monde est conscient que tout cela va prendre du temps.

Les enfants vont à la crèche à la maternité maintenant.

En conclusion, nous convenons avec le consul qu'ils nous recontactent au plus vite pour pouvoir organiser le retour des enfants.

Appel de M. qui laisse un long message vocal

M. est venu à la réception pour déposer des documents

Appel de M. Sutz

Il dit qu'il a fait cela car il voulait demander le passeport c'est pour cela qu'il a fait l'assurance.

Je lui dis que c'est ok mais que c'est nous qui gérons cela donc il n'avait pas besoin de le faire. Je lui dis que j'ai fait l'annulation auprès du Groupe Mutuel

Il a rdv avec le Dr. Schechter vendredi à 14h

Il me dit qu'il est fatigué car il a des accusations de partout.

Il dit qu'à B-I quand il a amené des lentilles hier pour Cortnie les infirmières ont dit à Cortnie qu'elle doit porter plainte contre M. par rapport à la carte de crédit

Tél avocate

Je lui dis qu'elle doit faire une demande écrite à la direction et que la consultation pourra se faire une fois que la direction lui aura répondu et qu'elle nous aura donné la directive

Elle me pose des questions par rapport au placement, je lui dis que M. a donné son accord pour le placement donc il n'y a pas eu de clause-péril.

25.08.17

Demande plateforme placement envoyée

29.08.17

Formulaire transport envoyé à Varela

Tél Dr. Alt

Il est en réunion donc il va me rappeler.

Tél Dr. Alt



**From:** Neal Sutz [mailto:jesusislove112017@gmail.com]  
**Sent:** Thursday, August 10, 2017 12:57 PM  
**To:** Bern CONS ACS Public -MB  
**Subject:** URGENT FOR ADAM - FROM NEAL SUTZ

Dear Adam,

Attached is Skylers Birth Certificate and both of my sons passports.  
Please respond as quickly as possible since it is very clear that there is at present an attempt to illegally take my sons back to the USA which will put their lives at immediate danger at the hands of the Creamer Family et al a family filled with pedophiles who have already had numerous children taken by various US States because of irrefutable proof of abuse and molestation. Cortni and I brought our sons to Switzerland to protect them and her from her family and their church The Mormon Church after the most recent removal of Cortni's nephew Austin Bradford by The State of Arizona after Cortni discovered a video of her stepfather Robert Bradford molesting 10 year old Austin in a bathtub in the home owned by brother Damian Creamer while Cortni's mother Helen Bradford videotaped the molestation of Austin. Please help save the well being and lives of both of my sons Cory and Skyler before they end up as the next victims of the Creamer - Bradford Family and please DO NOT ALLOW THEM TO BE TAKEN FROM ME IN SWITZERLAND AND ILLEGALLY SENT BACK TO THE USA.

SINCERELY

NEAL David SUTZ

078.723.54.19 Switzerland Mobile

**Official - Privacy/PII**


UNCLASSIFIED

# Fwd: RE: URGENT FOR ADAM - FROM NEAL SUTZ

11 août 2017 à 01:01

De Neal Sutz

À Neal Sutz

 image001.png 18,15 Ko

----- Message transféré -----

De : "Bern CONS ACS Public -MB" <Bernacs@state.gov>

Date : 10 août 2017 4:26 PM

Objet : RE: URGENT FOR ADAM - FROM NEAL SUTZ

À : "Neal Sutz" <jesusislove112017@gmail.com>

Cc :

Dear Mr. Sutz,

Thank you for the information. We are currently looking into what can be done for this case. If you have been in contact with Swiss authorities regarding your son, could you send us the name and contact numbers for those contacts?

Best Regards,  
American Citizen Services Unit

Kind regards.

American Citizen Services / cd

U.S. Embassy Bern | Sulgeneckstrasse 19 | 3007 Bern, Switzerland

Tel: +41 (0)31 357 7011 | Fax: +41 (0)31 357 7280 | E-mail: BernACS@state.gov

Website: <https://ch.usembassy.gov> / Appointments: Online Appointment System



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**If you have received this message in error, do not review, disclose, disseminate, use, or take any action in reliance upon this information, and contact the sender as soon as possible.**



gastroentérologue



PHOENIX  
CHILDREN'S  
Hospital

Gastroenterology Department

O. Pinar Bulut, MD  
Shahan Fernando, MD  
Kristy R. Ingebo, MD  
Mark McOmber, MD  
Ramon Montes, MD

Brad Pasternak, MD  
Sylvie Lebel, MD  
Jacqueline P. Schenkein, MD  
Shauna Schroeder, MD  
Mitchell D. Shub, MD

Emmanuel, Siaw, MD  
Gary H. Silber, MD  
Dana Williams, MD  
Kimberly Demchak, CPNP  
Terry Dorr, CPNP

07-31-2017

To Whom It May Concern:

5 jours après  
Kidnapping

Mr. Sutz asked me to write a letter regarding my interactions/observations regarding his parenting competence.

Skyler Creamer-Sutz is a 3 yo boy who has been under my care for nutrition management/gastrostomy feedings necessitated by an undefined neuromuscular disorder that causes dysphagia and inability to maintain nutrition through oral feedings. I saw Skyler 7 times from March 30, 2015 to February 8, 2017. Mom and Dad attended the first visit; Skyler was brought to the other 6 visits by Dad, sometimes accompanied by brother Cory.

Skyler has an undefined neuromuscular syndrome manifested by global development delay, minor abnormalities in his muscle biopsy including small type I fibers along with abnormal EMG and minimally elevated plasma CPK. The family describes paroxysmal stiffness, pain, cramp-like symptoms for which he has been treated in the past with medication trials including Diamox, Tegretol and clonazepam. When he missed one dose of clonazepam, he developed muscle stiffness. Whole exons sequencing on a research basis has revealed an amyosin-related gene of unclear significance that segregated in the family. Per Dad, the NIH is pursuing research on a genetic cause of Skyler's, Mom's and their extended family's neuromuscular disorder (MGM and maternal uncle are also affected).

Skyler has a history of cow milk protein intolerance and when I last saw him, he was on Nutramigen, a casein hydrolysate formula. By history, he is a restless sleeper.

At all of my visits with Skyler and with Mr. Sutz, Dad was attentive and loving to his sons. Skyler was always clean, appropriately dressed, and appeared to be comfortable and playful with Dad. There were no "red flags" regarding Mr. Sutz's parenting or my interactions with him.

I understand that the family has recently experienced a very emotionally challenging time; I hope that this letter is helpful. If additional information is needed, please be advised that I am on vacation and will be back in the office on Monday, August 7th.

Sincerely,

Jacqueline P. Schenkein, MD  
Pediatric Gastroenterologist  
Phoenix Children's Hospital

A PANSEA-CS

SRV-CHPED

TL: 23089

CREAMER-SUTZ

Skyler

c/o Foyer Les Plumes  
20 Ch. de la Pommière  
CH 1231 Conches

022/704.18.58/FC EdS: 47.14854266

28/11/2017

10:30 6 cl.

Pat: 97736898

CGR: 47213

PN: 1201



04/04/2014 M



(2) 933-0940 • Fax: (602) 933-0373



Important



Le 31/07/2017

On voit bien que la base  
du cas est totalement

fausse! Il n'y a pas de  
négligence du père Neal D. Sutz!!





Genève, le 7.8.17

DEA

T direct : 022 372 50 67

GTEA Unité de  
Lyon

Objet

LEVÉE DU SECRET MEDICAL

Le soussigné, père%, mère%, tuteur\* et représentant légal de

Skylar CREAMER né(e) le  
4.4.14

déclare lever du secret médical les collaborateurs de l'Hôpital qui ont été amenés à

s'occuper de mon enfant et les autorise à transmettre des informations à

\* Raleigh-Durham, NC Child Protective Services, USA  
\*\* Duke University Medical Center Dept of  
Pediatrics and Child and Adolescent  
Psychiatry

Nom, prénom du signataire Cathy Creamer

Signature : Cathy Creamer

D. SCHUCHTER, MD

\* Biffer la mention qui ne convient pas

\* see levée du secret pour Cory CREAMER

\*\* see levée du secret pour Cory CREAMER

N° patient 97736898  
N° EdS 14710506  
Prénom **Nom** Skyler **CREAMER-SUTZ (M)**  
Naissance le 04/04/2014  
Tél. domicile  
Tél. mobile 078/723.54.19-père

Vue complète de la Feuille d'Ordres.

## Prescriptions médicales actives

<b>PO</b>					
38	25 juil. 21:15	<b>clonazépam</b> Rivotril sol orale <b>0.25 mg 4x/j</b> (par jour: 1 mg) PO - aux 4h sur la journée, rien la nuit	Stimemann Maud	Jamen Schary Muriel	
<b>Autres</b>					
207	15 août 14:49	<b>Contact téléphonique avec la mère 1x/j autorisé, pas avec le père</b>	Rufenacht Magali	Ruggeri Karen	
279	12 sept. 18:29	<b>Donner Peptamen junior par la PEG 250ml sur 1h 2x/j.</b>	Salamoni Myriam	Martins Stéphanie	
180	11 août 11:29	<b>Jardin uniquement avec personnel soignant.</b>	Rufenacht Magali	Claquin Hélène	
299	19 sept. 10:02	<b>Maman: visite illimitée, peut dormir à l'hôpital. Pas de sortie avec enfants (cf O.M. clause pérille)</b>	De Oliveira Lourenço Joao Carlos	Seka Affessi Michel	
214	17 août 17:03	<b>Ok pour aller à Tom Pouce</b>	Rufenacht Magali	Moulloud Aspod Stéphanie	
235	24 août 09:37	<b>Si qqun veut prendre les enfants, déclencher clause péril.</b>	Rufenacht Magali	Moulloud Aspod Stéphanie	
298	19 sept. 10:01	<b>Visite du père uniquement si Daniel Schechter (psy) présent</b>	De Oliveira Lourenço Joao Carlos	Seka Affessi Michel	
<b>En réserve</b>					
247	25 août 17:00	<b>paracétamol</b> Dafalgan sir <b>200 mg (14.49mg/kg) 1x/6h (max)</b> PO en R si T° axill. > 38°	Rufenacht Magali	Koller Thérèse	
<b>Nutrition</b>					
147	07 août 18:45	<b>Alimentation de base Alimentation : Normale --; Texture et ration : Normale - Stimuler prises PO</b>	Rufenacht Magali	Lambelet Emmanuelle	
<b>Surveillance</b>					
159	09 août 11:53	<b>Périmètre crânien à la sortie</b>	Ben Hassel Sélim	Walker Zena	
102	02 août 11:30	<b>Poids 2x/sem</b>	Goumaz Camille	Furtado Emma	
287	13 sept. 10:54	<b>Taille 1x/mois</b>	Salamoni Myriam	Billat Marjorie	
<b>Surveillance Signes Vitaux</b>					
220	21 août 09:41	<b>Fréquence respiratoire - 1x/sem</b>	Rufenacht Magali	Schatzmann Sophie	
221	21 août 09:41	<b>Pouls, TA, Saturation - 1x/sem</b>	Rufenacht Magali	Schatzmann Sophie	
288	13 sept. 10:54	<b>T° 1x/semaine dès le 12/09/2017</b>	Salamoni Myriam	Schatzmann Sophie	

## Interventions de soins actives

<b>Alimentation</b>					
192	12 août 14:25	<b>Nutrition entérale</b> administration intermittente, avec nutripompe, autre : peptamen	Claquin Hélène	Claquin Hélène	
10	25 juil. 18:20	<b>Suppléments alimentaire</b> goûter, aide complète	Walker Zena	Walker Zena	
9	25 juil. 18:20	<b>Repas</b> aide complète	Walker Zena	Walker Zena	
<b>Communication</b>					
34	25 juil. 20:42	<b>Soutien relationnel chez l'enfant</b> activité ludique	Jamen Schary Muriel	Jamen Schary Muriel	
32	25 juil. 19:08	<b>Soutien relationnel</b> incompréhension de la langue usuelle, 45 minutes sur 24 heures	Walker Zena	Walker Zena	
31	25 juil. 19:08	<b>Soutien relationnel chez l'enfant</b> maternage / portage	Walker Zena	Walker Zena	
12	25 juil. 18:20	<b>Soutien relationnel</b> réduction de l'anxiété, en l'absence des parents durant le séjour hospitalier, 2 heure sur 24 heures, Cible : Anxiété	Walker Zena	Walker Zena	



<b>Elimination</b>				
198	14 août 16:42	<b>Soins de continence</b> installation de l'enfant au pot	Furtado Emma	Furtado Emma
42	26 juil. 02:42	<b>Soins de continence</b> toilette & change, couche-culotte	Quindt Quinto Silvia	Quindt Quinto Silvia
<b>Environnement socio-familial</b>				
187	12 août 07:48	<b>Accompagnement extérieur</b> 15 minutes, accompagnement promenade, activité collective - <i>au jardin uniquement avec les soignants</i>	Claquin Hélène	Claquin Hélène
5	25 juil. 18:20	<b>Entretien avec les proches</b> soutien familial, entretien infirmier, 15 minutes <b>dès le 27/07/2017</b>	Walker Zena	Walker Zena
<b>Equipements</b>				
197	14 août 16:39	<b>Equipement</b> volume ballonnet, surveillance - <i>volume requis du ballonnet = 5ml d'eau stérile.</i>	Furtado Emma	Furtado Emma
196	14 août 16:35	<b>Equipement</b> autre avec mobilisation - <i>mobiliser la PEG par une rotation du bouton</i>	Furtado Emma	Furtado Emma
39	25 juil. 21:21	<b>Equipement patient</b> sonde gastrique percutanée (PEG), autre :	Jamen Schary Muriel	Jamen Schary Muriel
<b>Examens</b>				
270	06 sept. 11:35	<b>Accompagnement transport</b> autre site hospitalier, surveillance	Olivier Celine	Olivier Celine
<b>Gestion de la santé</b>				
274	08 sept. 11:02	<b>Information à l'équipe</b> Information à l'équipe - <i>Ne plus modifier les plateaux, a le droit a 2 plateaux plaisirs par semaine (pizza et nuggets les lundis et les jeudis soirs) pas de commande de ketchup et pain de mie en plus.</i>	Moulloud Aspard Stéphanie	Moulloud Aspard Stéphanie
231	23 août 21:31	<b>Information à l'équipe</b> Information à l'équipe - <b>ATTENTION :</b> <i>Skyler sait utiliser l'ascenseur. Il y a un risque de fugue ou d'accident.</i>	Burri Lionel	Burri Lionel
184	12 août 07:45	<b>Information à l'équipe</b> Information à l'équipe - <i>La maman est hospitalisée à BI, visites parentales suspendues.</i>	Claquin Hélène	Claquin Hélène
<b>Hygiène</b>				
292	14 sept. 09:17	<b>Toilette enfant / bébé</b> effectuée par le soignant	Olivier Celine	Olivier Celine
243	24 août 10:19	<b>Toilette enfant / bébé</b> effectuée par le soignant - <i>à refaire le soir en fonction des besoins</i>	Moulloud Aspard Stéphanie	Moulloud Aspard Stéphanie
7	25 juil. 18:20	<b>Hygiène buccale</b> mise à disposition du nécessaire (patient indépendant), Brossage des dents	Walker Zena	Walker Zena
6	25 juil. 18:20	<b>Habillage</b> et déshabillage, aide partielle,, Pyjama <b>dès le 26/07/2017</b>	Walker Zena	Walker Zena
<b>Sommeil - Repos</b>				
252	26 août 21:14	<b>Préparation au coucher de l'enfant</b> installation de rituels et de l'environnement <b>dès le 27/08/17</b> - <i>skyler aime qu'on lui lise une histoire au coucher.</i>	Lambelet Emmanuelle	Lambelet Emmanuelle
232	23 août 21:32	<b>Préparation au coucher de l'enfant</b> installation de rituels et de l'environnement - <i>Merci de tenter une sieste tous les jours vers 13h. Skyler est souvent très fatigué vers les 16h.</i>	Burri Lionel	Burri Lionel
8	25 juil. 18:20	<b>Sommeil - Sieste</b> observations et surveillances cliniques	Walker Zena	Walker Zena
<b>Surveillances</b>				
186	12 août 07:46	<b>Surveillances / Contrôles</b> cutanés, localisation : pourtour Mic-key	Claquin Hélène	Claquin Hélène

## FINGERPRINT CLEARANCE CARD

## Fingerprint Clearance Card / Application Status

All information provided by the Department of Public Safety on this webpage and its other web pages and internet sites, is made available to provide immediate access for the convenience of interested persons. While the Department believes the information to be reliable, human or mechanical error remains a possibility, as does delay in posting or updating of information. Therefore, the Department makes no guarantee as to the accuracy, completeness, timelines or correct sequencing of the information. Neither the Department, nor any of the sources of information, shall be responsible for any errors or omissions, or for the use or results obtained from the user of this information.

Posted July 24, 2014

## IMPORTANT NOTICE TO RECENT APPLICANTS

- Due to a printing press error several thousand regular applications (this does not apply to IVP Applications) were recently printed with duplicate application numbers.
- If the Department of Public Safety (DPS) receives an application with a number that is already in our data base for another applicant, in order to enter the new application DPS will drop the leading zero and add an "A" to the end of the number. Example: If the number on the application is 0001234567 the number will be changed to 001234567A.
- If you enter your application number on this page and it brings up another person's information you probably received an application with a duplicate number.
- Try searching again by not entering the first zero and adding an A to the end of the number.
- The approximate range of application numbers is 0002646451 - 0002656450. The revision date noted on the application in the lower right corner could be either 09-2013 or 06-2014.

DPS does apologize for any inconvenience this may cause.

Fingerprint Clearance Card Number: 2A50056033

OR

Application Number (Must enter leading zeros):

Submit

Reset

Fingerprint Clearance Card Number	Application Number	Date Application Received	Card Type	Current Status	Name	Issue Date	Expiration Date
2A50056033	0002588477	2014-04-10	Level One Clearance Card	Valid	SUTZ, NEAL, D	2014-04-23	2020-04-23

Current Status is subject to change at any time.

An \*\* by card type indicates there is additional information noted on the card.  
Please refer to the Cardholder's Clearance Card for the additional information.





41-1758.07. Level I fingerprint clearance cards; definitions

(L17, Ch. 167, sec. 16. Eff. until 8/4/19)

A. On receiving the state and federal criminal history record of a person who is required to be fingerprinted pursuant to this section, the fingerprinting division in the department of public safety shall compare the record with the list of criminal offenses that preclude the person from receiving a level I fingerprint clearance card. If the person's criminal history record does not contain any of the offenses listed in subsections B and C of this section, the fingerprinting division shall issue the person a level I fingerprint clearance card.

B. A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a level I fingerprint clearance card:

1. Sexual abuse of a vulnerable adult.
2. Incest.
3. Homicide, including first or second degree murder, manslaughter and negligent homicide.
4. Sexual assault.
5. Sexual exploitation of a minor.
6. Sexual exploitation of a vulnerable adult.
7. Commercial sexual exploitation of a minor.
8. Commercial sexual exploitation of a vulnerable adult.
9. Child sex trafficking as prescribed in section 13-3212.
10. Child abuse.
11. Felony child neglect.
12. Abuse of a vulnerable adult.
13. Sexual conduct with a minor.
14. Molestation of a child.
15. Molestation of a vulnerable adult.
16. Dangerous crimes against children as defined in section 13-705.
17. Exploitation of minors involving drug offenses.
18. Taking a child for the purpose of prostitution as prescribed in section 13-3206.
19. Neglect or abuse of a vulnerable adult.
20. Sex trafficking.
21. Sexual abuse.

22. Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502.
23. Furnishing harmful items to minors as prescribed in section 13-3506.
24. Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01.
25. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512.
26. Luring a minor for sexual exploitation.
27. Enticement of persons for purposes of prostitution.
28. Procurement by false pretenses of person for purposes of prostitution.
29. Procuring or placing persons in a house of prostitution.
30. Receiving earnings of a prostitute.
31. Causing one's spouse to become a prostitute.
32. Detention of persons in a house of prostitution for debt.
33. Keeping or residing in a house of prostitution or employment in prostitution.
34. Pandering.
35. Transporting persons for the purpose of prostitution, polygamy and concubinage.
36. Portraying adult as a minor as prescribed in section 13-3555.
37. Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.
38. Any felony offense involving contributing to the delinquency of a minor.
39. Unlawful sale or purchase of children.
40. Child bigamy.
41. Any felony offense involving domestic violence as defined in section 13-3601 except for a felony offense only involving criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars if the offense was committed before June 29, 2009.
42. Any felony offense in violation of title 13, chapter 12 if committed within five years before the date of applying for a level I fingerprint clearance card.
43. Felony drug or alcohol related offenses if committed within five years before the date of applying for a level I fingerprint clearance card.
44. Felony indecent exposure.
45. Felony public sexual indecency.
46. Terrorism.
47. Any offense involving a violent crime as defined in section 13-901.03.
48. Trafficking of persons for forced labor or services.



C. A person who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a level I fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55:

1. Any misdemeanor offense in violation of title 13, chapter 12.
2. Misdemeanor indecent exposure.
3. Misdemeanor public sexual indecency.
4. Aggravated criminal damage.
5. Theft.
6. Theft by extortion.
7. Shoplifting.
8. Forgery.
9. Criminal possession of a forgery device.
10. Obtaining a signature by deception.
11. Criminal impersonation.
12. Theft of a credit card or obtaining a credit card by fraudulent means.
13. Receipt of anything of value obtained by fraudulent use of a credit card.
14. Forgery of a credit card.
15. Fraudulent use of a credit card.
16. Possession of any machinery, plate or other contrivance or incomplete credit card.
17. False statement as to financial condition or identity to obtain a credit card.
18. Fraud by persons authorized to provide goods or services.
19. Credit card transaction record theft.
20. Misconduct involving weapons.
21. Misconduct involving explosives.
22. Depositing explosives.
23. Misconduct involving simulated explosive devices.
24. Concealed weapon violation.
25. Misdemeanor possession and misdemeanor sale of peyote.
26. Felony possession and felony sale of peyote if committed more than five years before the date of applying for a level I fingerprint clearance card.
27. Misdemeanor possession and misdemeanor sale of a vapor-releasing substance containing a toxic substance.

28. Felony possession and felony sale of a vapor-releasing substance containing a toxic substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
29. Misdemeanor sale of precursor chemicals.
30. Felony sale of precursor chemicals if committed more than five years before the date of applying for a level I fingerprint clearance card.
31. Misdemeanor possession, misdemeanor use or misdemeanor sale of marijuana, dangerous drugs or narcotic drugs.
32. Felony possession, felony use or felony sale of marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a level I fingerprint clearance card.
33. Misdemeanor manufacture or misdemeanor distribution of an imitation controlled substance.
34. Felony manufacture or felony distribution of an imitation controlled substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
35. Misdemeanor manufacture or misdemeanor distribution of an imitation prescription-only drug.
36. Felony manufacture or felony distribution of an imitation prescription-only drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
37. Misdemeanor manufacture or misdemeanor distribution of an imitation over-the-counter drug.
38. Felony manufacture or felony distribution of an imitation over-the-counter drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
39. Misdemeanor possession or misdemeanor possession with intent to use an imitation controlled substance.
40. Felony possession or felony possession with intent to use an imitation controlled substance if committed more than five years before the date of applying for a level I fingerprint clearance card.
41. Misdemeanor possession or misdemeanor possession with intent to use an imitation prescription-only drug.
42. Felony possession or felony possession with intent to use an imitation prescription-only drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
43. Misdemeanor possession or misdemeanor possession with intent to use an imitation over-the-counter drug.
44. Felony possession or felony possession with intent to use an imitation over-the-counter drug if committed more than five years before the date of applying for a level I fingerprint clearance card.
45. Misdemeanor manufacture of certain substances and drugs by certain means.
46. Felony manufacture of certain substances and drugs by certain means if committed more than five years before the date of applying for a level I fingerprint clearance card.
47. Adding poison or other harmful substance to food, drink or medicine.
48. A criminal offense involving criminal trespass under title 13, chapter 15.
49. A criminal offense involving burglary under title 13, chapter 15.
50. A criminal offense under title 13, chapter 23, except terrorism.
51. Misdemeanor offenses involving child neglect.



52. Misdemeanor offenses involving contributing to the delinquency of a minor.
  53. Misdemeanor offenses involving domestic violence as defined in section 13-3601.
  54. Felony offenses involving domestic violence if the offense only involved criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars and the offense was committed before June 29, 2009.
  55. Arson.
  56. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a level I fingerprint clearance card.
  57. Criminal damage.
  58. Misappropriation of charter school monies as prescribed in section 13-1818.
  59. Taking identity of another person or entity.
  60. Aggravated taking identity of another person or entity.
  61. Trafficking in the identity of another person or entity.
  62. Cruelty to animals.
  63. Prostitution, as prescribed in section 13-3214.
  64. Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513.
  65. Welfare fraud.
  66. Any felony offense in violation of title 13, chapter 12 if committed more than five years before the date of applying for a level I fingerprint clearance card.
  67. Kidnapping.
  68. Robbery, aggravated robbery or armed robbery.
- D. A person who is awaiting trial on or who has been convicted of committing or attempting to commit a misdemeanor violation of section 28-1381, 28-1382 or 28-1383 in this state or the same or a similar offense in another state or jurisdiction within five years from the date of applying for a level I fingerprint clearance card is precluded from driving any vehicle to transport employees or clients of the employing agency as part of the person's employment. The division shall place a notation on the level I fingerprint clearance card that indicates this driving restriction. This subsection does not preclude a person from driving a vehicle alone as part of the person's employment.
- E. Notwithstanding subsection C of this section, on receiving written notice from the board of fingerprinting that a good cause exception was granted pursuant to section 41-619.55, the fingerprinting division shall issue a level I fingerprint clearance card to the applicant.
- F. If the fingerprinting division denies a person's application for a level I fingerprint clearance card pursuant to subsection C of this section and a good cause exception is requested pursuant to section 41-619.55, the fingerprinting division shall release, on request by the board of fingerprinting, the person's criminal history record to the board of fingerprinting.
- G. A person shall be granted a level I fingerprint clearance card pursuant to this section if either of the following applies:

1. An agency granted a good cause exception before August 16, 1999 and no new precluding offense is identified. The fingerprint clearance card shall specify only the program that granted the good cause exception. On the request of the applicant, the agency that granted the prior good cause exception shall notify the fingerprinting division in writing of the date on which the prior good cause exception was granted, the date of the conviction and the name of the offense for which the good cause exception was granted.
  2. The board granted a good cause exception and no new precluding offense is identified.
- H. The licensee or contract provider shall assume the costs of fingerprint checks conducted pursuant to this section and may charge these costs to persons who are required to be fingerprinted.
- I. A person who is under eighteen years of age or who is at least ninety-nine years of age is exempt from the level I fingerprint clearance card requirements of this section. At all times the person shall be under the direct visual supervision of personnel who have valid level I fingerprint clearance cards.
- J. The fingerprinting division shall conduct periodic state criminal history records checks and may conduct federal criminal history records checks when authorized pursuant to federal law for the purpose of updating the clearance status of current level I fingerprint clearance cardholders pursuant to this section and may notify the board of fingerprinting and the agency of the results of the records check.
- K. The fingerprinting division shall revoke a person's level I fingerprint clearance card on receipt of a written request for revocation from the board of fingerprinting pursuant to section 41-619.55.
- L. If a person's criminal history record contains an offense listed in subsection B or C of this section and the final disposition is not recorded on the record, the division shall conduct research to obtain the disposition within thirty business days after receipt of the record. If the division cannot determine, within thirty business days after receipt of the person's state and federal criminal history record information, whether the person is awaiting trial on or has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit any of the offenses listed in subsection B or C of this section in this state or the same or a similar offense in another state or jurisdiction, the division shall not issue a level I fingerprint clearance card to the person. If the division is unable to make the determination required by this section and does not issue a level I fingerprint clearance card to a person, the person may request a good cause exception pursuant to section 41-619.55.
- M. If after conducting a state and federal criminal history records check the fingerprinting division determines that it is not authorized to issue a level I fingerprint clearance card to an applicant, the division shall notify the agency that the fingerprinting division is not authorized to issue a level I fingerprint clearance card. This notice shall include the criminal history information on which the denial was based. This criminal history information is subject to dissemination restrictions pursuant to section 41-1750 and Public Law 92-544.
- N. The fingerprinting division is not liable for damages resulting from:
1. The issuance of a level I fingerprint clearance card to an applicant who is later found to have been ineligible to receive a level I fingerprint clearance card at the time the card was issued.
  2. The denial of a level I fingerprint clearance card to an applicant who is later found to have been eligible to receive a level I fingerprint clearance card at the time issuance of the card was denied.
- O. Notwithstanding any law to the contrary, an individual may apply for and receive a level I fingerprint clearance card pursuant to this section to satisfy a requirement that the person have a valid fingerprint clearance card issued pursuant to section 41-1758.03.
- P. Notwithstanding any law to the contrary, except as prescribed pursuant to subsection Q of this section, an individual who receives a level I fingerprint clearance card pursuant to this section also satisfies a requirement that the individual have a valid fingerprint clearance card issued pursuant to section 41-1758.03.
- Q. Unless a cardholder commits an offense listed in subsection B or C of this section after June 29, 2009, a fingerprint clearance card issued pursuant to section 41-1758.03 before June 29, 2009 and its renewals are



valid for all requirements for a level I fingerprint clearance card except those relating to the requirements of section 8-105 or 8-509. A fingerprint clearance card issued before June 29, 2009 to meet the requirements of section 8-105 or 8-509 and its renewals are valid after June 29, 2009 to meet all requirements for a level I fingerprint clearance card, including the requirements of section 8-105 or 8-509, if the cardholder has been certified by the court to adopt or has been issued a foster home license before June 29, 2009.

R. The issuance of a level I fingerprint clearance card does not entitle a person to employment.

S. For the purposes of this section:

1. "Person" means a person who is fingerprinted pursuant to:

(a) Section 8-105, 8-463, 8-509, 8-802, 17-215, 36-207, 36-594.01, 36-594.02, 36-882, 36-883.02, 36-897.01, 36-897.03, 41-619.52, 41-619.53, 41-1964, 41-1967.01, 41-1968, 41-1969 or 46-141.

(b) Subsection O of this section.

2. "Renewal" means the issuance of a fingerprint clearance card to an existing fingerprint clearance cardholder who applies before the person's existing fingerprint clearance card expires.