

FILED
MAR 28 2022
JOHN T. FREY
Clerk of the Circuit Court
of Fairfax County, VA

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY, VIRGINIA

JOHN C. DEPP, II

Plaintiff,

v.

AMBER LAURA HEARD,

Defendant.

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Civil Action No.: CL-2019-0002911

PLAINTIFF’S DESIGNATION/IDENTIFICATION OF EXPERT WITNESSES

Plaintiff John C. Depp, II, by and through his undersigned counsel, pursuant to Rule 4:1(b)(4)(A)(i) of the Rules of the Supreme Court of Virginia, and the Court’s Scheduling Order dated April 22, 2021, and in response to Interrogatory No. 15 in Ms. Heard’s First Set of Interrogatories dated October 7, 2019, hereby designates and identifies his expert witnesses in response to new matters raised in Ms. Heard’s Second Supplemental Disclosure of Expert Witnesses dated February 10, 2022.

Given the ongoing state of discovery—in particular, the continuing document productions from the parties and non-parties and the fact that depositions of certain key parties and witnesses have yet to occur—Plaintiff reserves the right to supplement this Expert Witness Designation, to include (1) identifying additional or different areas of expected testimony for the designated witnesses, (2) identifying additional or different bases for the expected testimony of the designated witnesses, and/or (3) designating additional or different expert witnesses.

Retained Experts

1. Shannon J. Curry, PsyD, Clinical Psychologist, Curry Psychology Group, 200 Newport Center Drive, Suite 204, Newport Beach, California 92660. Dr. Curry is a

clinical and forensic psychologist with extensive clinical and research experience and expertise in individual and community trauma, forensic psychology, and relationships/the Gottman method of couples' therapy. Currently, Dr. Curry is the owner and director of the Curry Psychology Group, a multispecialty mental health center in Newport Beach, California. Dr. Curry has ten years of experience as a licensed clinical psychologist, providing direct therapy and assessment services and supervising masters- and doctoral-level clinicians. Prior to becoming a clinical psychologist, Dr. Curry worked for seven years as a therapist. She is experienced in treating adults, couples, adolescents, children, and families across a diverse range of settings including community counseling centers, forensic psychiatric hospitals, correctional programs, military facilities, and rural clinics both in the U.S. and abroad (Ayacucho, Peru and La Paz, Mexico). In addition to her clinical work, Dr. Curry is on the board for the University of California Irvine Center for Unconventional Security Affairs ("CUSA") and is involved in continued research on issues of poverty, warfare, violence, environmental sustainability, and complex disaster.

Dr. Curry received her Bachelor of Arts in Psychology and Social Behavior with high honors from the University of California, Irvine; a Master of Arts in Psychology from Pepperdine University; a Post-Doctoral Master of Science in Clinical Psychopharmacology from Alliant University (for psychologist prescriptive authority in certain states and federal jurisdictions); and a doctorate in Clinical Psychology from Pepperdine University with research honors. Dr. Curry completed a year-long doctoral internship at Tripler Army Medical Hospital in Honolulu, Hawaii, an American Psychological Association ("APA")-Accredited training site, where she obtained intensive experience in psychological assessment and the treatment of posttraumatic stress disorder ("PTSD"). She then completed a two-year post-doctoral residency at Hawaii State Hospital, a forensic psychiatric hospital where she specialized in trauma and

forensic psychology and obtained Certification as a Forensic Evaluator for the Hawaii State Department of Courts and Corrections.

Subject Matter of Dr. Curry's Opinion: In addition to the opinions Dr. Curry will render as previously disclosed in Mr. Depp's Expert Designations dated January 11, 2022 and February 10, 2022, Dr. Curry will testify regarding Dr. Dawn Hughes' forensic psychological evaluation of Ms. Heard and opinions as rendered in Ms. Heard's Second Supplemental Disclosure of Expert Witnesses dated February 10, 2022.

Substance of Dr. Curry's Opinion: Specifically, Dr. Curry is expected to draw upon her experience and expertise as a clinical and forensic psychologist, the results of her comprehensive, multi-method evaluation of Ms. Heard, and her review of current and relevant peer-reviewed scientific literature to testify that Dr. Hughes' evaluation of Ms. Heard and expert opinions rendered are deficient and in contradiction of professional standards including but not limited to Dr. Hughes' administration and scoring of the CAPS-5 test.

Summary of Grounds of Dr. Curry's Opinion: Specifically, Dr. Curry is expected to testify about Dr. Hughes' administration of the CAPS-5 with Ms. Heard on December 27, 2021, just ten days after Dr. Curry administered the same test with Ms. Heard as part of the Court-ordered IME on December 17, 2021. As an initial matter, it is unclear why Dr. Hughes failed to disclose this additional test administration in her supplemental designation report dated January 11, 2022. On January 20, 2022, Dr. Curry provided Dr. Hughes with the complete and detailed CAPS-5 from the Court-ordered IME of Ms. Heard. Dr. Hughes nonetheless waited until February 11, 2022 to disclose that she administered the CAPS-5 with Ms. Heard on December 27, 2021 as noted in Ms. Heard's Second Supplemental Disclosure of Expert Witnesses. Furthermore, Dr. Hughes did not provide Dr. Curry with the results of this test until February 20,

2022, and only after Dr. Curry requested the data from Dr. Hughes on February 17, 2022. Lastly, Dr. Hughes' report does not explain what prompted her to conduct this new test in December after choosing *not* to administer it over the 27-month period since Dr. Hughes first examined Ms. Heard and during Dr. Hughes' 25 hours of her examination of Ms. Heard.¹

Because Dr. Curry only received the data for the CAPS-5 test from Dr. Hughes on February 20, 2022, she has not yet completed her review and analysis of the 20 pages of questions and annotated examinee responses. However, at first glance, several deficiencies in Dr. Hughes' administration of the CAPS-5 are evident. First, Dr. Hughes did not adhere to the standard test procedure. The CAPS-5 is a standardized interview, meaning that anyone who is given the CAPS-5 should be asked the same set of questions in the exact same order and in the exact same way. This enables an examinee's responses to be compared to the responses of thousands of others who have taken the same test and upon which the test's scoring system was developed. Given the high level of standardization upon which the CAPS-5 relies, Dr. Hughes' insertion of non-standard questions introduces unknown error, thereby invalidating the test.

The first line of the CAPS-5 instructions read: "Standard administration and scoring of the CAPS-5 are essential for producing reliable and valid scores and diagnostic decisions" (p. 1).² In addition, the evaluator is instructed to "[r]ead prompts verbatim, one at a time, and in the order presented" (p. 1).

The standardized questions on the CAPS-5 are designed to gather a highly detailed account of the examinee's experience with each PTSD symptom. Twenty symptoms of PTSD are assessed, and about four to eight questions pertain to each symptom. This thoroughness ensures

¹ According to the examination dates Dr. Hughes stated in Ms. Heard's Second Supplemental Disclosure of Expert Witnesses dated February 10, 2022, she first examined Ms. Heard on September 26, 2019. However, Dr. Hughes also references interviews conducted with Ms. Heard "over the last three years." This statement indicates that Dr. Hughes began her examination of Ms. Heard in February of 2019.

² See the CAPS-5 Test completed by Dr. Curry on December 17, 2021.

that the psychologist obtains enough information to determine whether the examinee's description captures the actual DSM-5 definition of the symptom, whether the frequency and intensity of each symptom meets diagnostic criteria, if there is apparent relatedness between symptoms and the alleged trauma, and whether the examinee's descriptions are consistent with genuine experiences of PTSD or with feigned presentations of the disorder.

Dr. Hughes deviated from standard procedure by inserting her own questions into the CAPS-5 interview. Furthermore, her questions did not relate to the index trauma, or "anchor," that she selected to guide the test (*i.e.*, "IPV by Johnny"). According to the CAPS-5 instructions, proper test administration would have required that Dr. Hughes read the scripted test questions in reference to the identified anchor of alleged "IPV by Johnny," and only in reference to that anchor. Instead, Dr. Hughes' annotations on the CAPS-5 indicate that she repeatedly followed up each category of standardized questioning with a separate question of her own; asking Ms. Heard whether she experienced the symptom in relation to "childhood."³

If Dr. Hughes wanted to rule-out the influence of childhood events on Ms. Heard's reported trauma symptoms, proper test procedure requires that a new CAPS-5 be administered for the separate index trauma. Page three of the CAPS-5 test manual states: "For patients with multiple traumas, it may be the case that multiple interviews will be conducted, *focusing exclusively on the response to one trauma at a time* [emphasis added]." In other words, Dr. Hughes should have administered one CAPS-5 interview according to the anchor, "IPV by Johnny," and another CAPS-5 interview for the anchor of "childhood abuse."

Conducting two separate CAPS-5 interviews would have ensured that a complete detailed account was provided for symptoms as they relate to each index trauma. Instead, Dr.

³ Dr. Hughes' annotations (e.g., "Childhood?" "- No") in the margins of the CAPS-5 indicate that she inserted her own non-standardized query related to adverse childhood events reported by Ms. Heard.

Hughes conducted an imbalanced interview with Ms. Heard, asking multiple standardized questions about the symptoms which Ms. Heard attributed to alleged IPV by Mr. Depp, then inserting a single, unstandardized question after each category about Ms. Heard's perception of whether her symptoms relate to her "childhood." Such uneven questioning not only deviates from standard test administration, but is also inappropriately leading, causing the examinee to potentially perceive the evaluator as prioritizing one line of questioning over another.

Dr. Hughes' scoring of Ms. Heard's responses is also inconsistent with CAPS-5 scoring rules and DSM-5 symptom criteria. Her decision to score several symptoms as above threshold in the absence of a clear response from Ms. Heard regarding their "intensity" or "frequency" is improper.⁴ In addition, the majority of Ms. Heard's statements are vague and insufficient for scoring or inconsistent with symptom criteria.⁵ Furthermore, the relatedness of Ms. Heard's reported symptoms to her allegations of "IPV by Johnny" was not clearly established.⁶ As such, Dr. Hughes' subsequent conclusion that a diagnosis of PTSD was supported by the CAPS-5 does not withstand scrutiny.

Besides Dr. Curry's evaluation of Ms. Heard, Dr. Curry's opinions will be based on a review of documentary evidence, including Dr. Hughes' notes and raw test scores from her evaluation of Ms. Heard, deposition and trial testimony, and current and relevant peer-reviewed scientific literature as previously disclosed in Mr. Depp's expert designations dated January 11, 2022 and February 10, 2022. As of the date of this designation, Dr. Curry has yet to receive all of Dr. Hughes' notes and raw test scores and, therefore, Plaintiff explicitly reserves the right to supplement this designation as needed after Dr. Curry has had an opportunity to review this information.

⁴ See CAPS-5 Scoring Instructions, #3, page 2.

⁵ See CAPS-5 Scoring Instructions, #2, Absent & Mild/Subthreshold Scores, page 2.

⁶ See CAPS-5 Scoring Instructions, #4, page 3.

Dr. Curry may also testify as to any fact or opinion rendered or attributed to another witness or party as identified by other parties' witnesses. Plaintiff reserves the right to designate or substitute other witnesses of the same disciplines to testify as to the facts and opinions described herein. Plaintiff further reserves the right to supplement this Expert Witness Designation based on additional facts Plaintiff learns during discovery and/or his ongoing investigation of this matter. In particular, as of the date of this Expert Designation, the follow depositions have yet to occur: Ms. Debbie Lloyd and Ms. Tasya van Ree.

Dr. Curry's CV is attached hereto as **Exhibit A**. She is being compensated for her work at the rate of \$400 per hour for time spent preparing and \$450 per hour for time spent attending and providing testimony in court proceedings; none of her compensation is contingent on the opinions she renders or the outcome of the litigation.

2. Richard S. Gilbert, M.D., 3 Meadow Road, Old Westbury, NY 11568: Dr. Gilbert is a Board Certified Orthopedic Surgeon specializing in surgery of the hand and upper extremity. He is the Chief of the Hand Service at Syosset Hospital, the Director of the Hand Service at the Peconic Bay Medical Center, Director at Northwell Health, and an Assistant Professor of Orthopedic Surgery at the Zucker School of Medicine at Hofstra/Northwell. Dr. Gilbert received a bachelor's degree from The Johns Hopkins University and a medical degree from the Icahn School of Medicine at Mount Sinai. He completed his residency in Orthopedic Surgery at the Mount Sinai Medical Center and a Hand and Upper Extremity Surgery Fellowship at the Yale University School of Medicine.

Dr. Gilbert's specialty interest is in the treatment and reconstruction of fractures, soft tissue injuries, and neuropathies involving the hand and upper extremity. He employs both traditional and the most advanced surgical techniques, including minimally invasive techniques,

such as endoscopic carpal tunnel release, minimally invasive fracture repair and small joint arthroscopy.

Dr. Gilbert is a member of the American Society for Surgery of the Hand, the American Academy of Orthopaedic Surgeons, and The New York Society for Surgery of the Hand. He has a Subspecialty Certificate in Orthopaedic Surgery of the Hand. Dr. Gilbert presently serves as the President-Elect of The New York Society for Surgery of the Hand and previously served as the Vice President and Secretary. He has published medical articles and presented at regional and national orthopedic conferences on conditions related to the hand and upper extremity. He has performed funded research related to the hand and upper extremity. Dr. Gilbert has received numerous awards and honors, including Castle Connolly Top Doctors, New York Magazine's Best Doctor, New York Times Super Doctors, Newsday Top Doctors on Long Island, Best Doctors in America, Patients' Choice Award, and Most Compassionate Doctor.

Subject Matter of Dr. Gilbert's Opinion: Dr. Gilbert will testify regarding Mr. Depp's finger injury sustained in March 2015 as well as Dr. Jordan's and Dr. Moore's opinions relating to Mr. Depp's finger injury as disclosed in Ms. Heard's Second Supplemental Disclosures of Expert Witnesses dated February 10, 2022.

Substance of Dr. Gilbert's Opinion: Specifically, Dr. Gilbert is expected to draw upon his experience and expertise as an orthopedic surgeon specializing in surgery of the hand and upper extremity and his review of photographs, radiographs, and medical records of/relating to Mr. Depp's finger injury sustained in March 2015 that Mr. Depp's finger injury is consistent with the mechanism in which Mr. Depp describes, as opposed to that described by Ms. Heard. Dr. Gilbert is also expected to rebut and comment on the opinions of Drs. Jordan and Moore.

Summary of Grounds of Dr. Gilbert's Opinion: Dr. Gilbert will testify that Mr. Depp's finger injury is consistent with the mechanism in which Mr. Depp describes, as opposed to that described by Ms. Heard. According to Mr. Depp, Ms. Heard threw a large bottle with a handle of vodka at him while his hand was resting on the edge of the marble top of a bar. The bottle hit his right middle finger, crushing the fingertip between the bottle and the marble bar top. The bottle broke into pieces, also amputating the tip of his finger. According to Ms. Heard, she claims that Mr. Depp's finger injury was the result of him repeatedly smashing it with a phone against the wall.

The injury photographs of Mr. Depp's finger depict an obliquely oriented wound and fingertip amputation, with clean skin edges, along the ulnar aspect of the finger, not involving the nail or nailbed. This clean sharp laceration and tip amputation is consistent with what would occur from an injury resulting from a sharp laceration. This type of clean well-demarcated laceration is compatible with one in which a piece of glass lacerated and amputated the tip of the finger, such as could occur secondary to broken glass. The injury radiographs demonstrate a comminuted distal phalanx tuft fracture with a more proximal obliquely oriented distal phalanx fracture. Such fractures are consistent with a high velocity crushing injury, secondary to an object of sufficient weight (the bottle), crushing the finger against a firm surface (the marble bar).

Thus, Mr. Depp's right middle finger soft tissue injury and comminuted distal phalanx fracture are consistent with a crush injury and sharp laceration, as would be seen in the mechanism of injury described by Mr. Depp.

The mechanism of injury described by Ms. Heard, in the overwhelming majority of cases, would not have resulted in a laceration. Such injuries most often result in a hematoma and

swelling of the pulp of the finger with an associated subungual hematoma (bleeding beneath the nail). These injuries also would be the findings that one would see if a fingertip was smashed in a door. In addition, smashing a finger against a wall with a phone would not produce sufficient force to result in a highly comminuted distal phalanx fracture, as was seen in Mr. Depp's injury radiographs. A phone is not of sufficient weight and could not produce the sufficient force to produce such an injury.

With respect to Dr. Jorden, Dr. Jorden opines that Mr. Depp's finger injury was a "mallet finger injury" secondary to a "crushing trauma to the fingertip." A "mallet finger injury" is either a rupture of the terminal extensor tendon of the finger or an avulsion fracture at the base of the distal phalanx. Such an injury is usually secondary to a forceful flexion injury to the distal interphalangeal (DIP) joint of the finger. A mallet finger injury is almost never secondary to a crushing injury, as described by Mr. Depp, and in fact, nor would it be likely secondary to the mechanism of injury claimed by Ms. Heard. Mr. Depp's injury photographs and radiographs do not depict a "mallet finger injury," as the injury is at the distal aspect of the distal phalanx, whereas a mallet injury occurs at the proximal aspect of the distal phalanx dorsally.

Dr. Jorden claims that "the fingernail appears relatively intact on the dorsal side, and the amputated skin is angular from the palmar side of the hand. This indicated to a reasonable degree of medical probability that the direction of force causing the injury originated more on the palmar side, not the dorsal side." (Dr. Moore also makes similar claims). This is simply not true and either mechanism of injury, as described by Mr. Depp or Ms. Heard, could have resulted in the orientation of Mr. Depp's fingertip injury, depending upon the angle at which the force was applied to the fingertip. The angle of the force cannot be determined by the injury photographs. Thus, this is irrelevant to determining the mechanism of Mr. Depp's finger injury.

Dr. Jorden further opines that Mr. Depp's finger injury "reflects a crushing injury, such as a finger being violently caught in a door or having sustained repeated blunt and crushing force to the hand, specifically the tip of the finger, during the violent and destructive acts." Again, as discussed previously, Mr. Depp's injury photographs depict a clean well-demarcated laceration and tip amputation. There is no evidence of irregular or jagged skin edges, as one would expect to see in an injury described by Dr. Jorden. Additionally, when a fingertip is either "caught in a door" or subject to a "repeated blunt and crushing force," one would most often see a bruise or hematoma of the pulp and often a subungual hematoma and/or trauma to the nailbed, none of which were seen on Mr. Depp's injury photographs or described in the medical records reviewed.

With regard to Dr. Moore, he opines that the mechanism of injury described by Mr. Depp could not produce "sufficient force to cause the crush injury depicted in the photographs and medical and radiological evidence in this case." In fact, the force of a bottle crushing a finger between the bottle and a marble bar top is certainly more than sufficient force to produce the injury depicted in Mr. Depp's injury radiographs and photographs. Moreover, a finger being crushed by a phone against a wall could not produce sufficient force to result in such an injury as sustained by Mr. Depp.

Dr. Moore claims "that the lack of adjacent glass injuries, including lack of adjacent contusions and lacerations, is to a reasonable degree of medical probability inconsistent with Plaintiff's description of the mechanism of injury." Dr. Moore also claims that there "was no report of glass or retrieval of glass within or near the site of injury on Plaintiff's finger, and no report of glass or retrieval of glass from any portion of Plaintiff's hand or fingers." The injury photographs depict a clean laceration and tip amputation of the finger. This injury was most

likely secondary to a laceration by a large piece of glass. In such injuries, one usually does not note adjacent glass injuries or fragments, particularly if the tip of the finger was amputated.

Dr. Moore further claims that the tip of the finger “was pinched/pulled away, as opposed to lacerated.” In fact, the photographs depict a clean laceration and tip amputation. In a crush type injury, as described by Ms. Heard, one would not usually see any type of laceration of tip amputation. If a finger was injured by the mechanism described by Ms. Heard, one would note a much more jagged and irregular border of the skin edges of the wound, which is not seen in Mr. Depp’s injury photographs.

Finally, Dr. Moore opines that there is an “abrasion and bruising on the ulnar side” of Mr. Depp’s finger. In fact, based upon the injury pictures reviewed, there is evidence of a clean ulnar-sided laceration and tip amputation to Mr. Depp’s finger and there is no evidence whatsoever of an additional abrasion or bruising. Additionally, Dr. Moore’s opinion that there is an “abrasion and bruising on the ulnar side” of Mr. Depp’s finger is inconsistent with his earlier claim that the injury photographs demonstrate a “lack of adjacent ack of adjacent contusions and lacerations.”

Dr. Gilbert’s opinions will be based on a review of documentary evidence, including photographs of Mr. Depp’s finger injury, medical records from the Gold Coast University Hospital, including radiographs, medical records from Cedars-Sinai Medical Group, emails with Dr. David Kulber and Dr. Michael Kalamaras, and deposition and trial testimony, including Mr. Depp’s deposition, Mr. Depp’s testimony in the UK Action, Ms. Heard’s deposition, Dr. David Kipper’s deposition,

Dr. Gilbert may also testify as to any fact or opinion rendered or attributed to another witness or party as identified by other parties’ witnesses. Plaintiff reserves the right to designate

or substitute other witnesses of the same disciplines to testify as to the facts and opinions described herein. Plaintiff further reserves the right to supplement this Expert Witness Designation based on additional facts Plaintiff learns during discovery and/or his ongoing investigation of this matter.

Dr. Gilbert's CV is attached hereto as **Exhibit B**. He is being compensated for his work at the rate of \$1,000 per hour; none of his compensation is contingent on the opinions he renders or the outcome of the litigation.

3. Richard Marks, Entertainment Industry Expert, Richard Marks & Associates, 10573 W. Pico Blvd., Suite 221, Los Angeles, California 90064. Plaintiff has previously disclosed Mr. Marks as an expert witness in his designations dated January 11, 2022 and February 10, 2022, which Plaintiff incorporates by reference as if fully set forth herein. Plaintiff further designates Mr. Marks to rebut the opinions of Ms. Arnold as disclosed in Ms. Heard's Second Supplemental Disclosures of Expert Witnesses.

4. Michael Spindler, CPA, CFE, CFF, ABV, CAMS, Economic Damages Expert, GlassRatner Advisory & Capital Group, LLC dba B. Riley Advisory Services ("B. Riley Advisory Services"), 555 W. Fifth Street, Suite 3725, Los Angeles, California 90013. Plaintiff has previously disclosed Mr. Spindler as an expert witness in his designations dated January 11, 2022 and February 10, 2022, which Plaintiff incorporates by reference as if fully set forth herein. Plaintiff further designates Mr. Spindler to rebut the opinions of Ms. Arnold and Mr. Jacobs as disclosed in Ms. Heard's Second Supplemental Disclosures of Expert Witnesses.

5. Doug Bania, Analyst, Nevium Intellectual Property Consultants, 415 Laurel Street, Suite 341, San Diego, California 92101. Plaintiff has previously disclosed Mr. Bania as an expert witness in his designations dated January 11, 2022 and February 10, 2022, which

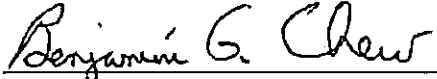
Plaintiff incorporates by reference as if fully set forth herein. Plaintiff further designates Mr. Bania to rebut the opinions of Ms. Arnold, Mr. Schnell, and Mr. Jacobs as disclosed in Ms. Heard's Second Supplemental Disclosures of Expert Witnesses.

6. **Bryan Neumeister, Technical Forensics Expert, USA Forensic LLC, 30 Lee Gate Lane, Grosse Pointe Farms, Michigan 48236.** Plaintiff has previously disclosed Mr. Neumeister as an expert witness in his designations dated January 11, 2022, which Plaintiff incorporates by reference as if fully set forth herein. Plaintiff further designates Mr. Neumeister to rebut the opinions of Mr. Ackert as disclosed in Ms. Heard's Second Supplemental Disclosures of Expert Witnesses. Specifically, Mr. Neumeister will opine that Mr. Ackert's opinion as to the data produced by Mr. Depp lacks foundation because Mr. Ackert has not performed a forensic imaging of Mr. Depp's devices, a request that this Court has denied on at least two occasions. Further, Mr. Neumeister will opine that Mr. Ackert's opinion that data produced by Ms. Heard in this action is unaltered is not only premature, as a forensic analysis has yet to be conducted, but also incorrect when Ms. Heard has produced photographs that have been altered by at least going through a photo-editing application, as Mr. Neumeister opined in the designations dated January 11, 2022.

7. **Kimberly Ann Collins, MD, Forensic Pathologist, Newberry Pathology Group, Newberry Memorial Hospital, 2669 Kinard Street, Newberry, South Carolina, 29108.** Plaintiff has previously disclosed Dr. Collins as an expert witness in his designations dated January 11, 2022, which Plaintiff incorporates by reference as if fully set forth herein. Plaintiff further designates Dr. Collins to rebut the opinions of Dr. Jorden as disclosed in Ms. Heard's Second Supplemental Disclosures of Expert Witnesses.

8. Rachael Frost, Policing – Policy and Procedures Expert, Frost ICED, 39252 Winchester Road, Suite 107-169, Murrieta, California 92563. Plaintiff has previously disclosed Ms. Frost as an expert witness in his designations dated January 11, 2022, which Plaintiff incorporates by reference as if fully set forth herein. Plaintiff further designates Ms. Frost to rebut the opinions of Mr. Bercovici as disclosed in Ms. Heard’s Second Supplemental Disclosures of Expert Witnesses.

Respectfully submitted,


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Dated: February 25, 2022

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 25th day of February 2022, I caused copies of the foregoing to be served by email (per written agreement between Parties) on the following:

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Benjamin G. Chew

Exhibit 2

<p style="text-align: right;">181</p> <p>1 reviewed it, whether he had an opportunity to edit 2 and to -- and that, I would let him answer those. 3 But I think the questions you're asking would be 4 objectionable. 5 So I am going to instruct you not to 6 answer that question. 7 MS. CALNAN: So just to clarify for the 8 record. My question is, Dr. Spiegel, are these 9 words in your designation. And, Elaine, you're 10 instructing him not to answer? 11 MS. BREDEHOFT: Correct, for the reasons 12 I just stated. And I told you what I would allow 13 you to ask him, which would get you where you need 14 to go. 15 MS. CALNAN: Elaine, thank you. Thank 16 you. 17 Q Okay. So turning to right above Roman 18 numeral 3. The words here are, written by 19 someone, Dr. Spiegel is expected to testify that 20 in his review of the record materials and in 21 speaking with Ms. Heard, Mr. Depp exhibited all 22 these warning signs in his relationship with Ms.</p>	<p style="text-align: right;">183</p> <p>1 because that's part and parcel of the illness, I 2 should put that out there, too, which I didn't 3 state. 4 Q All right. Do you want to amend your 5 opinion? 6 A No. That just gives more credence to the 7 same thing I'm saying. 8 Q Okay. So my question is, for this 9 statement that I just read, your -- your opinion 10 is that Mr. Depp has committed IPV, and that's 11 also where there is record evidence in 12 contradiction of that. 13 Is that correct? 14 A To the degree of medical certainty 15 greater than 50 percent, the answer is yes. 16 Q Okay. And you testified earlier that -- 17 I know there is a difference between warning signs 18 and risk factors, but that you can have all the 19 risk factors and not actually commit IPV. 20 Is that correct? 21 A Correct. 22 MS. BREDEHOFT: Objection. Asked and</p>
<p style="text-align: right;">182</p> <p>1 Heard. 2 Did I read that correctly? 3 A Yes. 4 Q And are these warning signs of IPV? 5 A Yes. 6 Q And is it your opinion that Mr. Depp 7 actually committed IPV? 8 A Yes. 9 Q Based on your review of the records? 10 A Based on my review of the records. The 11 other thing which again -- which -- not only my 12 review of the records and the depositions and 13 everything else that I saw. 14 As a general rule in psychiatry, 15 unfortunately people who are -- use substances to 16 the extent that Mr. Depp does will tend to 17 fabricate, misrepresent history. So that was 18 another thing I did put in there; that that is 19 something that when you deal with a patient who 20 has substance abuse disorder, that's part and 21 parcel of treatment. 22 While you don't make a big deal of that,</p>	<p style="text-align: right;">184</p> <p>1 answered at least two times, now a third. 2 Go ahead. 3 A Correct. 4 Q But it's your opinion that Mr. Depp has 5 committed IPV, to a degree of medical certainty? 6 A Correct. 7 Q Okay. Dr. Spiegel, your opinion also 8 included a rebuttal of Dr. Shaw. 9 Is that correct? 10 A Correct. 11 Q And Dr. Shaw is Mr. Depp's retained 12 forensic psychiatrist. 13 Is that correct. 14 MS. BREDEHOFT: Objection. Hearsay. 15 Foundation. 16 But go ahead. 17 A Correct. 18 Q Have you reviewed Dr. Shaw's opinion? 19 A Yes. 20 Q And Dr. Shaw's opinion pertains, excuse 21 me, to the Goldwater Rule. Correct? 22 A Correct.</p>

<p style="text-align: right;">301</p> <p>1 a professional opinion in this case which, based 2 on the APA document rule that I have in front of 3 us here, runs afoul of the Goldwater Rule. 4 Correct? 5 MS. BREDEHOFT: Objection. Asked and 6 answered multiple times. 7 Go ahead. 8 A Could you put down the -- can you scroll 9 down. Any more of the -- any more on the other 10 page? 11 Q There's a lot more for the Goldwater 12 Rule, but I'm really just -- 13 A I just want to know what I'm saying yes 14 to or no to, that's all. 15 Q Well, are you familiar with the Goldwater 16 Rule? 17 A Yes. Do I know the Goldwater Rule in 18 principle, yes. Do I know the Goldwater Rule word 19 by word, no. Do I know it in principle, yes. I'd 20 like to meet the person that knows it word by 21 word. 22 Anyway, what I will consent to is that</p>	<p style="text-align: right;">303</p> <p>1 with hospital rounds early in the morning. We 2 made it clear that if you wanted seven full 3 hours -- 4 MS. CALNAN: Elaine, this is my 5 deposition. That's a speech. 6 MS. BREDEHOFT: I have not -- excuse me. 7 I have not finished. By definition, if you wanted 8 the seven hours, you needed to start earlier. 9 MS. CALNAN: That's not true. You are 10 just saying what your version of the facts is. 11 That is not what happened. 12 MS. BREDEHOFT: Excuse me. Excuse me. 13 MS. CALNAN: You did not say that until 14 you sent an e-mail early this morning. And, 15 Elaine, just to cause -- to not have an argument 16 because there's no reason to, if your position is 17 that Dr. Spiegel -- who, by the way, we are paying 18 for to be here today, if your position is that Dr. 19 Spiegel -- you're ending the deposition of Dr. 20 Spiegel, that's fine. No need to argue. But we 21 will then move to have him come back. 22 MS. BREDEHOFT: I am going to make my</p>
<p style="text-align: right;">302</p> <p>1 the Goldwater Rule says that. I am a member of 2 the APA. Goldwater Rule says that. It does not 3 mean people have to blindly comply if there is 4 scientific evidence otherwise. 5 But certainly based on what is being 6 said, I am saying something that the Goldwater 7 Rule, okay, does not agree with. 8 Q Okay. 9 MS. BREDEHOFT: Okay. All right. It's 10 now -- please stop. It's 5:31. 11 MS. CALNAN: Elaine, you can't -- 12 MS. BREDEHOFT: Ervin -- Ervin, can you 13 tell me how much time has been taken for breaks? 14 VIDEO SPECIALIST: We have been on breaks 15 for 1 hour and 15 minutes. 16 MS. BREDEHOFT: Thank you. 17 As I indicated from the outset when we 18 were scheduling the expert witnesses, that the 19 experts need to be respected, they are 20 professionals and they need to have their business 21 hours respected. 22 Dr. Spiegel is an active practitioner</p>	<p style="text-align: right;">304</p> <p>1 record before. I made it clear from the outset in 2 the e-mail exchanges with Sam Moniz who is on this 3 deposition right now -- 4 MS. CALNAN: That is not true, Elaine. 5 Elaine, this is not your deposition. 6 MS. BREDEHOFT: Excuse me. Excuse me. 7 MS. CALNAN: You don't get to just talk 8 about whatever you want to talk about. You 9 either -- you either object -- 10 MS. BREDEHOFT: There were extended 11 breaks -- 12 MS. CALNAN: -- or you say that the 13 deposition is ending, that's it. So if you are 14 done talking, then I am going to proceed with my 15 questioning. 16 MS. BREDEHOFT: We made it clear that if 17 they wanted to go past 5:30 -- 18 MS. CALNAN: No. 19 Q Okay. Dr. Spiegel -- 20 MS. BREDEHOFT: That we would not go past 21 5:30. Okay. All right. Since you're preventing 22 me from making the record, I will just make it to</p>

Exhibit 3

<p style="text-align: right;">21</p> <p>1 A I don't recall specifics, but there have 2 been some cases where individuals have been under 3 the influence of substances at the time an offense 4 was committed, and I have commented on the 5 potential relationship between their behavior and 6 the substance. 7 Q And did you talk to the individuals before 8 you gave your opinion as to the potential impact 9 of the drugs on the individuals? 10 A Yes. 11 Q And was this in a criminal matter? 12 A It was. 13 Q Have you ever offered testimony on the 14 risk factors associated with perpetrators of 15 intimate partner violence? 16 A No. 17 Q And could we -- I may refer to "intimate 18 partner violence" at other times. Can we agree 19 that we can call it IPV? You'll know what that 20 means? 21 A Yes. 22 MR. NADELHAFT: Could we put up</p>	<p style="text-align: right;">23</p> <p>1 A I did. 2 Q Okay. Could we turn to page 34. 3 And, Dr. Shaw, do you recognize this as 4 the first part of a disclosure of you? 5 A Yes. 6 Q Okay. And I'll represent that this 7 disclosure was served on February 10, 2022. Does 8 that sound right? 9 A Yes. 10 Q Okay. Do you know when you were retained 11 by Mr. Depp? 12 A It was at the very end of January or 13 beginning of February. 14 Q How were you retained? 15 A I was contacted by Ms. Calnan. 16 Q Had you ever worked with Ms. Calnan 17 before? 18 A No. 19 MS. CALNAN: And, Adam, sorry, I'm just 20 going to interrupt. I know both parties have 21 agreed that the substance of the communications 22 between our experts and counsel are privileged, so</p>
<p style="text-align: right;">22</p> <p>1 Attachment 2, please. 2 AV TECHNICIAN: All right. Stand by. 3 (Shaw 2, Plaintiff's Designation/ 4 Identification of Opposing Expert Witnesses, was 5 marked for identification and is attached to the 6 transcript.) 7 BY MR. NADELHAFT: 8 Q Dr. Shaw, I'm showing you what's been 9 marked as Shaw Exhibit 2. The first page is 10 Plaintiff's Designation/Identification of Opposing 11 Expert Witnesses. 12 Do you recognize this document? 13 A Yes. 14 Q And you understand that these -- this is 15 Mr. Depp's designation and identification of 16 opposing expert witnesses? 17 A Yes. 18 Q Did you read the entire document? 19 A Yes. 20 Q So you read about other experts that 21 Mr. Depp was designating in addition to yourself; 22 is that right?</p>	<p style="text-align: right;">24</p> <p>1 I just want to -- 2 Dr. Shaw, just keep that in mind, of 3 course, questions about when we talked or who you 4 talked with is fine, but just not the substance. 5 THE WITNESS: Thank you. 6 MR. NADELHAFT: Thanks. 7 BY MR. NADELHAFT: 8 Q Did you speak to Ms. Calnan over the 9 phone? 10 A Yes. 11 Q And how long after the initial 12 conversation were you retained? 13 A Two or three days, I believe. 14 Q And what did you understand your 15 assignment was? 16 A My assignment was to give an opinion about 17 the conduct and opinion offered by Dr. Spiegel in 18 this matter. 19 Q Did you know Dr. Spiegel at all before 20 this? 21 A No. 22 Q Did you speak to -- have you ever spoken</p>

<p style="text-align: right;">93</p> <p>1 A I said, No. They could hire any expert 2 they choose. 3 Q And that expert can give an opinion on the 4 psychiatry of a person -- on the psychiatry of a 5 person even without an interview? 6 A Well, yes, of course, they could express 7 any opinion they wish. The issue is whether or 8 not they are -- you know, whether that opinion is 9 based on typical accepted practice of a 10 psychiatrist, and that the methodology by which 11 they obtained that information would be something 12 that would be considered the standard of care for 13 someone in that profession. 14 Q You also say in your designation that 15 Dr. Spiegel does not indicate whether he believes 16 his opinions can be rendered to a reasonable 17 degree of medical certainty, or specify that 18 further information would be needed to confirm 19 these opinions. 20 What's your basis for that opinion? 21 A I'm sorry, would you mind repeating that 22 question.</p>	<p style="text-align: right;">95</p> <p>1 would cause some doubt about the validity of those 2 opinions and -- and certainly would make that 3 statement that there was reasonable medical 4 probability suspect. 5 Q And the Goldwater Rule is concerned about 6 the public perception of psychiatry, correct? 7 MS. CALNAN: Objection; outside the scope 8 of Dr. Shaw's opinion, and vague and ambiguous. 9 THE WITNESS: I don't believe that's the 10 full intention of the Goldwater Rule, although 11 some people who object to the rule had stated 12 that. 13 I think that the purpose of the Goldwater 14 Rule was really to ensure that psychiatrists were 15 practicing in an ethical and proper manner 16 following the accepted standard of care so that 17 the, you know, psychiatric opinions that they 18 express can be considered trustworthy and obtained 19 in a proper manner and -- really also to protect 20 people from being defamed on the basis of 21 inadequate or incomplete information. 22 Q And when you say defamed on incomplete or</p>
<p style="text-align: right;">94</p> <p>1 Q Sure. You say that Dr. Spiegel does not 2 indicate whether he believes his opinions can be 3 rendered to a reasonable degree of medical 4 certainty or specified that further information 5 would be needed to confirm these opinions. 6 What is that statement based on? 7 A Well, I'm not sure exactly what statement 8 I'm -- I made. What -- what I would want to state 9 clearly is Dr. Spiegel believes he was expressing 10 an opinion to a degree of medical certainty as was 11 reflected in his designation. 12 The problem that I see in his designation 13 is that he did not acknowledge the limitations of 14 his methodology and qualify that his opinions 15 actually needed to be, you know, really considered 16 in the light of the fact that he had not done the 17 standard evaluation that would normally be 18 required, and as it's specified earlier in the 19 previous attachment where we talked about various 20 recommendations about how important it is to, you 21 know, very clearly outline where someone has 22 deviated from the standard practice and which</p>	<p style="text-align: right;">96</p> <p>1 inadequate information, that would be statements 2 to the media, correct? 3 MS. CALNAN: Objection; calls for a legal 4 conclusion. 5 THE WITNESS: Initially, the first, you 6 know, version of the Goldwater Rule did have to do 7 with public opinion. But I believe it has been 8 subsequently revised to reflect opinions about 9 individuals, including in legal matters. So it 10 doesn't have to be published in the media, 11 although, of course in this case, there was 12 possibility that that might happen. 13 Q Okay. 14 MR. NADELHAFT: Could you put up, please, 15 Attachment 5. 16 AV TECHNICIAN: All right. Stand by. 17 (Shaw 6, Opinions of the Ethics Committee 18 on The Principles of Medical Ethics, 2017 Edition, 19 was marked for identification and is attached to 20 the transcript.) 21 Q Dr. Shaw, I'm showing you what's been 22 marked as Shaw Exhibit 6. Have you seen this</p>

Exhibit 4

1 of Johnny or Amber but an identical set of
2 conditions for the IME to be conducted.

3 But just -- just going off the proposed
4 order that -- that we've submitted today, number
5 one, let's not kid ourselves. This is not an
6 independent examination. This -- again, this will
7 be an examination by a paid expert on both sides.
8 So the first request would be that it does not be
9 permitted to be called an independent examination.

10 The second one is identical to what
11 Mr. Chew has -- has suggested which is the length,
12 the duration, the number of breaks. The third one
13 is the circumstances.

14 Now -- now, Dr. Hughes, our expert, has
15 confirmed that literally everyone has been doing
16 these things by Zoom; that there's very little to
17 nothing that's lost by doing these over Zoom. And
18 in particular we believe Zoom is appropriate for a
19 few reasons here.

20 Number one, Ms. Heard has a newborn baby
21 who is not and cannot be vaccinated. I understand
22 Mr. Chew's position that -- that the pandemic

1 THE COURT: All right. I -- I
2 understand that.

3 MR. ROTTENBORN: All right. Thank you.

4 THE COURT: All right. As far as
5 this -- the plaintiff's IME request in this motion
6 does fall within the scope of 4:10 because the
7 defendant has placed her mental condition in issue
8 here and as Dr. Hughes is also designated as an
9 expert alleging PTSD from the relationship with
10 the plaintiff and also alleging intimate
11 partnership -- partner violence as well. So it
12 does fall -- the IME does fall under 4:10.

13 An IME is an IME. I'm not changing the
14 name. It's a legal -- it's what it is known as.
15 So it is an IME. So that's what it stays known
16 as.

17 As far as the particulars of the IME,
18 I'm -- I'm not going to authorize it over Zoom. I
19 do believe it -- it should be in person. And it
20 should be -- let's put it in Dr. Curry's office
21 and whatever dates in December that both parties
22 agree to. Nobody is going to observe the

Exhibit 5

Robinson, Laura

From: Rottenborn, Ben <brottenborn@woodsrogers.com>
Sent: Thursday, October 7, 2021 12:04 PM
To: Abdallah, Samy; Chew, Benjamin G.
Cc: Treece, Joshua; Elaine Bredehoft; Adam Nadelhaft; Michelle Bredehoft; Vasquez, Camille M.; Moniz, Samuel A.; Crawford, Andrew C.
Subject: RE: Depp v. Heard: Proposed Order Granting Plaintiff's Motion to Compel an IME of Defendant

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Yes please, Samy. Thanks!

Ben

From: Abdallah, Samy <Samy.Abdallah@fairfaxcounty.gov>
Sent: Thursday, October 07, 2021 11:37 AM
To: Chew, Benjamin G. <BChew@brownrudnick.com>; Rottenborn, Ben <brottenborn@woodsrogers.com>
Cc: Treece, Joshua <jtreece@woodsrogers.com>; Elaine Bredehoft <ebredehoft@charlsonbredehoft.com>; Adam Nadelhaft <anadelhaft@cbcblaw.com>; Michelle Bredehoft <mbredehoft@charlsonbredehoft.com>; Vasquez, Camille M. <CVasquez@brownrudnick.com>; Moniz, Samuel A. <SMoniz@brownrudnick.com>; Crawford, Andrew C. <ACrawford@brownrudnick.com>
Subject: RE: Depp v. Heard: Proposed Order Granting Plaintiff's Motion to Compel an IME of Defendant

****EXTERNAL EMAIL****

Dear Counsel,

I will present both Orders to Judge Azcarate this afternoon. I will make sure the Signed Order is filed under seal. Would each of you like a scanned copy of the Order once it is entered? Thank you.

Sincerely,
Samy W. Abdallah
Law Clerk to the Hon. Penney S. Azcarate
Fairfax County Circuit Court
4110 Chain Bridge Rd.
Fairfax, Virginia 22030
703-246-2221
Samy.abdallah@fairfaxcounty.gov

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From: Chew, Benjamin G. <BChew@brownrudnick.com>
Sent: Thursday, October 7, 2021 11:06 AM
To: Rottenborn, Ben <brottenborn@woodsrogers.com>; Abdallah, Samy <Samy.Abdallah@fairfaxcounty.gov>
Cc: Treece, Joshua <jtreece@woodsrogers.com>; Elaine Bredehoft <ebredehoft@charlsonbredehoft.com>; Adam Nadelhaft <anadelhaft@cbcblaw.com>; Michelle Bredehoft <mbredehoft@charlsonbredehoft.com>; Vasquez, Camille M. <CVasquez@brownrudnick.com>; Moniz, Samuel A. <SMoniz@brownrudnick.com>; Crawford, Andrew C. <ACrawford@brownrudnick.com>
Subject: RE: Depp v. Heard: Proposed Order Granting Plaintiff's Motion to Compel an IME of Defendant

Dear Samy:

As to Defendant (Mr. Rottenborn's) message:

1. Plaintiff agrees that the Order should be entered and filed under seal.
2. Defendant's expert Dr. Hughes interviewed three collateral sources as part of her IME of Ms. Heard: Ms. Heard's mother, Paige (now most regrettably deceased), Dr. Cowan, and Dr. Jacobs. The October 1 transcript shows that the Court ordered Dr. Curry to conduct the same type of IME (testing) that Dr. Hughes did to evaluate Defendant's alleged IPV and PTSD. So both Dr. Hughes and Dr. Curry agree that collateral interviews are an appropriate and necessary component of the testing, as evidenced by Dr. Hughes's own examination report, which Ms. Heard submitted as part of her expert disclosures.

Warm regards,

Ben

brownrudnick

Benjamin G. Chew
Partner

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Please consider the environment before printing this e-mail

From: Rottenborn, Ben <brottenborn@woodsrogers.com>
Sent: Thursday, October 7, 2021 10:50 AM
To: Chew, Benjamin G. <BChew@brownrudnick.com>; Abdallah, Samy <Samy.Abdallah@fairfaxcounty.gov>
Cc: Treece, Joshua <jtreece@woodsrogers.com>; Elaine Bredehoft <ebredehoft@charlsonbredehoft.com>; Adam Nadelhaft <anadelhaft@cbcblaw.com>; Michelle Bredehoft <mbredehoft@charlsonbredehoft.com>; Vasquez, Camille M. <CVasquez@brownrudnick.com>; Moniz, Samuel A. <SMoniz@brownrudnick.com>; Crawford, Andrew C. <ACrawford@brownrudnick.com>
Subject: RE: Depp v. Heard: Proposed Order Granting Plaintiff's Motion to Compel an IME of Defendant

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Samy,

Attached is a version of Defendant's proposed order with the redlines accepted. To follow up on Mr. Chew's email, I note a few things:

1. Both Mr. Chew and I agreed that, subject to the Court's agreement, whatever order is entered should be entered and filed under seal since it contains private and sensitive health information about Defendant. This is consistent with the briefs and exhibits being filed under seal.
2. The primary substantive edits we suggested were to Plaintiff's revised Paragraphs 6(a) and 6(b). Since the hearing, Plaintiff added significant substantive language that the Court did not order and that was not contained in Plaintiff's prior proposed order, including the right of Dr. Curry to interview third parties, which is wholly inappropriate for a Rule 4:10 examination of Defendant. Our revisions to those paragraphs were simply to make them consistent with what Plaintiff proposed and the Court reviewed last Friday.

If the Court has any questions about these orders or needs additional information, please do not hesitate to let us know.

Thanks,
Ben

Ben Rottenborn
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From: Chew, Benjamin G. <BCheW@brownrudnick.com>
Sent: Thursday, October 07, 2021 9:22 AM
To: Abdallah, Samy <Samy.Abdallah@fairfaxcounty.gov>
Cc: Rottenborn, Ben <broddenborn@woodsrogers.com>; Treece, Joshua <jtreece@woodsrogers.com>; Elaine Bredehoft <ebredehoft@charlsonbredehoft.com>; Adam Nadelhaft <anadelhaft@cbcblaw.com>; Michelle Bredehoft <mbredehoft@charlsonbredehoft.com>; Vasquez, Camille M. <CVasquez@brownrudnick.com>; Moniz, Samuel A. <SMoniz@brownrudnick.com>; Crawford, Andrew C. <ACrawford@brownrudnick.com>
Subject: Depp v. Heard: Proposed Order Granting Plaintiff's Motion to Compel an IME of Defendant

****EXTERNAL EMAIL****

Good morning, Samy,

I just left three documents to the Court's attention in Judges' Chambers, all of which are marked Confidential- Filed Under Seal pursuant to the Protective Order:

1. Plaintiff's proposed Order on the motion heard last Friday, October 1, granting Plaintiff's Motion to Compel and IME of Defendant;
2. The transcript of the October 1 hearing; and
3. Defendant's proposed redline to Plaintiff's proposed Order.

We submit these now because I am concerned about the passage of time, and because Defendant's counsel previously advised the Court that the counsel would be submitting a proposed Order(s) by the middle of this week (*i.e.*, by yesterday).

Plaintiff's version of the proposed Order includes necessary standard procedure for the evaluation of PTSD, which requires the establishment of baseline functioning prior to the alleged trauma and the ruling out of other life events as the cause of any present day PTSD symptoms. Defendant's expert Dr. Hughes stated in her report that her methodology included standard components of an IME, including review of materials relevant to the case (legal, medical, and psychological) consultations and interviews with collateral sources, which Dr. Curry will also conduct as they are standard for a psychological IME, and necessary to establish baseline functioning prior to the alleged trauma.

I spoke with Defendant's counsel Ben Rottenborn yesterday- we previously agreed (day before yesterday) to the change of dates for the IME he requested on behalf of Defendant- before Mr. Rottenborn had to leave for a hearing in another matter. Since that time, you will see that we accepted Defendant's proposed redline edits in paragraphs 3 and 8.

Per the transcript, it appears that the Court did not order Dr. Curry to be produced for deposition for up to five hours and so Plaintiff did not incorporate that proposed change by Defendant's counsel (though we remain willing to discuss possible expert depositions at the appropriate time).

Many thanks for the Court's kind consideration.

Warm regards,

Ben

brownrudnick

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Partner

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Fellow,
American College
of Trial Lawyers

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