



COUNTY of LUZERNE

P E N N S Y L V A N I A
E S T A B L I S H E D 1 7 8 6

Right-To-Know Response Form

Received Date: Dec 15, 2014
Date of Request: December 8, 2014
Five Business Day Response Date: December 22, 2014

William P. Cech, Esquire
8 West market Street, Suite 1100
Wilkes-Barre, Pa 18701

Dear Atty. Cech,

Thank you for writing to Luzerne County with your request for information pursuant to the Pennsylvania Right-To-Know Law.

Your request for information has been received and is under review. The Pennsylvania Right-To-Know Law requires a response within five (5) business days; however, we require a thirty (30) day extension for the following reason(s):

- (1) the request for access requires redaction of a record in accordance with section 706;
- (2) the request for access requires the retrieval of a record stored in a remote location;
- (3) a timely response to the request for access cannot be accomplished due to bona fide and specified staffing limitations;
- (4) a legal review is necessary to determine whether the record is a record subject to access under this act;
- (5) the requester has not complied with the agency's policies regarding access to records;
- (6) the requester refuses to pay applicable fees authorized by this act; or
- (7) the extent or nature of the request precludes a response within the required time period.

You should expect a response to your request no later than January 13, 2014.

Respectfully,

Sandra A. Zurek
Luzerne County Solicitor's Administrative Assistant
Luzerne County Interim Open Records Officer
200 North River Street
Wilkes-Barre, PA 18711

*Emailed
12/16/14
(SZ)*

ROBERT T. PANOWICZ
ATTORNEY AT LAW

8 WEST MARKET STREET, SUITE 1100
WILKES-BARRE, PENNSYLVANIA 18701 (570) 825-6631
FAX (570) 829-2222

December 8, 2014

Shannon Crake, Esquire
Luzerne County District Attorney's Office
200 N River St,
Wilkes-Barre, PA 18711

RE: Estate of Daniel Rosser Williams, IV a/k/a Daniel Rosser
D.O.B.: October 30, 1973
SSN: xxx-xx-8755

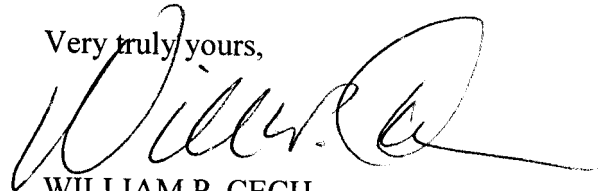
Dear Attorney Crake:

Several months ago, my office forwarded a Right-to-Know Request to the Luzerne County Correctional Facility for information pertaining to Daniel Rosser Williams, IV, now deceased. Mr. Williams committed suicide while incarcerated at the Luzerne County Correctional Facility. To date, we have not received a response from LCCF. After speaking with County Attorney David Pedri, he suggested I forward the Right-to-Know Request directly to your attention. Enclosed please find the same.

By copy of this letter, I am notifying Luzerne County Correctional Facility of our actions. I appreciate any assistance you can provide in expediting this request and if you have any questions or require any additional information, please feel free to contact me at any time.

I have also sent an authorization signed by Arlene Williams, Administrator of the Estate of Daniel Rosser Williams, IV, seeking any records not covered by the Right-to-Know Request. I have sent the authorization directly to the facility and have copied with the enclosure. To the extent it is within your authority, kindly forward the authorization to the proper recipient, if I have not already done so. Again, I appreciate any help or assistance you may be able to provide.

Very truly yours,



WILLIAM P. CECH

WPC/oar
Enclosures
cc: Luzerne County Correctional Facility (enclosure)
Arlene Williams

Rec'd
12-15-14
POSTAL MAIL

5 DAY - 12-22-14
30 day ext due
Jan 13, 2014



Pennsylvania

OFFICE OF OPEN RECORDS

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 12/9/14

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

REQUEST SUBMITTED TO (Agency name & address or e-mail address):
Luzerne County Correctional Facility, 99 Water Street, Wilkes-Barre, PA 18702.

NAME OF REQUESTER: William P. Cech, Esquire

REQUESTER STREET ADDRESS (Required): 8 West Market Street, Suite 1100

CITY/STATE/COUNTY/ZIP (Required): Wilkes-Barre, PA 18701 Luzerne County

TELEPHONE: (570) 825-6631 EMAIL: william.cech@panowiczlaw.com

RECORDS REQUESTED: *Provide as much specific information as the agency can identify the information.*

Any and all records pertaining to Daniel Rosser Williams, IV, a/k/a Daniel Williams, including, but not limited to, medical records, arrest records, disciplinary records, statements, witnesses statements, transcripts, investigative records, staff notes, booking information, infirmary records, all officer log sheets for September 24, 2013, all lock down information for September 24, 201, and any other records or information within your possession, whether recorded, digital, paper copy, CD ROM, video, or any other medium. (SEE ATTACHED SHEET)

D.O.B.: October 30, 1973 SSN: xxx-xx-8755

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS ON SITE? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? (Certification fee may apply) YES or NO

****PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES****
****IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL****

FOR AGENCY USE ONLY

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

***Public bodies may fill anonymous verbal or written requests. If the requester wishes to pursue the relief and remedies provided for in this Act, the request must be in writing (Section 702). Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law (Section 703).*

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION

Daniel Rosser Williams IV,
a/k/a Daniel Williams
Deceased

Any and all records pertaining to Daniel Rosser Williams, IV , a/k/a Daniel Williams, including, but not limited to, medical records, arrest records, disciplinary records, statements, witnesses statements, transcripts, investigative records, staff notes, booking information, infirmary records, and any other records or information within your possession, whether recorded, digital, paper copy, CD ROM, video, or any other medium.

Also to include Classification Form, Intake suicide screening, Medical Form receiving, Screening/Health Assessment and any & all Policies /Procedures

D.O.B.: October 30, 1973 SSN: xxx-xx-8755

ROBERT T. PANOWICZ
ATTORNEY AT LAW

8 WEST MARKET STREET, SUITE 1100
WILKES-BARRE, PENNSYLVANIA 18701 • (570) 825-6631
FAX (570) 829-2222

December 8, 2014

Luzerne County Correctional Facility
99 Water Street
Wilkes-Barre, PA 18702

RE: Estate of Daniel Rosser Williams, IV a/k/a Daniel Rosser

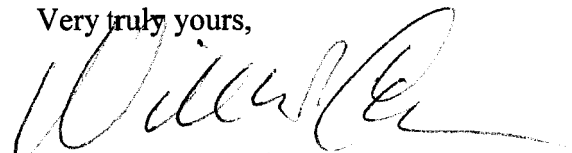
To Whom It May Concern:

Enclosed please find an Authorization endorsed by the Administrator of the Estate of Daniel Rosser Williams, IV. Please comply with the authorization within the next twenty (20) days.

I would also direct your attention to a Right to Know Request filed by my office some time ago. To date, we have not received a response from you. After speaking with County Attorney David Pedri, I will be forwarding that request directly to Attorney Shannon Crake under separate cover. By copy of this letter I will also be forwarding this authorization to Attorney Crake's attention.

If you have question or wish to discuss the matter in greater detail, please feel free to contact me at any time.

Very truly yours,



WILLIAM P. CECH

WPC/oar
Enclosure

cc: Shannon Crake (w/enclosure)
Arlene Williams

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print) Daniel Rosser Williams IV, a/k/a Daniel Williams		Inmate/Employee # Deceased	Date of Birth 10/30/73	Inmate Social Security # 199-58-8755 Deceased	
Medical/Dental Records	<input checked="" type="checkbox"/>	Mental Health Records	<input checked="" type="checkbox"/>	Drug & Alcohol Treatment Records	<input checked="" type="checkbox"/>
				HIV Information	<input checked="" type="checkbox"/>
				Records (General)	<input checked="" type="checkbox"/>

I, the undersigned, hereby give my consent for:
(name and address of facility/responder)

Arlene Williams, Administrator
of the Estate of Daniel Rosser
Williams, IV a/k/a Daniel Williams

To release information to:
(name and address of requester)

Robert T. Panowicz, Esquire
William P. Cech, Esquire
8 West Market St., Suite 1100
Wilkes-Barre PA 18701

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning _____ and ending _____.
The information being requested is: All records in your possession to include Medical/
Dental, Mental Health, Drug & Alcohol treatment, HIV Information (SEE
ATTACHED SHEET) Authorization for disclosure is being given for the purpose of:
Litigation.

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). **Authorizations for release of mental health records expire in 180 days.**

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate's DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, (MHPA) 50 P.S. §7101 et seq., the Drug and Alcohol Abuse Control Act, 71 P.S. §1690.101 et seq. and the Confidentiality of HIV-Related Information Act, 35 P.S. §7601 et seq.

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 180 days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Arlene Williams 12/18/14
Arlene Williams Administrator
of the Estate of Daniel Rosser
Williams, IV a/k/a Daniel Williams

William P. Cech
Signature of Witness
Date 12/18/14

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION

Daniel Rosser Williams IV,
a/k/a Daniel Williams
Deceased

Any and all records pertaining to Daniel Rosser Williams, IV , a/k/a Daniel Williams, including, but not limited to, medical records, arrest records, disciplinary records, statements, witnesses statements, transcripts, investigative records, staff notes, booking information, infirmary records, and any other records or information within your possession, whether recorded, digital, paper copy, CD ROM, video, or any other medium.

Also to include Classification Form, Intake suicide screening, Medical Form receiving, Screening/Health Assessment and any & all Policies /Procedures

D.O.B.: October 30, 1973

SSN: xxx-xx-8755