

In The Supreme Court
Appeal From The Oakland County Circuit Court
Judge Michael Warren

People Of The State Of Michigan,

Plaintiff/Appellee,

v.

Supreme Court No.148971

COA Case No. 312364

Oakland County Case No. 2012-241272-FH

Robert Tuttle

Defendant/Appellant

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Appellant's Appendix

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STATE OF MICHIGAN
COUNTY OF OAKLAND
 CIRCUIT PROBATE
 General Family

ORDER BEFORE MOTION
2012 AUG 21 P 1:32

OAKLAND COUNTY 12-241272-FH
JUDGE MICHAEL WARREN
PEOPLE v TUTTLE, ROBERT

1200 North Telegraph Road, Dept. 404 • Pontiac, MI 48341-0404 (248) 858-0369
ORI -

Plaintiff
PEOPLE

Defendant
ROBERT EDWARD TUTTLE

In the matter of:

Attorney
JESSICA COOPER, PROS.
by SHANNON O'BRIEN P53067

Attorney
DANIEL J.M. SCHOUWAN
P55958

Motion title: *A'S MOTION FOR DISMISSAL AND/OR FOR AFFIRMATIVE DEFENSE UNDER SEC 8/MINNA AT JURY TRIAL*

IT IS FURTHER ORDERED: The above named motion is
 granted.
 granted in part, denied in part
 denied.

IT IS FURTHER ORDERED:

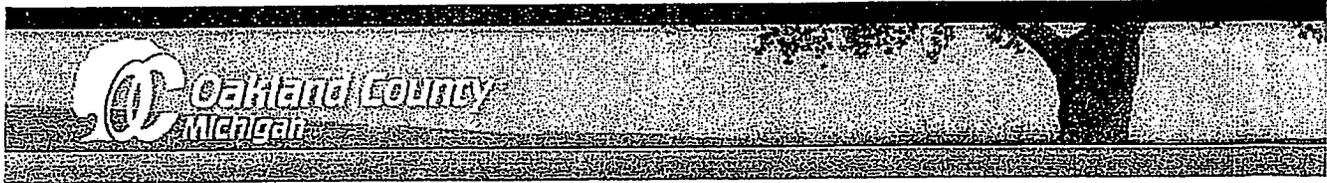
THE COURT HAVING HEARD THE TESTIMONY AND ARGUMENTS FOR BOTH PARTIES, DEFENDANT'S MOTION TO DISMISS PURSUANT TO SECTION 4 AND SECTION 8 IS DENIED. DEFENDANT IS PRECLUDED FROM ASSERTING THE SEC. 8 AFFIRM. DEFENSE AT TRIAL, AS HE HAS FAILED TO MEET HIS BURDEN UNDER MCL 333.26428. DEFENDANT'S MOTION FOR STAY OF PROCEEDINGS PENDING APP. FOR LEAVE TO COA IS GRANTED

Shu P53067
Plaintiff

[Signature]
Defendant

DATE *8-20-12*
[Signature]
HON. MICHAEL WARREN *ar*

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Case Number 2012-241272-FH PEOPLE vs. TUTTLE,ROBERT,EDWARD,
 Judge Name MICHAEL WARREN
 Case Filed 05/04/2012
 Case Disposed 05/29/2014
 Case E-filed NO

Date	Code	Description
05/04/2012	N	NOTICE FROM COURT ADMINISTRATOR FILED
05/04/2012	A	PROSECUTORS ORDER 12-89475
05/04/2012		ARRESTING AGENCY: OAKLAND COUNTY SHERIFFS DEPT.
05/04/2012		51 DISTRICT COURT 120406FY
05/04/2012	CTN	CENTRAL TRACT 63-12-089475-01
05/04/2012	SID	STATE ID NOT AVAILABLE
05/04/2012	DOF	DATE OF OFFENSE / /
05/04/2012	CCA	ARRAIGNMENT - THU, 05172012 AT 0100PM
05/04/2012	DCX	EXAM FOR 05/03/12 HAD
05/04/2012	DOB	BIRTH YEAR - 76
05/04/2012	CHG	333.74012D3 DELIVERY/MANUFACTURE MARJ.
05/04/2012		BOUND OVER AS CHARGED
05/04/2012	CHG	333.74012D3 DELIVERY/MANUFACTURE MARJ.
05/04/2012		BOUND OVER AS CHARGED
05/04/2012	CHG	333.74012D3 DELIVERY/MANUFACTURE MARJ.
05/04/2012		BOUND OVER AS CHARGED
05/04/2012	CHG	333.74012D3 DELIVERY/MANUFACTURE MARJ.
05/04/2012		BOUND OVER AS CHARGED
05/04/2012	CHG	750.227B-A WEAPONS-FELONY FIREARM
05/04/2012		BOUND OVER AS CHARGED
05/04/2012	COB	CONDITIONS ON BOND
05/04/2012	BON	BOND POSTED BY: TUTTLE,TERI,,
05/04/2012		ADDRESS: 269 GRANDVIEW BLVD
05/04/2012		WATERFORD MI 48329
05/04/2012		TYPE: 10% BOND
05/04/2012		AMOUNT: \$2,000
05/04/2012	BON	BOND POSTED BY: TUTTLE,TERI,,
05/04/2012		ADDRESS: 269 GRANDVIEW BLVD
05/04/2012		WATERFORD MI 48329
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05/04/2012		WATERFORD MI 48329
05/04/2012		TYPE: 10% BOND
05/04/2012		AMOUNT: \$2,000
05/04/2012	APR	DATE SET FOR ARRAIGNMEN ON 05172012 01 00 PM Y
05/07/2012	N	NTC CT ADMN FILED
05/09/2012	NAJ	NOTICE TO ASSIGN JUDGE FILED
05/15/2012	DCR	DISTRICT COURT RETURN FILED
05/14/2012	BRC	BOND REC/POSTED BY: TERI TUTTLE \$1,000 10% 51DC
05/17/2012	ARR	ARRAIGNMENT IN COURT
05/17/2012	APR	DATE SET FOR PRETRIAL ON 06282012 01 00 PM Y 10
05/17/2012	APR	DATE SET FOR TRIAL ON 08062012 08 30 AM Y 10
05/18/2012	ORD	ORDER FILED PRETRIAL
05/21/2012	GIF	GEN INFO FILED
05/22/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
05/22/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
05/23/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
05/23/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
05/29/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
06/07/2012	N	NTC CT ADMN FILED AMD
06/07/2012		**ADD CT 6 - DEL/MAN 5-45 KILOS MARIJUANA 333.74012D11
06/07/2012		CT 7 - WEAPONS FELONY FIREARM 750.227B-A**
06/07/2012	OTH	DEMAND FOR DISCOVERY FILED
06/06/2012	GIF	GEN INFO FILED 1ST AMD
06/07/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
06/11/2012	GIF	GEN INFO FILED 1ST AMD
06/27/2012	MPR	MOTION PRAECIPE FILED FOR 07112012 JUDGE 10
06/28/2012	PTH	PRE-TRIAL HELD ON THE RECORD
06/29/2012	APR	DATE SET FOR EVIDNT HRG ON 08062012 08 30 AM Y 10
06/29/2012	AID	ADJOURN FOR INVESTIGATION/DISCOVERY
06/29/2012	APC	ADJ-COUNSEL 08062012 TO 08202012 BY ORDER
06/29/2012	APR	DATE SET FOR TRIAL ON 08202012 08 30 AM Y 10
06/28/2012	BRF	BRIEF FILED SUPPT MTN TO DISMISS

06/28/2012	MTN	MOTION FILED TO DISMISS
06/28/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
06/28/2012	NOH	NOTICE OF HEARING FILED
06/29/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
06/29/2012	ORD	ORDER FILED PRETRIAL
06/29/2012	ORD	ORDER FILED GRANT MTN DRUG SCREEN
07/06/2012	BRF	BRIEF FILED IN OPPOSITION TO MTN TO DISMISS
07/06/2012	PRF	PEOPLES RESP FILED TO MTN TO DISMISS
07/06/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
07/11/2012	DM	DEFENSE MOTION TO DISMISS, DENIED W OUT PREJ
07/11/2012	ORD	ORDER FILED /RE MTN TO DISMISS & EVID HRG
07/16/2012	BRF	BRIEF FILED SUPPT MTN DISMISS
07/18/2012	BRF	BRIEF FILED OPP TO MTN TO DISMISS/REQ EVID HRG
07/24/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
08/03/2012	JNA	JUDGE NOT AVAILABLE
08/03/2012	APJ	ADJ-JUDGE 08062012 TO 08202012 BY ORDER
08/03/2012	APR	DATE SET FOR EVIDNT HRG ON 08202012 08 30 AM Y 10
08/03/2012	OTH	EVID HEARING MOVED TO 08202012 BEFORE THE START OF TRIAL
08/06/2012	STP	STIPULATION FILED FOR ADJOURNMENT
08/06/2012	ADJ	ORDER OF ADJOURNMENT FILED EVID HRG
08/07/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
08/08/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
08/08/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
08/20/2012	OM	DEFENSE MOTION TO DISMISS, DENIED
08/20/2012	DM	DEFENSE MOTION TO ASSERT SEC 8 DEFENSE, DENIED
08/20/2012	DM	DEFENSE MOTION TO STAY, GRTD
08/20/2012	H	HEARING HELD 0.25 (EVID)
08/20/2012	FO	FINAL DISPOSITION
08/20/2012	SY	STAY PENDING APPEAL
08/21/2012	ORD	ORDER FILED OENY MTN DISMISSAL
08/28/2012	GIF	GEN INFO FILED 2ND AMO
08/31/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
09/04/2012	CCR	CERTIF CT REPORTER FILED
09/11/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
09/11/2012	POS	AFFIDAVIT/PROOF OF SERVICE FILED
09/18/2012	GIF	GEN INFO FILED 2ND AMD
09/19/2012	TRN	TRANSCRIPT FILED MTN DISMISS 07/11/12
09/19/2012	NTA	NOTICE OF TIMELY APPEAL FILED
09/19/2012	TRN	TRANSCRIPT FILED EVIO HRG 08/20/12
10/09/2012	BW	BENCH WARRANT
10/09/2012	BF	BOND FORFEITED
10/09/2012	OTH	BOND REVOKED
10/15/2012	ORD	ORDER FILED COA
10/16/2012	RB	REINSTATE BONO
10/16/2012	OTH	SET ASIDE BENCH WARRANT
10/18/2012	ORD	ORDER FILED SET ASIDE BW/BONO SET
11/28/2012	APR	DATE SET FOR PRETRIAL ON 12062012 01 00 PM Y
12/04/2012	STO	STIP/ORD FILED STAY PROCEEDINGS
12/19/2012	NTC	NOTICE FILED OF APP FOR LEAVE TO APPEAL
01/04/2013	NTC	NOTICE FILED LETTER OF TRANS SUPREME COURT
01/08/2013	SEN	SENT TO SUP CT/ON CD/USPS/MF
04/09/2013	NTC	NOTICE FILED LETTER OF TRANS COA
02/03/2014	ORD	ORDER FILED COA
02/05/2014	APR	DATE SET FOR PRETRIAL ON 05012014 01 00 PM Y 10
02/05/2014	ORD	ORDER FILED PRETRIAL
03/26/2014	NOH	NOTICE OF HEARING FILED
03/26/2014	POS	AFFIDAVIT/PROOF OF SERVICE FILED
05/01/2014	PTH	PRE-TRIAL HELD ON THE RECORD
05/01/2014	AID	ADJOURN FOR INVESTIGATION/DISCOVERY
05/01/2014	APC	ADJ-COUNSEL 05012014 TO 05292014 BY NOTICE
05/01/2014	APR	DATE SET FOR PRETRIAL ON 05292014 01 00 PM Y 10
05/29/2014	FOE	FINAL DISPOSITION ERROR
05/29/2014	PTH	PRE-TRIAL HELD ON THE RECORD
05/29/2014	FD	FINAL DISPOSITION
05/29/2014	SY	STAY PENDING DEFS APP FOR LEAVE TO MI SUPREME COURT
06/02/2014	ORD	ORDER FILED GRANT MTN TO STAY PROCEEDINGS

STATE OF MICHIGAN

6TH JUDICIAL CIRCUIT COURT FOR THE COUNTY OF OAKLAND

PEOPLE OF THE STATE OF MICHIGAN,

v

File No. 2012-241272-FH

ROBERT EDWARD TUTTLE,

Defendant.

EVIDENTIARY HEARING

BEFORE THE HONORABLE MICHAEL WARREN, CIRCUIT COURT JUDGE

Pontiac, Michigan - Monday, August 20, 2012

APPEARANCES:

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TRANSCRIBED BY:

THERESA'S TRANSCRIPTION SERVICE
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1 Pontiac, Michigan

2 Monday, August 20, 2012 - 09:55:43 a.m.

3 THE COURT: Please state your appearances for
4 the record.

5 MS. O'BRIEN: Shannon O'Brien for the People.

6 MR. SCHOUMAN: David Schouman on behalf of Mr.
7 Tuttle, your Honor. My client's in the hallway, would you
8 like me to bring him in?

9 THE COURT: Please.

10 MS. SCHOUMAN: I'm presuming; thank you.

11 THE COURT: All right. The parties are now all
12 here.

13 I have reviewed the supplemental briefing and
14 I would entertain a couple of minutes of argument from each
15 side if you want that, or I can just make a ruling now.

16 MS. O'BRIEN: Judge, it's Mr. Schouman's motion,
17 so I get the (inaudible) first.

18 THE COURT: Okay.

19 MR. SCHOUMAN: Your Honor, I mean again, we are
20 asking for Counts Four, Five, Six, and Seven to be
21 dismissed. I mean basically, it's clear by the certified
22 copies of the records, I don't even believe it's in
23 dispute, that my client was entitled to have 36 plants and
24 substantially more usable Marijuana than was in the
25 property. The prosecutor's position is simply that they

1 have a -- they have rebutted the presumption based on the
2 fact that my client had sold Marijuana in Counts One, Two,
3 and Three to an individual who was not his patient. Our
4 position again is that he is a patient and that's Counts
5 One, Two, and Three, so it's not as if he sold it to
6 somebody for non-medical purposes, and that's the purpose
7 of this act.

8 So our position is then since Counts Four
9 through Seven are separate from One, Two, and Three and
10 that he was within his legal right to be producing the
11 amounts that he had, that those counts must be dismissed
12 and then our hearing today with respect to Section Eight
13 would only go to Counts One, Two, and Three.

14 THE COURT: And you agree with the People that
15 this is an issue to be determined by the Court as a matter
16 of law because the facts are not in dispute?

17 MR. SCHOUMAN: Absolutely.

18 THE COURT: Okay. People?

19 MS. O'BRIEN: Judge, I guess I'd respond just
20 generally that the People's position is that the
21 defendant's not entitled to the presumption under Section
22 Four because his activity has been properly rebutted by
23 evidence that he was acting -- his conduct was not in a
24 manner with -- acting in a manner that was not suggesting
25 that he was possessing or manufacturing or delivering

1 Marijuana for a legitimate medical purpose. I know that
2 Counsel had added some language about this not having been
3 unequivocally rebutted and rely on our brief for the
4 remainder of my argument.

5 THE COURT: And you also assert in your brief
6 that this is a matter of law for the Court?

7 MS. O'BRIEN: It is, Judge.

8 THE COURT: All right. I have reviewed the
9 motion, the response, and taken into consideration the
10 argument of counsel. I agree with the People's analysis in
11 connection with this matter. I find that he is not entitled
12 to immunity under prosecution of the act in connection with
13 Counts Four through Seven, as the People have rebutted the
14 presumption and, therefore, I will deny the request to
15 dismiss.

16 We have a Section Eight Hearing?

17 MS. O'BRIEN: Next.

18 THE COURT: How long do we think this is going
19 to take?

20 MR. SCHOUMAN: Four witnesses, your Honor; two
21 hours, my best guess.

22 MS. O'BRIEN: Judge, I may call one rebuttal
23 witness, I suppose.

24 THE COURT: All right. We're gonna pass for a
25 moment. Please call the -- well, can you approach briefly

1 before we pass?

2 (bench conference 09:59:20 to 10:02:09 a.m.)

3 THE COURT: Please call the civil case.

4 (at 10:02:10 a.m., hearing recessed)

5 (at 10:05:34 a.m., hearing reconvened)

6 THE COURT: Defense counsel, do you have an
7 opening statement you'd like to make?

8 MR. SCHOUMAN: Your Honor, I would waive opening
9 statement with respect to the hearing, but as a preliminary
10 matter I would like to submit to you these certified copies
11 of the public record. I believe --

12 THE COURT: Well, let's see if the People are
13 going to waive their opening, too.

14 MR. SCHOUMAN: Oh, I'm sorry.

15 THE COURT: Before we do anything else.

16 MS. O'BRIEN: Judge, we would waive (inaudible).

17 THE COURT: All right. Defense counsel?

18 MR. SCHOUMAN: Your Honor, I would like to
19 present to the Court, prior to calling my first witness,
20 the certified copies of the public records that I received
21 pursuant to my subpoena and then your subpoena because they
22 didn't recognize mine. I have the original red stamp from
23 the state, I have the original seal from the state. I'd
24 like to submit those specific documents to the Court and I
25 believe that they are self authenticating under MRE902 and

1 I believe they're not hearsay under MRE 803. So I do
2 believe that they should be taken into evidence and
3 certified as a record allowed under the self authentication
4 rules without any testimony from any other witness.

5 THE COURT: People?

6 MS. O'BRIEN: Judge, I don't have any objection
7 to them being admitted under those two court rules. I would
8 say this; and I don't know if the Court wants to hear this
9 argument now or at the close of the proofs, but my only
10 objection to the certified documents would be that any
11 opinion that's listed in those documents has not been
12 subjected to rule 702 and so that with regard to the
13 opinion that's in the documents, I would object to the
14 documents being the foundation for any expert opinion
15 contained therein.

16 THE COURT: Defense counsel?

17 MR. SCHOUMAN: Understood, your Honor. I'm not
18 necessarily agreeing with her objection. I'm not so certain
19 that the statute requires that this be to the level of 702.
20 I believe the documents just speak for themselves and
21 they're enough to get an individual certified under the
22 state law.

23 THE COURT: I will admit -- well, you haven't
24 told me what the exhibit numbers are yet, or letters.

25 MR. SCHOUMAN: If I'm doing letters, Judge, I

1 would say that they're gonna be Exhibit A.

2 THE COURT: Okay. Exhibit A is hereby admitted.

3 I understand that the People are objecting to the potential
4 opinion evidence and if that becomes material to the Court
5 we can address it later.

6 MR. SCHOUMAN: Great. Would the Court like me to

7 --

8 THE COURT: Please approach.

9 MR. SCHOUMAN: -- approach with Exhibit A? Here
10 you go, Judge.

11 THE COURT: Thank you. Counsel, you may proceed.

12 MR. SCHOUMAN: Thank you, Judge. At this time I
13 would request that Detective Pankey take the stand.

14 THE COURT: Very good. Come to the witness stand,
15 watch your step. Once you're up there, Miss Levoy (ph) will
16 place you under oath.

17 MS. LEVOY: Please raise your right hand.

18 Under penalty of perjury, do you solemnly swear
19 or affirm the testimony you are about to give before this
20 Court will be the truth, the whole truth, and nothing but
21 the truth?

22 DETECTIVE PANKEY: I do.

23 THE COURT: Very good, you may be seated.
24 Counsel, please proceed.

25 MR. SCHOUMAN: Thank you, your Honor.

1 DETECTIVE MICHAEL PANKEY

2 (at 10:09:54 a.m., sworn as a witness, testified
3 as follows)

4 DIRECT EXAMINATION

5 BY MR. SCHOUMAN:

6 Q Good morning, Detective.

7 A Good morning.

8 Q On January 23rd of this year, you were involved --

9 THE COURT: Maybe we should have him identify who
10 he is.

11 MR. SCHOUMAN: I'm sorry, that might help; sorry.

12 BY MR. SCHOUMAN:

13 Q Please state your name and spell your last name for the
14 record.

15 A Detective Michael Pankey, P-a-n-k-e-y.

16 Q Good. And, Detective, what do you do for a living?

17 A I'm a detective with the Oakland County Sheriff's Office.

18 Q And how long have you been there?

19 A I've been employed by the Sheriff's office for
20 approximately 18 years and I've been an undercover
21 narcotics detective for about six and a half now.

22 Q Okay. And with respect to your work as an undercover
23 officer, have you done any special training?

24 A I have.

25 Q And could you tell the Court what that training is?

1 A Starting -- we'll start with the police academy. I
2 graduated the police academy back in '92. Since then I've
3 been employed by the Oakland County Sheriff's Office. I've
4 attended all the in-service training, the basic in-service
5 training with the street-level identification narcotics
6 field test kits, that type of thing. Then my advanced
7 training came, I became a narcotics detective. I began my
8 training, I was sent to the raid school for raid entry, I
9 was sent to the Michigan State Police Basic and Advanced
10 Narcotics Schools. I was sent to the Michigan State Police
11 Advanced Marijuana Indoor/Outdoor Cultivation Schools. I've
12 been sent to the International Narcotic conferences in
13 Daytona, Florida for the -- for a conference with
14 International Narcotics detectives. I've been in the Asset
15 Forfeiture Schools, completed updated training, you know,
16 with my department. Trained outside of my department with
17 other agencies. Conducted hundreds of narcotics search
18 warrants and raids and maintained that information.
19 Assisted in teaching the new officers in identification of
20 narcotics on the street level and I've testified expert
21 witness many times.

22 Q Okay. I'd say you have quite the background then to testify
23 even potentially as an expert in this case with respect to
24 the cultivation of Marijuana?

25 A Yes.

1 MR. SCHOUMAN: Your Honor, I would ask that he be
2 certified as an expert in the cultivation of Marijuana for
3 purposes of this hearing, if there's no objection from the
4 prosecution.

5 THE COURT: Any objection?

6 MS. O'BRIEN: No, Judge.

7 THE COURT: So qualified.

8 MR. SCHOUMAN: Thank you, your Honor. Your Honor,
9 one other thing if I may. Detective Pankey is the Officer
10 in Charge of this case; may I cross-examine him as a
11 hostile witness; based on court rule? Not that I think he's
12 hostile but, you know, just from -- may I ask him leading
13 questions since he's the prosecutor's witness?

14 THE COURT: People?

15 MS. O'BRIEN: Judge, I guess I wouldn't object to
16 that either.

17 THE COURT: Very good. You may proceed.

18 MR. SCHOUMAN: Thank you.

19 BY MR. SCHOUMAN:

20 Q Detective, now on January 23rd, 2012, you were involved in
21 the arrest of my client, Rob Tuttle; correct?

22 A That is correct.

23 Q And I'm presuming that you recognize this individual and
24 this is Rob Tuttle?

25 A Yeah. This is Rob Tuttle. I did not -- when I said I was

1 involved in the arrest, it was a two-prong arrest. My
2 partners apprehended Mr. Tuttle as I was finishing up with
3 my confidential informant and I saw him later.

4 Q Okay. You saw him after he was already at the Oakland
5 County Jail?

6 A No. I saw him in the vehicle, in the police vehicle, in the
7 back seat. I was already informed that he was -- said he
8 wanted to talk to a lawyer, so I didn't investigate him.

9 Q Okay. Did you learn at that time that he was a Marijuana
10 care giver?

11 A Uh, I don't believe it was that time or not. I believe he
12 had a card on him. It's possible that I -- I believe he had
13 a patient card and a care giver then, I'm not -- I don't
14 recall exactly, but I believe so.

15 Q Now fair statement to say that your attention was drawn to
16 my client based on information that you received from a
17 confidential informant?

18 A That's correct.

19 Q And that confidential informant is Dwayne (ph) Lalonde; am
20 I pronouncing that correctly?

21 A That's correct. It's how I pronounce it; yes.

22 Q Okay. Have you utilized Mr. Lalonde prior to this occasion
23 for information?

24 A I have not.

25 Q Okay. So this was the first time that Mr. Lalonde had given

1 you any information of what may be deemed a criminal
2 enterprise?

3 A That's correct.

4 Q Okay. You did a search warrant for my client's house?

5 A I did.

6 Q In that search warrant, isn't it true that you stated that
7 you had a reliable informant?

8 A That's correct.

9 Q Okay. Since you haven't had any experience with him in the
10 past for doing this type of stuff, why -- what did you base
11 the reliability upon?

12 A The four purchases that he work --

13 MS. O'BRIEN: Excuse me, I don't mean to
14 interrupt you, Detective Pankey but, Judge, I'm gonna
15 object to this on the basis of relevance. We're not here on
16 the basis of the validity of a search, so I'm curious as to
17 the relevance of this line of questioning.

18 THE COURT: Why is it relevant?

19 MR. SCHOUMAN: Your Honor, I'll strike the
20 question and move on.

21 THE COURT: Very good. Thank you.

22 BY MR. SCHOUMAN:

23 Q With respect to Mr. Lalonde, are you aware that he was a
24 medical Marijuana patient?

25 A I was.

1 Q Okay. Can you tell the Court what you know about his status
2 as a medical Marijuana patient?

3 A He told me in conversations that he had a medical Marijuana
4 card and that was his status; that's all I know of his
5 status. That he was not a care giver, that he was a
6 patient.

7 Q How did Mr. Lalonde come about being a confidential
8 informant?

9 A He was a suspect in a, obviously, a different incident
10 where he was a suspect in a narcotics investigation.

11 Q Okay. Did that have anything to do with medical Marijuana?

12 A It had to do with Marijuana; yes.

13 Q Do you have any idea how Mr. Lalonde met Mr. Tuttle?

14 A I do not.

15 Q So on January 18th, 21st, and 23rd, you gave money to Mr.
16 Lalonde to obtain Marijuana from Mr. Tuttle?

17 A That's correct. There's one more date; you're missing the
18 5th. We did not charge that date because the transmitter we
19 were using did not record so on the 5th as well; January 5th
20 of this year I provided money as well to make purchases.

21 Q Okay. Now on January 23rd, my client was arrested?

22 A That's correct. That was the final date; yes.

23 Q And a raid of his house occurred pursuant to a search
24 warrant that we briefly discussed?

25 A That's correct.

- 1 Q Okay. And fair statement to say that you found 33 Marijuana
2 plants?
- 3 A Um, without refreshing my report, one room I believe had 19
4 and one room had 14, I believe off the top of my head.
- 5 Q Okay. So 19 -- and again, anytime if you want to take a
6 look at the report, I have no objection to that, I just ask
7 that you review it and don't read it while you're answering
8 my question.
- 9 A Oh, absolutely; absolutely. But I believe it was 19 and 14.
- 10 Q Okay. So 19 and 14's 33; correct?
- 11 A That's not my strong suit -- I believe; yes.
- 12 Q So to the best of your knowledge right now, you believe 33
13 plants would be an accurate statement?
- 14 A That's fair and accurate; yes.
- 15 Q In addition to the 33 plants, fair statement to say that
16 you found 38 grams of Marijuana?
- 17 A Yes. It was discovered in the house; yes.
- 18 Q Okay.
- 19 A I believe 30 grams was discovered in the shed by Sargent
20 Sheddings (ph) I believe and eight grams was discovered --
21 8.2 I believe in the garage.
- 22 Q Okay. And this all -- this raid occurred on a residence in
23 the city of Waterford?
- 24 A That's correct.
- 25 Q Okay. Now focusing on the residence, all the Marijuana was

1 either in the garage or the shed and not in the house;

2 correct?

3 A That's correct.

4 Q Okay. Now, Detective, are you familiar with the term usable
5 Marijuana?

6 A I am.

7 Q Are you familiar with how the administrative rules for
8 medical Marijuana defines usable Marijuana?

9 A I am.

10 Q And would you tell the Court what -- how that is defined?

11 A Sure. As of this current time --

12 MS. O'BRIEN: Judge, if I could, I'm gonna object
13 to this witness being asked to give legal definitions; I'm
14 not sure that's his role as a witness. It's an
15 inappropriate question, it's for the Court to decide.

16 THE COURT: What's your response?

17 MR. SCHOUMAN: My response is, he's been
18 certified as an expert for cultivation of Marijuana. His
19 knowledge of the term, usable Marijuana, even if it's under
20 the statute specifically, I would think he would know as an
21 expert. I mean, if I have a doctor on the stand and I ask
22 him about a treaty -- or treatise I mean, I would think
23 that he could attest to that.

24 THE COURT: Are you asking for a legal opinion of
25 the definition?

1 MR. SCHOUMAN: I'm not asking for a legal
2 opinion, I'm just asking --

3 THE COURT: Why don't you re-phrase your
4 question?

5 MR. SCHOUMAN: I'll just re-phrase; certainly.

6 BY MR. SCHOUMAN:

7 Q Are you familiar with the term usable Marijuana with
8 respect to the Medical Marijuana Act?

9 A I am.

10 Q Okay. And what is -- to your knowledge, what is that; what
11 is usable Marijuana?

12 A To my knowledge and the way I've been trained, usable
13 Marijuana -- if you have a Marijuana plant it's solely the
14 leaves and the buds, which is the flower of the plant.
15 Marijuana seeds, stems, and stalks are not deemed under
16 this time as usable Marijuana, only the leaves and the
17 buds, which are the flowers.

18 Q Okay. And is there anything with usable Marijuana that it's
19 dried Marijuana?

20 A Yes.

21 Q Okay. So would it be a fair statement to say that in your
22 opinion usable Marijuana is dried buds and leaves?

23 A No.

24 Q Okay. Please tell the Court what your understanding is:

25 A Because with the usable Marijuana, be it dry -- there's so

1 many ways to use usable Marijuana. I mean, you're making
2 hash or you're boiling that Marijuana down, the leaves,
3 you're making the butter; it's not dry. When you're making
4 hash and you're putting a butane through it, once again,
5 it's not dry; it's gonna be wet. When it's dry, you'd be
6 using it to smoke or that type thing for just smoking it,
7 but there's so many other ways that I come across where
8 it's utilized, abstract the major amount of T-H-C in it,
9 which is a wet -- is a wet process.

10 Q Okay. So I'm a bit confused. Usable Marijuana, your
11 understanding of the definition, is -- doesn't count seeds,
12 stems, roots, plants itself, just the leaves and the buds?

13 A That's correct; leaves and buds, that's usable.

14 Q And then if you were going to use that Marijuana for
15 smoking, that would be dried?

16 A If you were going to smoke it, yes, it would have to be
17 dried. If you were going to use it for any other things you
18 could possibly use it for, making hash or making butter, or
19 removing the T-H-C out of it different ways to make
20 different things; yes. You use that usable Marijuana for
21 that process.

22 Q Okay; very good. So as far as dried, usable Marijuana,
23 that's the 38 grams you testified to; correct?

24 A Yes. That was found in the garage, that was on top of a
25 shelf, I believe.

1 Q Okay. And there was no other usable Marijuana than the 38
2 grams?

3 A I believe that eight grams that was found in the garage
4 that we testified earlier to, 30 in the garage and 30 in
5 the shed, the 8.2 I stated in the garage, it was dried,
6 too, I believe.

7 Q Okay. So again, just the 38 grams is the usable Marijuana?

8 A That's correct.

9 Q And then we already said that there was 33 plants?

10 A That's correct; yes.

11 Q Okay. Now I believe you were telling us about other ways to
12 use wet Marijuana?

13 A Um-hmm.

14 Q And are you familiar with how you would make -- turn
15 Marijuana into butter?

16 A Uh, I have never done it personally. Obviously I have not
17 manufactured it, but I have been told by people through my
18 training on how they make it.

19 Q I guess my question is, do you know how much Marijuana it
20 would take to make a stick of butter; have you learned that
21 in your training?

22 A The exact amount; no.

23 Q Would it -- would two and a half ounces sound right to make
24 a stick of butter to you?

25 A It would take more than --

1 MS. O'BRIEN: Judge, objection. Calls for
2 speculation; he said no.

3 MR. SCHOUMAN: He's an expert, he's been trained.
4 He says he doesn't have an exact amount, but I think I can
5 at least ask him if it sounds --

6 THE COURT: I'll overrule the objection.

7 MR. SCHOUMAN: Thank you.

8 BY MS. SCHOUMAN:

9 Q Does two and a half ounces sound about right with respect
10 to making a stick of butter?

11 A No, it does not to me.

12 Q What would to you?

13 A Much more. It would be guessing cause I have never made it
14 myself.

15 Q Sure.

16 A I have only been told and seen. A lot more than two and a
17 half ounces. I couldn't tell you the exact amount, but more
18 than two and a half.

19 Q Okay. So to make one stick of butter, you need a lot more
20 than two and a half ounces?

21 A Yes.

22 Q Do you know the process of making hash oil?

23 A I do.

24 Q Okay. Do you know how much hash oil you could make with an
25 ounce of Marijuana?

1 A You wouldn't make much.

2 Q Okay. Very little amount; fair statement?

3 A Correct.

4 Q So again, if somebody's going to make hash oil, you need a
5 lot of Marijuana?

6 A You need quite a bit; yes.

7 Q Are you familiar with the difference between a vegetation
8 room and a flower room; you've heard those terms before?

9 A I have.

10 Q Okay. Would you tell the judge the difference between a
11 vegetation room and a flower room?

12 A Well it depends on the person translate it but
13 predominantly a flower room -- a flower room, a dry room,
14 there's -- you set up many different rooms. A infancy room,
15 a starter room, it's the name that they give a place where
16 plants that are matured or not matured or are male plants
17 or female plants.

18 Q Okay. Flowered room, is that -- so I guess a vegetation
19 room, is that where the plants start?

20 A Well, it depends who you talk to. Most people that I've
21 talked to said a flower room is the room where the buds are
22 actually on the plants growing.

23 Q Okay.

24 A And I have been -- that's been translated as the flower
25 room or the bud room. I've also had people call that

1 vegetation room you're referring to as a starter room.
2 That's called a starter room, a clone room, a seedling
3 room; it's synonymous with various other terms, but in my
4 opinion a vegetation room would be a room you start plants
5 in.

6 Q Okay. Now getting back to Mr. Tuttle's residence here, he's
7 growing plants allegedly in a garage and in a shed;
8 correct?

9 A Yes, that's correct.

10 Q Would -- in your investigation in looking at these plants
11 and photographing these plants, would you say that the
12 garage was your starter room or vegetation room and the
13 shed was your bud room or your flower room?

14 A Well, I wouldn't classify it either way because the garage
15 in my opinion just wasn't being used for a vegetation room
16 as you're stating. It was also being used as a trim room,
17 trimming plants, you know, a loose material on -- scissors,
18 scales, that type of thing sitting around, where it's
19 synonymous with being utilized for another purpose as well.
20 I would say the shed had the more mature plants in it; I
21 would say that. Whether he started them or not in there I
22 don't know. And in the garage he had a grow tent. I would
23 say it's more apt to be the starter tent, I would believe.
24 But I can't testify to it, but I believe that's what it
25 would be.

1 Q Okay; all right. Just so I'm clear, the starter tent was in
2 the garage and the more mature plants were in the shed?

3 A Yes. The more mature plants were in the shed. It was, I
4 believe, there was a couple mature plants in the garage as
5 well, but the more of that -- the majority of them were in
6 the shed -- in the, uh, shed.

7 Q Okay. And I believe you testified that, just focusing on
8 the garage, that there were 19 plants in the garage?

9 A I'd have to see my report for that; I believe it was 19 and
10 14 like I stated.

11 Q I have no problem --

12 MR. SCHOUMAN: If I may approach the witness,
13 your Honor?

14 THE COURT: You may approach.

15 BY MR. SCHOUMAN:

16 Q Please take a look at that.

17 A According to my report -- well, I'll turn it over.

18 Q Thank you.

19 A Based on my report, it said 19 were in the garage.

20 Q Okay. Now when we were -- when I asked you one of the last
21 questions, you mentioned the word, clones?

22 A Yes.

23 Q Would you explain to the Court what a clone is?

24 A Sure. A clone is not a Marijuana plant, we don't deem it as
25 a Marijuana plant. What a clone is, is basically you have a

1 plant and you clip off a branch or -- or a branch coming
2 off the plant, off a mother plant. You cut that, then you
3 stick that in a, basically, in a Dixie cup or a small cup
4 or a pod -- soil pod with nutrients. You stick that in
5 there, you're hoping that grows roots and becomes a plant.
6 A clone is exactly what it is, it's a trimming. It is not
7 considered a plant until it grows roots and sustains itself
8 and becomes a plant. So basically it's a trimmed branch
9 that you stick in a -- a cup of dirt or a grow sack.

10 Q Okay. In the garage, were there not clones as part of those
11 19 plants that were found?

12 A No. When I list them as a plant, like I stated, they have
13 to have a root base. If there were clones in there, they
14 weren't counted as plants; they weren't part of that 19
15 count because they're not a plant. It's -- to me that would
16 just be a clone; it would not be considered a plant. A
17 plant has to have roots or it wouldn't be counted as a
18 plant.

19 Q Okay. Now to the best of your recollection, I didn't see
20 this in the police report, then your testimony is, there
21 were 19 plants and zero clones?

22 A No. I'm testifying there were 19 plants that I removed. I
23 don't recall if there were clones in there additionally to
24 the 19 plants or not, cause I would not count them as a
25 plant.

1 THE COURT: All right. With that, we have to
2 take a break so we can do bench warrant arraignments. It
3 looks like he's got a big stack there, so perhaps ten
4 minutes or so. You can step down while we do that.

5 Ms. Levoy, let's see if we can connect up to
6 the jail.

7 MR. SCHOUMAN: Any problem leaving my stuff
8 here, your Honor?

9 THE COURT: No, you can leave it.

10 (at 10:28:52 a.m., hearing recessed)

11 (at 10:57:13 a.m., hearing reconvened)

12 MS. O'BRIEN: Shannon O'Brien for the People,
13 Judge.

14 MR. SCHOUMAN: And Daniel Schouman appearing on
15 behalf of Mr. Tuttle.

16 THE COURT: Welcome back. Go ahead and re-take
17 the stand.

18 WITNESS: Yes, sir.

19 THE COURT: You're still under oath.

20 WITNESS: Yes, sir.

21 BY MR. SCHOUMAN:

22 Q Detective Pankey, before the break we had discussed starter
23 rooms and bud rooms. Is there anything else that would make
24 somebody separate the two rooms; something to do with the
25 lighting?

1 A Yeah; yes. In a grow room, usually you -- to grow anything
2 you have to have a optimal temperature as far as -- for
3 heat. Ventilation for cooling the plants, pushing oxygen
4 out, keep the, you know, the carbon dioxide in because
5 that's their fuel. So you would want a more warmer
6 environment, I would say. That's why the garage was -- the
7 shed was used as that type of grow, I'd imagine. The garage
8 was that tent. I guess the best way -- it reminds of a
9 portable ice shanty, it's a -- it's a grow tent inside the
10 garage. That would have had the more heat in there.

11 Q Okay. So there were these additional characteristics as to
12 why the shed would be considered the bud room and the
13 garage would be considered the starter room?

14 A Yeah. You could consider it that way; yes. The garage was -
15 - the shed was definitely hotter, you know, when it was all
16 one unit and the -- I'm sorry, the shed, and then the
17 garage was -- attached garage with that shanty-type tent on
18 the inside, which held the heat. So the garage would be
19 much hotter for the buds.

20 Q Thank you. Now when you testified at the preliminary exam.
21 on this matter, I believe you testified that all these
22 plants, these 33 plants, were in various stages of growth?

23 A That's correct.

24 Q Okay. So we aren't talking about 33 plants all ready to
25 turn into usable Marijuana; correct?

1 A That is correct.

2 Q We're talking about something that would -- I pull a plant
3 today, I can have some Marijuana in a couple days. I could
4 pull a plant that was growing down the road, etcetera,
5 etcetera; correct, so that's -- basically you always have a
6 steady flow of Marijuana?

7 A Well, when I say various stages of growth, it's a way of
8 saying some are smaller, some are taller. I don't want -- I
9 don't have a ruler in there to measure them, if that's what
10 you're asking. So when I say, various stages of growth and
11 they're deemed a plant, they have roots like I testified --

12 Q Right.

13 A -- and I count them as plants, that means different sizes.
14 Did I answer your question, I think I did. I don't -- I'm
15 not sure what you're --

16 Q Not all these plants were budding; correct?

17 A That's correct; no.

18 Q Okay. So would it be a fair statement to say that some of
19 these plants would produce Marijuana sooner than other
20 plants?

21 A Buds; yes.

22 Q Okay. So the way this was set up, some plants were much
23 closer to producing usable Marijuana than other plants;
24 right?

25 A That's correct; that's correct. Very --

- 1 Q Correct.
- 2 A They're at different stages; that's correct.
- 3 Q Different stages; okay. Now the garage and the shed that
4 were growing this Marijuana, they were locked; correct?
- 5 A Correct.
- 6 Q You had to force access into them?
- 7 A That's correct.
- 8 Q Do you recall how tall these plants were?
- 9 A I -- I do not. I remember the ones in the shed were taller.
10 I don't recall how tall they were, I know they were -- they
11 were taller and I believe the one in the garage, I remember
12 there was some -- a couple tall ones in there, I couldn't
13 tell you how many, and the smaller ones.
- 14 Q Okay. Now when we're talking about taller plants, just so
15 we can put this in perspective, I know you don't recall
16 exactly how big they were, we're not talking about eight
17 foot tall monster plants or anything like that; correct?
- 18 A No. I don't believe they were eight foot; I'd have to see
19 the photos. I remember -- I believe there was a couple
20 taller ones in there, but I don't think they were eight
21 foot by any sense of the word. I mean, they were taller,
22 but not eight foot.
- 23 Q Okay. To the best of your recollection, were they closer to
24 like the two foot size?
- 25 A Once again, you know, when I list the various stages of

1 growth, I don't remember how tall. I knew some were smaller
2 and some were bigger; I don't recall the height.

3 Q I understand. Okay; thanks.

4 A When I see the pictures, they'll refresh me.

5 Q Now I believe that, either at the exam or today -- oh.

6 MR. SCHOUMAN: Your Honor, if I may approach the
7 witness?

8 THE COURT: You may.

9 BY MR. SCHOUMAN:

10 Q Detective, please take a look at these --

11 A Sure.

12 Q -- documents and when you're done, please look up.

13 A Okay. This -- well, let me start to go through, or --

14 Q If you would -- that's fine if you want to go through them
15 one-by-one, I'm really fine with that. What are these
16 pictures of, I think we should ask originally?

17 A Okay. These are pictures of Marijuana plants.

18 Q Okay. Are these -- do you have any idea if these are the
19 Marijuana plants that were seized from Mr. Tuttle's
20 residence?

21 A These appear to be; yes. These -- these last three photo --
22 I have -- I was presented six photos and I kind of
23 separated in two piles here. These photos here to my left
24 with the real orange lighting, these are the lights being
25 active, the grow lights. That's the lighting there. This is

1 from the shed.

2 Q Okay.

3 A Okay. This one is from the shed as well, you see, and this
4 one's also from the shed.

5 Q Okay.

6 A It's different pictures of --

7 Q So those are pictures of the budding, flowering Marijuana?

8 A That's correct. As you see, some are started to bud, some
9 are not. Yeah, I see buds on these. One might either have
10 been trimmed or just starting to bud, some have buds on
11 them in the shed. And then these three pictures are the
12 ones inside the -- the garage; the tent.

13 Q Okay. And those are not budding?

14 A No. There is, like I stated, there is some mature plants
15 here, mature -- more mature plants, then there's some
16 really small plants. These are not budding; no.

17 Q Okay. And an average of height on these plants, now that
18 you've looked at these pictures, would around two feet
19 sound appropriate?

20 A Well, these buckets are probably -- the bucket alone is
21 probably a foot tall, maybe 18 inches, then the plants
22 coming out of there three feet, maybe four in one, maybe.
23 Then the smaller ones are -- are smaller plants.

24 Q Okay. Now if you would take a look at the pictures that you
25 said in the shed with the lights are on.

1 A Yeah.

2 Q Can you give any estimate in looking at those plants how
3 much quantity of Marijuana those buds would have on them at
4 this stage?

5 A Trimming them off without -- once you trim off all the
6 leaves, it -- it'd just be a guess. I mean, it would be a
7 poor guess as well; each one would be different.

8 Q Do you think it would be more or less than an ounce per
9 plant?

10 A Well, this -- this plant to the left here, if you trim back
11 all of the leaves, you're gonna get more than an ounce,
12 absolutely on this one here, the far left one. A couple of
13 these plants might produce more than an ounce; this one on
14 the left for sure. It's hard telling in these pictures, but
15 one for sure I can tell is going to be over an ounce.

16 Q In your professional opinion -- in reviewing these pictures
17 then with your general knowledge, how much does an average
18 plant of that size produce per each harvest?

19 A That -- that all depends. I've personally seen this and it
20 surprised me before and it has not surprised me (ph), but I
21 learned this through my investigations over the years, when
22 you skip from stage one to stage three in growing
23 Marijuana, it all depends on optimal conditions. Lighting,
24 how good of a green thumb the person growing them has. I've
25 seen Marijuana plants, one Marijuana plant, yielding two

1 pounds; I have seen it.

2 Q Wow.

3 A It's literally wasn't even as tall -- height -- the -- the
4 height of the plant does not mean that it's a better plant.
5 It's actually better lower in a bush form where I couldn't
6 even get my arms around them; I've had one plant yield two
7 pounds. I've also had one plant yield a quarter pound; it
8 all depends on how good the person is in growing the
9 Marijuana.

10 Q Okay.

11 A And --

12 Q Now these plants that you're looking at here, though, we're
13 arguing, not arguing, we're discussing over whether it's
14 more than once ounce versus less than one ounce, not
15 anything like these monster plants you're seeing; correct?

16 A Well, I know what you're saying. This plant here, like I
17 stated, it's hard without seeing the leaves all trimmed off
18 on them, but this plant here that I am looking at in
19 general to the left here, in my opinion that will harvest a
20 yield more than an ounce, just this one -- just this one
21 plant right here.

22 Q Right; right. And there are some there that you would think
23 in your opinion would yield less than an ounce?

24 A That's correct; that -- that's correct. At this current
25 state; that's correct.

1 MS. O'BRIEN: Judge, if I can interrupt Detective
2 Pankey. To keep the record clean for reference in a
3 transcript, it's probably appropriate that these be marked.
4 He's indicating a particular plant in a particular photo
5 and I don't think the record's going to reflect that
6 sufficiently.

7 THE COURT: Counsel?

8 MS. O'BRIEN: It may or may not be necessary,
9 just trying to --

10 MR. SCHOUMAN: I'd love to mark them, Judge, I
11 just -- since they were yours, I didn't know if --

12 MS. O'BRIEN: That's okay.

13 MR. SCHOUMAN: -- you wanted me to mark them.

14 MS. O'BRIEN: Go ahead.

15 MR. SCHOUMAN: Your Honor, the plants that he's
16 holding in his hands right now that he's referring to as
17 from the shed, could we mark those three as Exhibit B and
18 then the three other photos, I would ask that they be
19 marked as Exhibit C.

20 MS. O'BRIEN: And maybe B-1 through and --
21 1, 2, and 3?

22 MR. SCHOUMAN: B-1, 2 and 3; certainly.

23 MS. O'BRIEN: And C-1, 2, and 3?

24 THE COURT: That's fine.

25 MR. SCHOUMAN: Certainly.

1 THE COURT: So admitted.

2 BY MR. SCHOUMAN:

3 Q Okay, Detective Pankey, based on us marking those exhibits,
4 you're holding in your hand now B -- Exhibit B-1, 2 and 3.

5 A Okay.

6 MR. SCHOUMAN: If I may approach with this, your
7 Honor?

8 THE COURT: You may.

9 BY MR. SCHOUMAN:

10 Q This picture, we're gonna just leave a #1 --

11 A Okay.

12 Q -- for you. And then this one right here, we're gonna leave
13 a #2.

14 MS. O'BRIEN: B-2.

15 BY MR. SCHOUMAN:

16 Q B-2. And then this one, we're gonna leave it at B-3. And
17 this one we're going to label C-1 and C-2 and C-3.

18 A Okay.

19 Q Okay?

20 A Okay.

21 Q Now if you would look at what we've marked as Exhibit B-1.

22 A Okay, B-1.

23 Q How many plants are on B-1?

24 A Um, this photo's kind of cut off, but looking at the photo
25 I'm looking at, they're cut off, I'm looking at, like,

- 1 maybe one, two, three, four, five -- it's hard to tell
2 without seeing the bottoms of the -- of the pots. I can
3 just see the tops of them and it might be bunched together,
4 but it's looking like one, two, three, four, five, six,
5 seven, eight -- eight, maybe more. Like I said, it's hard
6 to tell; the picture does not display all the bottoms.
- 7 Q Okay. Then with respect to B-1, those -- that's a picture
8 of some plants that appear to have more than an ounce and
9 then some that appear to have less than an ounce of
10 potentially usable Marijuana?
- 11 A That's correct.
- 12 Q Okay. And the ones that have more, I want a high-end number
13 from you, please. What was your estimate as to the most it
14 possibly could be?
- 15 A Once again in this picture, I can only see the front part
16 of the plant, I can't even see the backside, if there's
17 more buds on the back or not.
- 18 Q Okay.
- 19 A I'm just guessing off this one that I'm looking at here and
20 it's totally a guess (inaudible) trimmed away, maybe a
21 couple ounces, maybe ounce and a half with what I'm seeing.
22 Ounce, ounce and a half maybe two and that's only based on
23 the view that I'm looking at right here. I don't know
24 what's on the --
- 25 Q Understood.

1 A -- backside of it and everything.

2 Q Okay. Now if you'll take a look at Exhibit C, please, and
3 specifically C-2. And if you could -- you wouldn't mind --

4 A C-2.

5 Q If you wouldn't mind showing that to the prosecutor so she
6 knows what I'm referring to.

7 MS. O'BRIEN: Good.

8 BY MR. SCHOUMAN:

9 Q Okay. In C-2, I see some of those plants are extremely
10 small.

11 A Correct.

12 Q Okay. But those are not clones, those are plants; right?

13 A I believe these are plants here; yes. Nineteen plants
14 removed, no clones would be.

15 Q Okay. So those really teeny plants, how many of those were
16 there, do you recall?

17 A Just in this picture?

18 Q In -- over -- no, out of the 19 that were in the garage;
19 how many were --

20 A No. I don't recall how many were tall and how many were
21 small. I count them as a plant when they have roots,
22 whether they're tall or whether they're small; it's a 19
23 total number.

24 Q Okay. So in the garage you had taller plants and smaller
25 plants; correct?

- 1 A Correct. They -- they were taller -- and oh, I'm sorry, I
2 was looking at --
- 3 Q In the garage; I'm sorry.
- 4 A In the garage --
- 5 Q Exhibit C.
- 6 A -- in the shanty thing, I had taller plants and smaller
7 plants; yes.
- 8 Q And those small plants, how big are those small plants?
- 9 A They -- they range from this tall and bigger.
- 10 Q So this tall, would it be a fair statement to say three
11 inches; four inches?
- 12 A Uh, three to five inches and bigger.
- 13 Q Okay.
- 14 A Yeah, three to five -- three to five's fair. Three to five,
15 you know, between three and five then progressively go up.
- 16 Q Now with respect to these Marijuana plants, was there a dry
17 rack or something along those lines that was somewhere in
18 there where Marijuana could be dried?
- 19 A There was a dry rack in the shed.
- 20 Q Dry rack in the shed.
- 21 A That's correct.
- 22 Q Was there any Marijuana sitting in the dry rack?
- 23 A I don't believe there was; no.
- 24 Q Okay. And just so --
- 25 A I believe there was just residue, but not actual buds in

1 there.

2 Q Okay. And just so the record's clear, will you explain what
3 a dry rack is?

4 A Sure. I think you can actually see it in one of these photo
5 -- yeah, you can actually see it in this photo here; photo
6 B-1 you can actually see the dry rack. This type -- there's
7 different types of dry racks, this type of dry rack is
8 basically a -- an accordion-type netting device that allows
9 air to get through it for them to -- for the product to be
10 in the buds to dry. There's various types of racks, this
11 one happens to be accordion style that hangs predominantly
12 from a ceiling or a rafter and you put different buds in
13 different levels and air comes through with the heat and
14 your environment to dry it; in this case. Other drying
15 racks are -- could be as simple as a clothesline strung up,
16 that could be considered a dry rack, all the way to an
17 elaborate dry device being a tumbler. I mean, there's
18 various different ways.

19 MR. SCHOUAN: Your Honor, if I may approach
20 the witness?

21 THE COURT: You may.

22 BY MR. SCHOUAN:

23 Q Detective, please take a look at this photo.

24 A Sure.

25 Q And tell me if you recognize what that is?

1 A This is -- this is, oh (inaudible) but this is the dry rack
2 that I was explaining what it was.

3 Q Okay. And that is the dry rack that you saw in the shed at
4 Mr. Tuttle's house?

5 A Yes.

6 Q On --

7 A It app -- yes, it does, it --

8 Q -- the day in question?

9 A This appears to be the dry rack in the shed in that garage.

10 MR. SCHOUMAN: Your Honor, I ask that --

11 WITNESS: In the shed I mean.

12 MR. SCHOUMAN: -- that photo be marked as Defense
13 Exhibit D.

14 THE COURT: You'd like them marked and admitted?

15 MR. SCHOUMAN: And admitted; yes, your Honor.

16 MS. O'BRIEN: Judge, no objection and I should
17 state for the record that what Detective Pankey's been
18 handed actually is a document that contains two photos, so
19 maybe it's more appropriately marked as D-1 and 2 and he's
20 referring to one of those as that dry rack.

21 MR. SCHOUMAN: I have no objection to that, your
22 Honor.

23 THE COURT: All right. D-1 and 2 are admitted.

24 MR. SCHOUMAN: Thank you, Judge.

25 BY MR. SCHOUMAN:

1 Q So on the day in question, he did not have any Marijuana in
2 that dry rack?

3 A No. Just like I stated, you can see in the photo here, just
4 residue.

5 Q Okay.

6 A Not -- no actual buds in there, just residue where
7 Marijuana had been in that rack.

8 Q Okay. So when do you put Marijuana in a dry rack?

9 A When I -- when I would put Marijuana in a dry rack is when
10 I removed a bud from a plant, I'd put it in that rack.

11 Q Okay.

12 A That -- that -- if this is how I was gonna dry it, based on
13 everything here, that's when I would put it in.

14 Q Okay. Thank you, Detective.

15 MR. SCHOUMAN: I have no further questions at
16 this time, your Honor.

17 THE COURT: Any cross-examination?

18 CROSS-EXAMINATION

19 BY MS. O'BRIEN:

20 Q Detective Pankey, when you, just to clarify for the record
21 --

22 MS. O'BRIEN: Thank you, Judge.

23 BY MS. O'BRIEN:

24 Q -- when you're using the term, usable Marijuana, to clarify
25 for the record, are you referring to a legal definition or

1 are you referring to your definition of usable Marijuana as
2 you understand it within your experience and training in
3 the area of Marijuana investigation?

4 A I'm referring to it as a definition through my training and
5 what I've been told from pros -- from the updates in the
6 schools that I went to from -- for medical Marijuana of
7 what usable Marijuana is.

8 Q Okay. Detective Pankey, you started to answer some
9 questions for counsel about potential yield of a -- of
10 Marijuana plants. Do you have familiarity with that subject
11 matter, yield of Marijuana plants?

12 A I -- I do.

13 Q And can you tell the Court what is a typical one-dose size
14 of mar -- portion of Marijuana; how is --

15 A You mean, like a Marijuana cigarette?

16 Q If you're referring to ingestion by smoking, what's a
17 typical dose?

18 A I -- Marijuana can be ingested several different ways. If
19 we're just limiting it to smoking, all the way from a pipe
20 to blunt (ph) in a cigar all the way down to a cigarette
21 with, like, zig zag papers, rolling papers, I testified to
22 a half a gram being a Marijuana cigarette. You can roll
23 them bigger; I can't roll them smaller. I have big fingers,
24 I'd say half a gram; that's what I testified to.

25 Q Okay. And with respect to yield from a single Marijuana

1 plant, what is the potential yield of a single Marijuana
2 plant that's grown indoors?

3 A As I testified, if the person has a green thumb, I -- the
4 biggest one I've ever seen was a two-pound plant, two
5 pounds of buds, not leaves, just buds, coming off this
6 plant. It was a phenomenal plant, his whole grow house was
7 that way. And I've also seen where one Marijuana plant has
8 yielded a pound, you know, or less.

9 Q Okay. And with -- if you know, with what frequency can a
10 Marijuana plant be harvested within a given time period,
11 say one year?

12 A If done properly, three harvests a year. And that's it in
13 it's life --

14 Q Three harvests per year?

15 A In its life span is correct; that's what I've been taught.

16 Q Detective Pankey, when you were at the suspect residence,
17 did you see any evidence that the Marijuana plants that
18 were there were in the process of being harvested on that
19 day?

20 A No. Just I -- like I testified to earlier, I see the dryer
21 -- I seen the dry rack. The other buds were on the plants,
22 they weren't harvested as of yet. And then in the garage I
23 found those scales and whatnot that had trimmings on it, so
24 something has been trimmed in there. Weighed and trimmed,
25 but be --

1 Q Detective -- okay.

2 A But besides that; no.

3 Q There was some reference to the making of hash oil and
4 butter; are you familiar with the paraphernalia utilized to
5 prepare those two items?

6 A I have.

7 Q Do you recall whether or not you seized any such items
8 associated with preparation of hash oil or T-H-C butter
9 from that suspect residence?

10 A No, I did not. I didn't -- I didn't retrieve any -- any
11 pipes used to make hash or -- no. No, I did not.

12 MS. O'BRIEN: Judge, I have nothing further for
13 the detective. I would like to reserve the right to recall
14 him possibly, as a rebuttal witness.

15 THE COURT: Any redirect?

16 MR. SCHOUMAN: No, your Honor.

17 THE COURT: I don't have any questions for you
18 either; you may step down. Thank you very much; watch your
19 step.

20 WITNESS: Thank you.

21 (at 11:17:35 a.m., witness excused)

22 THE COURT: Defense counsel, any additional
23 witnesses?

24 MR. SCHOUMAN: Yes, your Honor. The defense
25 would like to call Mr. Lalonde to the stand.

1 THE COURT: Okay.

2 DETECTIVE PANKEY: Your Honor, where do you want
3 the pictures?

4 THE COURT: Give them back to counsel. Thank you.

5 DETECTIVE PANKEY: Certainly. That one's not
6 marked.

7 THE COURT: Welcome. Come up to the witness
8 stand. Watch your step. Once you're up there, Miss Levoy
9 will place you under oath.

10 MS. LEVOY: Please raise your right hand.

11 Under penalty of perjury, do you solemnly swear
12 or affirm the testimony you are about to give before this
13 Court will be the truth, the whole truth, and nothing but
14 the truth?

15 MR. LALONDE: I do.

16 THE COURT: Very good; you may be seated.
17 Counsel, please proceed.

18 MR. SCHOUMAN: Thank you, Judge.

19 WILLIAM ALLEN LALONDE

20 (at 11:18:27 a.m., sworn as a witness, testified
21 as follows)

22 DIRECT EXAMINATION

23 BY MR. SCHOUMAN:

24 Q Please state your name and spell your last name for the
25 record.

- 1 A William Allen Lalonde, L-a-l-o-n-d-e.
- 2 Q Lalonde?
- 3 A Yes.
- 4 Q Okay. So the D is silent?
- 5 A Yes.
- 6 Q Mr. Lalonde, do you recognize Detective Pankey in this
7 court room?
- 8 A Yes.
- 9 Q Okay. And how do you know Detective Pankey?
- 10 A Um, we were working together.
- 11 Q Okay. Let me ask you this. When did you first meet
12 Detective Pankey?
- 13 A Uh, geeze. Uh, I couldn't say an exact date.
- 14 Q Can you give me a month?
- 15 A Hmm, say maybe October of last year.
- 16 Q October of 2011?
- 17 A Yes.
- 18 Q And how did you become -- how did you meet Detective
19 Pankey; what happened?
- 20 A I actually -- had a little -- got in a little trouble
21 myself and he had to come to my residence.
- 22 Q So he raided your house?
- 23 A Yes.
- 24 Q Okay. Were you growing Marijuana?
- 25 A No.

- 1 Q Were you a medical Marijuana patient?
- 2 A Yes.
- 3 Q Okay. Do you know an individual named Rob Tuttle?
- 4 A Yes.
- 5 Q Okay. Is Mr. Tuttle in the court room?
- 6 A Yes.
- 7 Q Okay. Is Mr. Tuttle to my right?
- 8 A Yes.
- 9 Q When did you meet Mr. Tuttle?
- 10 A I would say prior to January, probably -- probably November
- 11 of last year..
- 12 Q November of 2011?
- 13 A Yes. I believe so; yes.
- 14 Q So is -- am I correct in saying then that you met Detective
- 15 Pankey before you met Rob Tuttle?
- 16 A Yes.
- 17 Q Were you working with Detective Pankey before you met Rob
- 18 Tuttle?
- 19 A Yes.
- 20 Q Fair statement to say that you met Rob Tuttle through an
- 21 internet site that connects medical Marijuana patients with
- 22 medical Marijuana care givers?
- 23 A Yes.
- 24 Q And you told him that you were a patient?
- 25 A Yes.

1 Q Okay. And you actually met Mr. Tuttle and he required you
2 to produce proof that you were a patient?

3 A Yes.

4 Q Okay. And did he review that proof that you were a patient?

5 A Yes.

6 Q And were those records that you had sent and received back
7 from the state of Michigan?

8 A Yes.

9 Q And is it true that even after reviewing those records he
10 asked to see your drivers license to make sure that those
11 papers were related to you?

12 A Yes.

13 Q Okay. And never prior to him reviewing your status as a
14 patient and those records did he ever tender any Marijuana
15 to you, did he?

16 A No.

17 Q Okay. Now you never told my patient (sic) that you were
18 actually buying Marijuana to give to the police, did you?

19 A No.

20 THE COURT: I think you meant your client.

21 MR. SCHOUMAN: I'm sorry?

22 THE COURT: You said your patient.

23 MR. SCHOUMAN: Oh, I'm sorry.

24 BY MR. SCHOUMAN:

25 Q You never told my client that you were actually getting

1 Marijuana from him to give to the police; correct?

2 A No.

3 Q Okay. In fact, you never told him that you were getting
4 Marijuana for any purpose except for one that you'd legally
5 be allowed to get through the state of Michigan; correct?

6 A Correct.

7 Q Okay. You never told him that you were getting Marijuana
8 for any purpose but medicinal purposes, did you? ..

9 A No.

10 MR. SCHOUMAN: I have no further questions at
11 this time, your Honor.

12 THE COURT: Any cross-examination?

13 MS. O'BRIEN: Yes.

14 CROSS-EXAMINATION

15 BY MS. O'BRIEN:

16 Q Mr. Lalonde, when did you get your certification for your
17 patient card?

18 A I've had it for probably about three years now.

19 Q Tell the Court how you got it.

20 A Um, actually, like, over the phone. It's -- was a very
21 simple process.

22 Q You -- did you speak to a -- somebody who claimed to be a
23 doctor over the phone?

24 A Yes.

25 Q Do you recall about when that was?

- 1 A Probably a little over three years ago.
- 2 Q How did you pay for your certification?
- 3 A Sent a money order.
- 4 Q Do you recall how much you paid?
- 5 A Um, \$150.00.
- 6 Q Do you recall the name of the place that you called to get
7 your certification?
- 8 A No, I do not.
- 9 Q Do you recall where it was?
- 10 A It was located in Southfield.
- 11 Q Recall the name of the doctor by any chance?
- 12 A No, I do not.
- 13 Q Had you ever seen that doctor before?
- 14 A No.
- 15 Q Ever seen that doctor since?
- 16 A No.
- 17 Q Was it a male or a female?
- 18 A Male.
- 19 Q What was the condition, if any, that you complained of to
20 the doctor in order to get your certification?
- 21 A Chronic pain.
- 22 Q Pain?
- 23 A Yes.
- 24 Q The documentation that was -- where did you receive -- who
25 did you receive the documentation from regarding your

- 1 certification?
- 2 A You mean from the doctor, from the physician himself? Yes,
3 he sent it to me in the mail.
- 4 Q You received it in the mail?
- 5 A Yes.
- 6 Q The documentation that counsel asked you that you showed
7 Mr. Tuttle, is that the documentation you showed him?
- 8 A Yes.
- 9 Q Do you still have a copy of that documentation?
- 10 A I believe so; yes.
- 11 Q Did you discuss your medical condition with Mr. Tuttle?
- 12 A Not exactly, other -- maybe that it was for pain; yes, but
13 nothing further than that.
- 14 Q Did Mr. Tuttle ask you what quantity of Marijuana you need
15 to use in order to treat your pain?
- 16 A No.
- 17 Q Did you volunteer that information?
- 18 A No.
- 19 Q Did you have any discussion with the person who claimed to
20 be a doctor from Southfield about what quantity of
21 Marijuana you should utilize to treat your pain?
- 22 A No.
- 23 Q The doctor that you spoke to in Southfield, did he require
24 that you provide any of your medical records?
- 25 A No.

1 Q How long approximately did you spend on the phone with that
2 doctor, or the person claiming to be a doctor?

3 A Less than ten minutes.

4 MS. O'BRIEN: Judge, I have nothing further for
5 Mr. Lalonde.

6 THE COURT: Any cross-examination -- or, excuse
7 me, redirect?

8 MR. SCHOUMAN: Very briefly, your Honor.

9 REDIRECT EXAMINATION

10 BY MR. SCHOUMAN:

11 Q The state did certify you to use medical Marijuana when you
12 had met and were dealing with my client; correct?

13 A Yes.

14 Q Okay. So you had a card by the state that said you were
15 authorized to have Marijuana; right?

16 A Yes.

17 Q Okay. And my client saw that card?

18 A Yes.

19 Q Thank you.

20 MR. SCHOUMAN: No further questions.

21 THE COURT: Thank you very much. You may step
22 down; watch your step.

23 (at 11:27:05 a.m., witness excused)

24 THE COURT: Defense counsel, any additional
25 witnesses?

1 MR. SCHOUMAN: Yes, your Honor. At this time we
2 would call Michael Batke to the stand and if I may step
3 out --

4 THE COURT: You may.

5 MR. SCHOUMAN: -- to grab him?

6 MS. O'BRIEN: Judge, before the next witness
7 takes the stand, may counsel and I approach?

8 THE COURT: You may.

9 (bench conference 11:27:35 to 11:28:50 a.m.)

10 THE COURT: Okay. Come on up to the witness
11 stand; watch your step. Once you're up there, you'll be
12 placed under oath by Miss Levoy.

13 MS. LEVOY: Please raise your right hand.

14 Under penalty of perjury, do you solemnly swear
15 or affirm the testimony you are about to give before this
16 Court will be the truth, the whole truth, and nothing but
17 the truth?

18 MR. Batke: I do.

19 THE COURT: Very good, you may be seated.

20 Counsel, please proceed.

21 MR. SCHOUMAN: Thank you, your Honor.

22 MICHAEL WILLIAM BATKE

23 (at 11:29:14 a.m., sworn as a witness, testified
24 as follows)

25 DIRECT EXAMINATION

1 BY MR. SCHOUMAN:

2 Q Please state your name and spell your last name for the
3 record, please.

4 A Michael William Batke, B-a-t-k-e.

5 Q Okay. Mr. Batke, are you a medical Marijuana patient?

6 A I am.

7 Q Okay. And have you applied to the state and received a
8 medical Marijuana card?

9 A I have.

10 Q Okay. And do you -- I'd like to refer to January 23rd, 2012
11 specifically. On that day in question, were you a medical
12 Marijuana patient?

13 A Yes.

14 Q Okay. And on January 23rd of this last year, this last
15 January, did you have a care giver?

16 A I did.

17 Q And who was your care giver?

18 A Robert Tuttle.

19 Q And do you see Mr. Tuttle in the court room?

20 A I do.

21 Q Okay. Now how long had Mr. Tuttle been your care giver as
22 of January 23rd, 2012?

23 A At the -- I applied at the end of October, I believe I got
24 my card -- it said it was good at 11-1, 2011.

25 Q Okay. So he was your care giver November 1st of 2011 through

1 at least January 23rd, 2012?

2 A Yes.

3 Q Okay. And did you receive any Marijuana from him during
4 that time period while he was your care giver?

5 A I did.

6 Q Okay. And do you recall how much on a regular basis you'd
7 receive?

8 A November I picked up about two ounces and then in December
9 I had received from him about ten edibles.

10 Q I'm sorry, ten edibles?

11 A Yes.

12 Q Okay. Will you explain to the Court what an edible is?

13 A It's when they put the Marijuana in, like, a food, maybe a
14 cupcake or a cookie.

15 Q Okay. And did you receive --

16 A And then --

17 Q Do you recall if it was a cupcake or a cookie that you
18 received?

19 A It was a cupcake.

20 Q Okay. So you received ten cupcakes?

21 A Yes. And then in December I also purch -- or donated to him
22 for another few ounces.

23 Q Okay. So for the short time that he was -- well, let me ask
24 you this. Since January 23rd, 2012, have you received any
25 Marijuana from Rob Tuttle?

1 A No, I have not.

2 Q Okay. So from the short period of time from November 1st,
3 2011 to January 23rd, 2012, fair statement to say that you
4 were receiving a couple ounces of Marijuana and maybe some
5 edibles on a monthly basis?

6 A Yes.

7 Q Okay. Thank you.

8 MR. SCHOUMAN: I don't have any further
9 questions, your Honor.

10 THE COURT: Any cross-examination?

11 MS. O'BRIEN: Yes.

12 CROSS-EXAMINATION

13 BY MS. O'BRIEN:

14 Q Mr. Batke, my name's Shannon, I'm the prosecutor. Let me
15 ask you if I understand this correctly. You got two ounces
16 from the defendant in November?

17 A Correct.

18 Q When you say, two ounces, that's two ounces of loose
19 Marijuana, or was it packaged?

20 A It was dried Marijuana I guess you would say.

21 Q Okay.

22 A In a plastic bag.

23 Q And did you give the defendant money for that Marijuana?

24 A I gave him a donation; yes, of about \$500.00.

25 Q Five hundred dollars. And when you use the word, donation,

1 why do you choose that word?

2 A That's just what I call it. I -- he's providing me a
3 service and I feel I should compensate him.

4 Q Okay. So you were compensating him for his services and for
5 the product?

6 A Uh, more for just the fact that I didn't have to go through
7 and grow these things for myself and -- and take care of
8 it.

9 Q Okay. So it -- you're donating for his work services plus
10 the product; I'm just trying to understand. You don't make
11 a donation for your groceries; right?

12 A Well, no --

13 Q You pay for them?

14 A -- you don't. I guess you could say that then.

15 Q So the distinction here is what, help me understand.

16 A I guess, yes, you can say for his services and the product.

17 Q Okay. Okay. And then the cupcakes you said you got, the ten
18 cupcakes, when did you get those?

19 A Sometime in December.

20 Q The two ounces you got in November, mid-November, late
21 November, early; do you remember?

22 A Middle maybe.

23 Q Mid; okay. And then ten cupcakes in December?

24 A Correct.

25 Q About when?

- 1 A Early.
- 2 Q Okay. And then I think you testified you -- well, what did
3 you -- did you make a donation for the cupcakes as well?
- 4 A I did not; no. He gave those to me.
- 5 Q No charge?
- 6 A No charge; no.
- 7 Q Okay. And then the two ounces in December, about what time
8 in that month?
- 9 A End of December.
- 10 Q End? Did you compensate the defendant for that two ounces?
- 11 A I did.
- 12 Q About how much?
- 13 A About \$500.00.
- 14 Q Mr. Batke, you said you became certified as a patient in
15 2011, about October, 2011; would that be correct?
- 16 A Certified, that might have been in, I think in 2010 I was -
17 - is when I was actually first certified and then I would
18 say that I renewed in October.
- 19 Q You obtained your renewal from the same doctor or a
20 different doctor?
- 21 A From the same facility.
- 22 Q And doctor or a different doctor?
- 23 A It was a different doctor.
- 24 Q Okay. And what was the name of the facility?
- 25 A Medical Marijuana Advocates.

1 Q And how'd you find out about that facility?

2 A Um, on-line.

3 Q And had you visited their website?

4 A I believe I did.

5 Q Okay. And then the name of the doctor, if you recall, that
6 you saw for your renewal, because that's the period of time
7 that would have been effective in January --

8 A Doctor Weslee (ph).

9 Q -- 2012; correct?

10 A Yes.

11 Q Okay. Your renewal would have been effective in January,
12 2012?

13 A Yes.

14 Q Is that correct?

15 A Yeah.

16 Q Okay. That was doctor who?

17 A Weslee.

18 Q And had you ever seen Doctor Weslee before?

19 A I had not.

20 Q And Doctor Weslee's a female; correct?

21 A Yes.

22 Q Have you seen her again?

23 A I have not seen her since.

24 Q Do you have a family doctor or, you know, a primary care
25 doctor?

1 A No. Not at this time.

2 Q It's correct you saw Doctor Weslee about October, 2011?

3 A Yes.

4 Q Did you see if -- did you have a family care doctor about
5 that time?

6 A No.

7 MS. O'BRIEN: Judge, may I approach the
8 witness?

9 THE COURT: You may.

10 BY MS. O'BRIEN:

11 Q Mr. Batke, I'm going to hand you a document. Would you take
12 a look at it and tell me if you recognize it?

13 A I do.

14 Q And what is that document?

15 A It's the physician certification.

16 Q And what's the date on that document?

17 A Um, 10-13-11.

18 Q What physician signed the certification?

19 A Joanna Weslee.

20 Q And now more specifically, that's a copy, is it not; not
21 the original certification?

22 A It looks like a copy.

23 Q Okay. And is that a accurate copy of the certification that
24 you received from Doctor Weslee in October, 2011?

25 A It looks like it; yeah.

1 Q There appear to be any changes or corrections or anything
2 made to it since -- since you got it? I'm not trying to
3 trick you, I just want to make sure it's --

4 A No, I'm -- I'm just looking.

5 Q -- it's that same document.

6 A No. It looks -- looks like my paper work.

7 Q Okay.

8 MS. O'BRIEN: Judge, I'm going to mark this as
9 People's Proposed Exhibit One and I would ask that it be
10 admitted as People's Exhibit One.

11 THE COURT: Any objection?

12 MR. SCHOUMAN: No objection.

13 THE COURT: It's admitted.

14 BY MS. O'BRIEN:

15 Q Mr. Batke, would you tell the Court what condition Doctor
16 Weslee qualified you as a medical Marijuana patient user
17 for?

18 A Severe and chronic pain.

19 Q Severe and chronic pain? And how did she indicate that, if
20 at all, on that document?

21 A With the checked box.

22 Q And what are the words next to that checked box?

23 A Severe and chronic pain.

24 Q Okay. And does she make any additional notations on the
25 document at all, other than her signature?

1 A No, she does not.

2 Q Okay.

3 MS. O'BRIEN: Can I take that from you?

4 THE COURT: You may re-approach.

5 MS. O'BRIEN: I'm sorry, Judge. And thank you.

6 BY MS. O'BRIEN:

7 Q Mr. Batke, you stated you found this facility from an
8 internet site; is that correct?

9 A I believe so.

10 Q Okay. And did you review whether or not severe and chronic
11 pain was a condition that that facility would certify you
12 for?

13 A That facility in particular?

14 Q Yes. Did you know whether they would or not?

15 A They gave -- I -- at the time, yeah, I did know that. It
16 said on the website it did.

17 Q They said that they would?

18 A On the website it said, I believe.

19 Q Okay. And did you also review on the website where it
20 states that chronic pain is not a primary condition or
21 injury, that it typically results from past trauma, might
22 affect -- or an underlying condition?

23 A I can't recall if it did or not.

24 Q Okay. How long did you spend with Doctor Weslee?

25 A I believe the visit was an hour.

1 Q One hour? Were you at the facility for an hour, or did you
2 spend that entire hour with Doctor Weslee?

3 MR. SCHOUMAN: Your Honor, I'm gonna object to
4 the relevancy of these questions. I mean, this is simply
5 about him being a patient of my client's. His whole
6 medical history I don't believe is relevant; I think he's
7 got HIPAA rights.

8 THE COURT: What's your response?

9 MS. O'BRIEN: Judge, my response is that if this
10 patient's certification was not made in the course of a
11 bona fide physician/patient relationship, then the
12 defendant's delivery of Marijuana to this patient is not
13 covered by the Michigan Medical Marijuana Act.

14 MR. SCHOUMAN: And my response, your Honor, is
15 the state's already approved him. That's already been sent
16 by certified record to this Court and, therefore, anything
17 above and beyond that is not relevant.

18 MS. O'BRIEN: Well, Judge, I don't know that
19 there's any law on point with regard to counsel's
20 objection. I will say that the approval merely issued --
21 was what the state relied upon to issue him a card and to
22 issue him a card. But we're here under Section Eight and
23 now it's the defendant's obligation to prove that he did
24 this for a genuine medical purpose; delivered this
25 Marijuana for a genuine medical purpose. Unless this

1 defendant suffers from a serious or debilitating medical
2 condition, unless a physician's opinion has certified him
3 for medical Marijuana use under the language of Section
4 Eight and the other two prongs are met, then the
5 requirements of Section Eight are not met.

6 MR. SCHOUMAN: And again, your Honor, our
7 position here, based on the fact that we're not even going
8 to be presenting a doctor today, is that when the state of
9 Michigan has taken these attestations from a physician who
10 swears that this individual would benefit from Marijuana,
11 that that is all that my client needs for either a Section
12 Four or a Section Eight defense.

13 THE COURT: All right; give me a moment.

14 (pause in court room)

15 THE COURT: Defense counsel, Section 8A-1
16 says, a physician has stated that in the physician's
17 professional opinion, after having completed a full
18 assessment of the patient's medical history and current
19 medical condition may, in the course of a bona fide
20 physician/patient relationship, the patient is likely to
21 receive therapeutic or palliative benefit from the medical
22 use of Marijuana. Is it your contention that the People are
23 not allowed to examine behind the documents that were
24 presented?

25 MR. SCHOUMAN: My position, your Honor, is that

1 a physician has certified him with the exhibit that the
2 prosecutor just introduced to him with a statement that
3 says, I hereby certify that I am a physician licensed to
4 practice in Michigan. It's my professional opinion the
5 applicant has been diagnosed with a debilitating medical
6 condition as indicated above. The medical use of Marijuana
7 is likely to be palliative or provide therapeutic benefits
8 for the symptoms or effects of applicant's condition. I am
9 saying that based on that document, the state of Michigan
10 accepted him as a patient and, therefore, we meet the
11 burden of Section One by the physician signing off on it.
12 And, therefore, anything in addition is cumulative and not
13 relevant based on it being cumulative in nature.

14 And the other thing I was pointing out, your
15 Honor, I mean, it's gonna be up to him, obviously, however
16 you rule on this, but I believe he has a HIPAA right that
17 might need to be discussed with him prior to going forward.
18 Or at least he should be made known of that respect. But
19 that's as completely separate question all together.

20 But our position, as far as this case goes, is
21 if this is certified by a doctor who's attested to this,
22 given it to him, sent it to the state of Michigan, we meet
23 the requirement for Section Number One; that's my position.

24 THE COURT: People, do you have any case law to
25 suggest that the -- you have the ability or the Court has

1 the ability to go beyond whatever the statement is?

2 MS. O'BRIEN: Judge, this is the defendant's
3 witness and the witness has come to testify on behalf of
4 the defendant and he has testified that --

5 THE COURT: Why is he relevant. I don't
6 understand your position. Why -- why have we even got this
7 witness on the stand. It seems to me you offered your
8 exhibit; we should be done.

9 MR. SCHOUMAN: Well the reason I have him on
10 the stand, your Honor, to make it relevant, is to show how
11 much Marijuana that he as his patient was requesting from
12 my client so that when the prosecutor comes back and says,
13 well, you got 33 plants, you weren't using this for
14 patients, I have a patient on the stand that says that he
15 was using the Marijuana for. I'm using him basically just
16 to quan -- just to calculate the amount of Marijuana that
17 my client had to show that he was using it for legitimate
18 patients; that's the only reason he's on the stand. To tell
19 you how much Marijuana he was buying or donating or however
20 it wants to be brought out to the Court, from my client
21 during the relevant time period so that they cannot make
22 the argument that he was really just selling this to
23 somebody who wasn't his patient, all of this amount, and
24 that he should be charged, you know, as delivery with
25 respect to these.

1 MS. O'BRIEN: Judge, may I respond to that?

2 THE COURT: Yes.

3 MS. O'BRIEN: Within the statute itself, the --
4 even the preface to Section One where the Court's reading
5 from states that a patient and a patient's care giver may
6 assert this -- the medical purpose for use of Marijuana in
7 any prosecution. So I -- my understanding is that this care
8 giver and his patient are asserting the medical purpose for
9 this prosecution of him as a care giver and throughout that
10 statute, it continues to state, the patient and the care
11 giver, the patient and the care giver may do so. And so I
12 understand that it's appropriate for him then to call this
13 witness to say that I'm doing this for the medical reason,
14 since he's not taking the stand, at least he hasn't yet, as
15 a patient himself, I'm doing this as a care giver for a
16 genuine medical purpose. I don't know how we can determine
17 that he's met his burden, other than for me to talk to his
18 patients then about what that genuine medical purpose is.

19 In a moment I would be cross-examining this
20 witness about whether or not there was a discussion with
21 that physician, about what dosage of this medicine, so to
22 speak, that he was supposed to take. It can't be that the
23 patient himself determines what the dosage of that medicine
24 is anymore than he would determine that's a schedule one
25 controlled substance. Arguably more potential for harm,

1 according to the federal schedules, than schedules two,
2 three, and four controlled substances.

3 THE COURT: I understand the issue of the
4 quantity, cause that's addressed in Sub-section two.

5 MS. O'BRIEN: Yes. Well, this would also require
6 me --

7 THE COURT: But --

8 MS. O'BRIEN: -- to ask him questions about
9 whether or not he had that discussion with his doctor. I'm
10 just responding to counsel's statement that he, you know,
11 has a HIPAA right or have not to be --

12 THE COURT: Well, putting aside the HIPAA issue
13 for a second, the question is whether or not you can delve
14 into, for purposes of this hearing -- I mean, there may be
15 all kinds of physician criminal acts if it's a fraud and a
16 farce. Or physician disciplinary proceedings if it's a
17 fraud and a farce. The physician is just churning this with
18 a five-minute phone call and giving people certificates.
19 But that's not what this case is about. Maybe you should
20 have that case, but that's not what this case is about.
21 This case is about whether or not this particular
22 defendant/care giver can rely upon what a physician gives
23 him in writing. And other than the quantity issue, which I
24 understand bec -- unless it says one ounce, two ounces on
25 the document, it seems that it would be appropriate for you

1 to delve into that. But why is the rest relevant?

2 MS. O'BRIEN: Well, with regard to his medical
3 condition, you have a copy of this in the documents that we
4 have submitted to you, but I could approach with this so
5 you don't have to dig through the (inaudible).

6 THE COURT: That would be great.

7 MR. SCHOUMAN: And, your Honor, if I may approach
8 as well with this. There are two of these red stamps that
9 I marked earlier for my own well being that I forgot to put
10 in with those records. I'd like to put these in, cause
11 these are the relevant records for the next witness and
12 this witness.

13 The documents that I gave you as Exhibit A,
14 Defense Exhibit A, was not complete. These --

15 THE COURT: Any objection?

16 MS. O'BRIEN: No.

17 MR. SCHOUMAN: -- would complete it.

18 MS. O'BRIEN: No objection.

19 MR. SCHOUMAN: And that's completely my apology,
20 but it will also make this perfectly clear. This is the
21 certified -- all the certified records the state has on Mr.
22 Batke and this one right here is all the certified records
23 for the next witness.

24 MS. O'BRIEN: Judge -- and, Judge, let me say,
25 some of my response in my mind is the substance of what we

1 would brief following this hearing. But I -- I'll ask the
2 Court's indulgence for me to make this explanation, see if
3 the Court agrees with me, that it's important to explore
4 these other issues besides just the number two prong, which
5 is the amount reasonably necessary.

6 I don't know why we're focused only on the
7 amount reasonably necessary of these three prongs. It seems
8 to me that they all are relevant to the issue of whether or
9 not the defendant has satisfied his burden. We could leave
10 it as simple as to argue that nothing in Section Eight,
11 nothing in King, Kolanek says that the certified document
12 support evidence shown at an evidentiary hearing as the
13 King, Kolanek case requires, where the evidence shows. But
14 it may be that the defendant hopes to rely on the evidence
15 in the form of that exhibit, having shown these three
16 things. But I'd ask the Court to look at that certification
17 from the physician and note that nowhere on that physician
18 certification does it say anything about a bona fide
19 physician/patient relationship as is required by Section
20 Eight.

21 THE COURT: That's a different question.

22 MS. O'BRIEN: Okay.

23 THE COURT: Whether or not the certification
24 itself is sufficient -- well.

25 MS. O'BRIEN: That's the crux of defendant's

1 argument.

2 THE COURT: Right. And -- well his argument is,
3 is that if he's got the piece of paper that meets what
4 sub-section one says, then that's all the care giver needs
5 to do. It's not the care giver's requirement then to re-
6 evaluate the patient, go to the physician, ask the
7 physician, is it a bona fide, how did he get the -- because
8 it says in the stat -- the plain language of the statute
9 says he can rely upon -- a care giver can rely upon it if a
10 physician has stated the following things. That's how -- am
11 I misreading it; it says --

12 MS. O'BRIEN: A care giver can rely upon --

13 THE COURT: -- a physician has stated. It doesn't
14 say a physician has stated and the care giver has confirmed
15 the accuracy of the statement. It seems to me you're adding
16 an additional burden.

17 MS. O'BRIEN: Okay. Judge, this does say, where
18 a physician has stated, and then it qualifies that, after
19 having done some things. And it's the defendant's burden to
20 show these things.

21 THE COURT: Don't you think the statement
22 includes all this. A statement that, in the physician's
23 opinion, he's completed a complete full assessment of the
24 patient's medical history, has a current medical condition,
25 the patient -- isn't the cert -- isn't the statement, and

1 maybe it's a bad -- unlike everything else in the statute
2 it's poorly worded, but it appears to me that the word,
3 stated, modifies the remainder of the paragraph. Or are you
4 saying, no, you read it so that there's a statement of one
5 thing and then you have to have a hearing for all these on
6 another thing?

7 MS. O'BRIEN: I'm saying that if that physician
8 may have, and it appears did state that, but didn't fulfill
9 any of the other requirements and her signature to a
10 certification doesn't prove that she did, as is -- as the
11 defendant is obligated to show the Court and her
12 certification doesn't state that she did.

13 THE COURT: Okay. My question is, does the
14 statement -- I'm not sure if this statement right now
15 qualifies with everything that's in Section One. But if it
16 did, if it said, (inaudible) professional opinion, I
17 completed a full assessment of the patient's medical
18 history and the current medical condition made in the
19 course of a bona fide physician/patient relationship. Yet
20 the patient's likely to receive a therapeutic or palliative
21 benefit from the use of medical Marijuana or alleviate the
22 symptoms. You know, there's, like, six factors in there. If
23 the statement meets all six, isn't that enough for them to
24 be able to rely upon?

25 MS. O'BRIEN: I guess possibly. I have not yet

1 seen that situation because it state -- that statement
2 simply doesn't say any of that. She checks a chronic pain
3 box --

4 THE COURT: Then you win; right? You win that the
5 defendant hasn't proven -- doesn't have a sufficient
6 certification.

7 MS. O'BRIEN: Correct. If that's -- if that's --

8 THE COURT: And if that's the case --

9 MS. O'BRIEN: If I'm correct; yes.

10 THE COURT: -- then I still don't need the
11 testimony. Either it says what it needs to say or it
12 doesn't say what it needs to say.

13 MS. O'BRIEN: Okay. I -- I under --

14 THE COURT: So my -- my -- but I may be -- it all
15 depends on how you read the word, statement. If, you know,
16 it would be much easier statement, colon: Number one;
17 number two; number three; number four; number -- but that's
18 how I'm reading it.

19 MS. O'BRIEN: Okay. My purpose in cross-examining
20 this witness is to demonstrate for the Court that not only
21 that -- does that statement not say so that, in fact, it
22 didn't happen.

23 THE COURT: But does it, it didn't happen,
24 matter? If you have a rogue physician out there, and it
25 appears that there are a lot of those right now, that are

1 falsely certifying, violating their Hippocratic oaths,
2 violating the rules of, you know, medical professional
3 responsibility, but does the care -- is that the job of the
4 care giver to police that, that the certifications are
5 actually supported by what the physician was doing?

6 MS. O'BRIEN: My response to that is that it
7 would be -- it's the care giver's job to police himself so
8 that when I agree I'm going to possess your controlled
9 substance, that I be sure that it's incumbent upon me
10 because I'm the person who's going to be prosecuted if I'm
11 accused of having done things that are criminal in nature
12 with regard to possessing your controlled substance. That
13 it's incumbent upon myself to make sure that the
14 circumstances under which I've agreed to possess your
15 controlled substance are done in accordance with the law.

16 THE COURT: Right. But the law says he's got to --
17 -- that the care giver has a defense if the physician stated
18 all these things.

19 MS. O'BRIEN: If they --

20 THE COURT: I mean, if the -- if the legislature
21 wanted a second review of the propriety of the physician
22 certification, then I don't think it would have written it
23 this way. It would have said, the care giver has confirmed
24 with the physician that in the physician's personal opinion
25 that -- I mean, there's other ways other than a statement,

1 but it chose to use the word, statement.

2 MS. O'BRIEN: Okay. But between King, Kolanek
3 and the previous portion to Section One, it -- there's a
4 requirement that there be a hearing, that the evidence show
5 all of these items in Sections One, Two, and Three; all of
6 them. Where the evidence shows that, the evidence in your
7 hands does not show all of that and so --

8 THE COURT: All right. Does King --

9 MS. O'BRIEN: -- this was my effort, was to
10 demonstrate that --

11 THE COURT: Does King, Kolanek --

12 MS. O'BRIEN: -- this did not happen.

13 THE COURT: -- did they rely on a certification?

14 MS. O'BRIEN: No.

15 THE COURT: Okay. But here we have somebody
16 that's trying to rely on a certification.

17 MS. O'BRIEN: Yes. There is no case, Judge, where
18 somebody has tried to rely -- and there is no published
19 case or supreme court case where somebody has tried to rely
20 solely on a certification to support his obligations under
21 Section Eight. I'm just citing King, Kolanek because the
22 requirement was that there be an evidentiary hearing and
23 the evidence --

24 THE COURT: Right.

25 MS. O'BRIEN: -- show these three prongs of

1 Section Eight.

2 MR. SCHOUMAN: In Kolanek, though, your Honor,
3 they due actually state that if you don't have a
4 certification before you receive and/or grow the Marijuana,
5 that you cannot use this defense. So although they don't
6 specifically state that you -- the certification require --
7 the certification is all you need, it does state that you
8 need to have a certification in advance. So in one respect
9 our position will be Kolanek did touch on this and it did
10 say you need a certification and here's our certification.

11 MS. O'BRIEN: Well, Kolanek was a Section Four
12 case where the defendant had gone to see the doctor after
13 the time of his arrest.

14 THE COURT: This is a Section Eight case. A
15 Section Eight case is -- it's got a different -- it's a
16 very specific vision about how you assert a defense.

17 MS. O'BRIEN: Yes. It does.

18 THE COURT: I ag -- number two, paragraph number
19 two, doesn't talk about a certification or statement of
20 the physician. It apparently is a fact -- a fact decision.

21 MS. O'BRIEN: Yes.

22 THE COURT: In paragraph three; likewise. It
23 doesn't rely -- doesn't -- isn't subject to a certification
24 or a statement provision.

25 MS. O'BRIEN: Well, part of paragraph three is.

1 If you look towards the end about alleviating the patient's
2 serious or debilitating medical condition, there still
3 needs to have been a determination that the patient suffers
4 a serious or debilitating medical condition.

5 THE COURT: That's a different argument. I mean -

6 -

7 MS. O'BRIEN: That information would have come
8 presumably from the physician and that physician only gives
9 evidence of a symptom of a condition on the statement
10 that's in front of you; it's not a diagnosis of the
11 underlying --

12 THE COURT: Right.

13 MS. O'BRIEN: -- basis for that symptom.

14 THE COURT: For purposes -- I don't even remember
15 what -- I have a vague notion of what the original question
16 was, but my ruling is this, that if it revolve -- if the
17 questions try to go behind or attack the validity of the
18 physician certification, it's only relevant for purposes of
19 paragraphs two and three of Section 8A. That Section One
20 is a straight up physician statement, which has been
21 attempted to be complied with by the physician
22 certification, which is now People's Exhibit Number One for
23 purposes of Mr. Batke. And for -- but with regard to
24 delving into the issues raised by paragraphs Sub-sections
25 Two and Three, it can go beyond the certification and,

1 therefore, would be relevant.

2 How much longer do we think we have in the
3 hearing?

4 MR. SCHOUMAN: Your Honor, I would only have one
5 more witness. That would be pretty much repetitive except
6 for it's a different patient.

7 THE COURT: I didn't ask how many witnesses, I
8 asked how long, cause it's noon, I've got other -- I've got
9 another case I was gonna try to start at one-thirty.

10 MR. SCHOUMAN: I have ten minutes.

11 THE COURT: I have to eat. My staff needs to take
12 a break, so --

13 MR. SCHOUMAN: Ten minutes on direct.

14 THE COURT: On the next witness?

15 MR. SCHOUMAN: On the next witness.

16 THE COURT: All right. See if you can finish
17 him up.

18 MS. O'BRIEN: Okay, Judge.

19 BY MS. O'BRIEN:

20 Q Mr. Batke, did you have a conversation with Mr. Tuttle
21 about the amount of Marijuana you require?

22 A Uh, I don't understand. I mean, per -- anytime I needed it,
23 I would tell him what I needed, so --

24 Q Okay. And how would that conversation come about?

25 A I would call him.

1 Q And say what?

2 A Say, I need some medicine.

3 Q And would you tell him the specific quantity you need?

4 A I would.

5 Q Any other conversation between you two about quantity; is
6 that the limit of it?

7 A Yeah.

8 Q Okay.

9 MS. O'BRIEN: Okay, Judge. I have nothing further
10 for Mr. Batke then.

11 THE COURT: Any redirect?

12 MR. SCHOUMAN: No, your Honor.

13 THE COURT: Thank you. You may step down; watch
14 your step.

15 (at 12:01:56 p.m., witness excused)

16 THE COURT: Counsel, you have another witness
17 apparently.

18 MR. SCHOUMAN: Mr. Colon, my last witness,
19 your Honor.

20 THE COURT: All right.

21 MR. SCHOUMAN: If I may get him.

22 THE COURT: Welcome. Come to the witness stand.
23 Watch your step. Once you're up there, Miss Levoy will
24 place you under oath.

25 MS. LEVOY: Please raise your right hand.

1 Under penalty of perjury, do you solemnly swear
2 or affirm the testimony you are about to give before this
3 Court will be the truth, the whole truth, and nothing but
4 the truth?

5 MR. COLON: I do.

6 THE COURT: Very good, you may be seated.
7 Counsel, please proceed.

8 MR. SCHOUMAN: Thank you, your Honor.

9 FRANK R. COLON, II

10 (at 12:02:43 p.m., sworn as a witness, testified
11 as follows)

12 DIRECT EXAMINATION

13 BY MR. SCHOUMAN:

14 Q Please state your name and spell your last name for the
15 record.

16 A My name is Frank R. Colon the second. Colon is spelled
17 C-o-l-o-n.

18 Q And, Mr. Colon, are you a medical Marijuana patient?

19 A Yes, I am.

20 Q Okay. And I'd like you to look at the time period between -
21 - prior to January 23rd of 2012 and let's say, go back three
22 or four months.

23 A Okay.

24 Q Did you have a care giver during that time period?

25 A Yes, I did.

1 Q And who was your care giver?

2 A My care giver was Robert Tuttle.

3 Q Okay. Do you see Mr. Tuttle in the court room today?

4 A Yes, I do.

5 Q Okay. When did Mr. Tuttle become your care giver?

6 A Oh, probably about June, if I can -- maybe prior to that.

7 I'm not too sure, it's kind of -- the time's been, you

8 know, (inaudible) from then.

9 Q June of 2011?

10 A Yes. I believe.

11 Q Okay. And then he was your care giver from June through

12 January 23rd of 2012?

13 A Correct.

14 Q Okay. During that time period, did you obtain Marijuana

15 from Mr. Tuttle?

16 A Yes, I had.

17 Q Okay. And will you tell the Court how much, on average, you

18 would request?

19 A Approximately between one and two ounces on a average.

20 Q One -- okay, between one and two ounces for what time

21 period?

22 A Um, per week.

23 Q On a weekly basis? Thank you.

24 MR. SCHOUMAN: No further questions.

25 THE COURT: Any cross-examination?

1 MS. O'BRIEN: Yep.

2 CROSS-EXAMINATION

3 BY MS. O'BRIEN:

4 Q Mr. Colon, how -- did you pay for the Marijuana that you
5 got from Mr. Tuttle?

6 A The donation was variable depending on if I actually had
7 mon -- funds at the time or not. He was actually pretty
8 nice with that, so on average if I did -- when I did have
9 money it was anywhere between 250 and \$300.00, depending on
10 if I had the extra money to give to him for the times that
11 he had just given me the -- the medicine.

12 Q Two hundred and fifty to \$300.00 an ounce?

13 A Correct.

14 Q And you said you got one to two ounces a week?

15 A Yes.

16 Q How frequently did -- and you said sometimes Mr. Tuttle
17 would just give you the Marijuana --

18 A Correct.

19 Q -- and not charge you?

20 A Correct.

21 Q How frequently would he do that?

22 A On average, at minimum once a month; sometimes twice a
23 month. But there's been occasions where that had happened
24 more.

25 Q And how much would he give you when he just gave it to you

- 1 without charging you?
- 2 A One ounce.
- 3 Q And were you to pay him later or never had to pay him or
- 4 what was the arrangement?
- 5 A Um, he never really requested money in -- in exchange. It
- 6 was more of, I was appreciative and then the times that I
- 7 did have money, I would give it to him in excess.
- 8 Q Okay. Where did you obtain your medical Marijuana
- 9 certification?
- 10 A From my doctor.
- 11 Q And what was the name of that doctor?
- 12 A Doctor Siowick (ph).
- 13 Q Doctor Siowick?
- 14 A Correct.
- 15 Q And what was the name of Doctor Siowick's facility?
- 16 A He actually at the time was out of -- at a medical
- 17 Marijuana facility.
- 18 Q Medical Marijuana Affiliates?
- 19 A It was a -- yes.
- 20 Q Do you recall where that was?
- 21 A It was off Northwestern.
- 22 Q Farmington Hills maybe?
- 23 A Yes.
- 24 Q And did you see the certification that he completed for
- 25 you?

1 A Yes, I had.

2 Q And what was the condition that Doctor Siowick certified
3 for you to possibly benefit from medical Marijuana use?

4 A My shoulder, lower back pain. He had also said something
5 about my anxiety, which it's not on the list, but he put
6 that on there. And my A-D-D as well.

7 Q Did you have a discussion with Doctor Siowick about how you
8 were to ingest Marijuana?

9 A Um, not really. He never really guided me into what to do
10 or anything else.

11 Q Okay. And as far as the quantity, was that up to you?

12 A It was based on -- correct.

13 Q How many times did you see Doctor Siowick?

14 A I have seen him twice already.

15 Q When was that?

16 A (Inaudible) the certification. Um, the re-certification and
17 my certification that's --

18 Q For your original certification then, the renewal; is that
19 right?

20 A Correct.

21 Q Okay. Who is Doctor Copauld (ph)?

22 A I believe that was a second doctor that signed it off. I do
23 remember seeing two doctors when I was there, so Siowick
24 was the main doctor that I had spoken with.

25 Q Is that in 2011 or 2010?

1 A I think 2011 I believe.

2 Q That's when you saw Doctor Siowick?

3 A Correct.

4 Q In 2010 then you would have seen Doctor Copauld?

5 A I think that's correct.

6 Q So as far as your assessment for when you were valid in
7 January of 2012, that's when you saw Doctor Siowick?

8 A (Inaudible).

9 Q When's the last time you obtained Marijuana from the
10 defendant?

11 A It was prior to, say the last week in December or the first
12 week in January; I can't be too sure about it.

13 Q Okay. After the first week -- or last week of December or
14 the first week of January, then who did you obtain your
15 Marijuana from?

16 A Um, I actually became my own care giver and I actually
17 started growing for myself.

18 Q When was that?

19 A That was shortly after he called me. I had started to get
20 everything switched out and take care of it for myself.

21 Q Okay. But the time frame; month and year?

22 A Um, it was January of 2012.

23 Q Okay.

24 MS. O'BRIEN: Nothing further for Mr. Colon,
25 Judge.

1 THE COURT: Any redirect?

2 MR. SCHOUMAN: Just very briefly.

3 REDIRECT EXAMINATION

4 BY MR. SCHOUMAN:

5 Q I believe you just said it was shortly after he called you.

6 Mr. Tuttle called you and what was that conversation about?

7 A The conversation was that he had dealt with some legal
8 issues and that he can no longer be my care giver and that
9 it would be best for me to try to seek it from somewhere
10 else.

11 Q Okay; thank you very much.

12 A Thank you.

13 MR. SCHOUMAN: No further questions.

14 THE COURT: Very good. Thank you very much for
15 your time. You are hereby excused; watch your step.

16 WITNESS: All right, great. Thank you very much.

17 (at 12:10:05 p.m., witness excused)

18 THE COURT: Defense counsel, any additional
19 witnesses?

20 MR. SCHOUMAN: None, your Honor.

21 THE COURT: People?

22 MS. O'BRIEN: Judge, no.

23 THE COURT: Do you have a closing argument you'd
24 like to make?

25 MR. SCHOUMAN: I'll make it very brief, Judge. I

1 believe we meet the requirements of Section Eight. I'm
2 going to rely for -- with respect to the first prong on the
3 statements. I don't -- I think -- I don't think the statute
4 was meant to have these care givers who aren't doctors
5 prescribing doses of medication. That seems to be something
6 that a physician has to do and the care giver is not a
7 physician. So I believe that the language in these
8 statements that are state of Michigan forms satisfy the
9 requirements for Section Eight as well as Section Four,
10 Judge; but this is a Section Eight case.

11 I don't think there's any difference with the
12 fact that that form, if a doctor signs off on it, is all
13 that my client needs because it really talks about the
14 language in the form that the state approves and that
15 people go to their doctors and get it taken care of. So
16 when my client has the certification as a care giver for
17 these individuals, I believe that that's all he needs.

18 As far as the second requirement, that the
19 amount of marijuana's not more than reasonably necessary
20 to ensure uninterrupted availability, I apologize for
21 taking so much time with Detective Pankey, but I wanted it
22 to be clear to the Court that we had, out of these 33
23 plants here, very small plants, four to five inches, I
24 believe, was the testimony, all the way up to plants that
25 were now budding; okay. So we don't have a situation where

1 we had 33 plants ready to give us pounds of Marijuana.
2 That's not this case, that's not what he was doing and
3 that's what the testimony states. So I think all that we
4 have going on here is evidence of an uninterrupted plan for
5 getting Marijuana for patients.

6 Now ironically enough, he only had an ounce of
7 dried Marijuana on the day in question left. There was
8 nothing more that was testified to that he had in there
9 stock piled for his clientele; he was down to an ounce. So
10 as far as his cultivation was to treat medical conditions,
11 I'm gonna rely on the medical records that are certified
12 that I've submitted -- or I shouldn't say necessarily all
13 the medical records, the records that the state gave me
14 pursuant to your subpoena, and those show that my client is
15 a patient for himself. So back on Section Four he could
16 have 12 plants for himself and two and a half ounces, just
17 for himself.

18 With respect to the other two people, the
19 records also indicate that they are patients of my client,
20 which I know back to Section Four, would mean that he could
21 have 36 plants, he only had 33, and he could have 2.5
22 ounces times three people and he only had one ounce. So
23 based on the fact of what Section Four allows, my client's
24 way under the limit. Then you bring it in specifically with
25 Section Eight here, that he has to show that it was for

1 medical conditions, the records indicate that my client's
2 allowed to have it for his medical conditions, the records
3 indicate that those two individuals, Mr. Batke, as well as
4 Mr. Colon, could have it for their medical conditions and
5 two of those individuals, Mr. Batke and Colon, went on the
6 stand and said that they utilized Marijuana.

7 When we talked about how much Marijuana, Mr.
8 Batke was an ounce -- two ounces a month is what he
9 testified to plus edibles. Now you heard the testimony from
10 Detective Pankey that in order to make a stick of butter,
11 it takes way more than two and a half ounces of Marijuana.
12 So I would pres -- I would state to the Court that a stick
13 of butter probably went into baking a ten cupcakes. So
14 we've got definitely two ounces where he testified to plus
15 edibles.

16 In addition to that you have the testimony from
17 Mr. Colon who states one to two ounces a week, every week.
18 You heard Detective Pankey then state that the plants in
19 question, first of all my client only had an ounce of
20 usable Marijuana. Then the plants in question were on the
21 high end a little over a couple of ounces and on the low
22 end, less than an ounce. We're not talking about the plants
23 that were one pound each plant. And there's only 14 plants
24 in the bud room. So when you put that together and you take
25 that along with the fact that there's only 33 plants, all

1 in different various stages of development, it certainly
2 seems like what's going on here is exactly what it was.
3 He's delivering relatively minor amounts of Marijuana to
4 some people, all of whom are patients, including Mr.
5 Lalonde. Not his patient, that's what brought this problem
6 forward, but there's been no evidence that he's delivered
7 to anybody but a patient, and I think that's why Section
8 Eight applies.

9 And he doesn't have a quantity of Marijuana
10 sitting around like he's got a giant grow house where
11 people are coming in like a dispensary buying pounds at a
12 time; it's not this case. So I believe we've met our
13 burden.

14 THE COURT: Defense -- or People?

15 MS. O'BRIEN: Judge, I think the argument with
16 regard to Section Four is not relevant. I think the King,
17 Kolanek case clearly unmoors Section Eight from Section
18 Four so that whatever quantity we're talking about with
19 regard to the second prong of Section Eight, the defendant
20 needs to justify having possessed all of that Marijuana. We
21 don't start with any base line, 12 plants per person or two
22 and a half ounces per person; I want to make that clear
23 first.

24 Next, as I understand, the Court has framed and
25 defendant has framed his argument is that the certification

1 satisfies the defendant's burden with at least the first
2 prong of the Section Eight affirmative defense. At least
3 that's the argument that defendant is making. And the
4 People's response is that it is incumbent upon this
5 defendant as a care giver to demonstrate by a showing of
6 evidence all the three prongs of Section Eight, that the
7 defendant has failed to do so.

8 I'll start first with the quantity requirement.
9 The quantity isn't -- the evidence must show that he
10 possessed an amount not more than reasonably necessary to
11 ensure the uninterrupted availability of Marijuana for the
12 purpose of treating or alleviating the patient's serious or
13 debilitating medical conditions or symptoms thereof.
14 There's no demonstration on this record today that either
15 of his patients suffers from either a serious or a
16 debilitating medical condition other than, I understand,
17 the submission of the certification. That evidence, that
18 they suffer from such a condition, is in the form of an
19 opinion and that was the People's initial objection, that
20 the Court take those certifications with a mind towards our
21 objection to the opinion of the physician on those
22 certifications coming in before this Court not being
23 subject to the scrutiny that's imposed upon a Court under
24 the cases of Gilbert versus Daimler Chrysler and Delbert
25 (ph) and all of the responsibility for being the gatekeeper

1 of those opinions that our higher courts have imposed on a
2 trial court.

3 So my statement, just for purpose of our
4 argument, is that none of the prongs of the Section Eight
5 burden have been borne by the defendant at this hearing and
6 that he is not afforded the affirmative defense at trial.

7 I would like to ask the opportunity, though,
8 to brief this argument for the Court and supply the Court
9 with a specific case law and cites therefrom in order to
10 support my argument.

11 THE COURT: Defense counsel, what do you think
12 about briefing this even more?

13 MR. SCHOUMAN: I would have no objection to
14 that, your Honor, if the Court would like additional
15 evidence, I have no problem. If you do order --

16 THE COURT: I don't want additional evidence,
17 we just had a hearing.

18 MR. SCHOUMAN: Well, I didn't mean evidence.

19 THE COURT: Any additional ar --

20 MR. SCHOUMAN: Additional argument, additional
21 case law potentially. I don't think it's there, but I don't
22 mind briefing it, Judge. If that's what you order, though,
23 I do need to represent to the Court that next Monday I
24 start a capital case that's gonna be probably three or four
25 days long. I would like at least three weeks to brief it.

1 THE COURT: Give me a moment.

2 (bench conference 12:18:11 to 12:19:38 p.m.)

3 THE COURT: I'm just inclined to have additional
4 briefing. Defense counsel, I'm looking at the physician
5 statements -- physician statement drafted by -- drafted is
6 probably not true, signed by Doctor Weslee for Michael
7 Batke who we heard from today. And I'm comparing what
8 Section 8A-1 says, is what the statement's supposed to say
9 and what the statement actually says. Now I understand --
10 it actually says physician statement, there's actually a
11 certification that's a separate document. So we're all on
12 the same page here, I have a certified copy of the renewal
13 application form for registry identification card which has
14 attached to it a physician certification, a license, and
15 then a card. And then the next document is what's entitled,
16 physician statement. So it appears that there's a couple of
17 different places where a court might look to see if there's
18 compliance with Section 8A-1.

19 Section 8A-1 says, a physician has stated, and
20 I'm -- it appears that this is a physician, she's got a
21 license number and calls herself an M-D, in the physician's
22 professional opinion and I'm not sure that that phraseology
23 -- well, actually, a certification says, it is my
24 professional opinion, so it covers that, after having
25 completed a full assessment of the patient's medical

1 history and current medical condition.

2 I've looked at the physician statement. It
3 says, Michael Batke was evaluated by me, Joanna Weslee,
4 M.D., for one or more medical conditions in reference to
5 his/her need for medical Marijuana, Cannabis, qualifying
6 with valid diagnosis for use under Michigan law. The
7 patient's medical record and history were reviewed.
8 Objective test results from medical testing facilities and
9 specialists were reviewed. It is my professional medical
10 opinion that the above-named patient may benefit from the
11 use of medical Marijuana. And there again, it uses the
12 phraseology, patient's -- the physician's professional
13 opinion. It doesn't use the words, a full assessment of the
14 patient's medical history and current medical condition. It
15 talks about reviewing history, it talks about, I'm looking
16 at this application. Do you think that is compliance with
17 Section One?

18 MR. SCHOUMAN: Absolutely, your Honor; I do.
19 You've got a physician/patient relationship, it says it
20 right on that form, you know, physician and patient all
21 over that form. They've obviously had some -- that
22 obviously creates a bona fide relationship or at least
23 that's what they're attesting to. And then you've got a
24 review of medical records, as well as an opinion, and I
25 believe based on the fact that they're giving an opinion,

1 reviewing medical records between a physician and a patient
2 and it says it all in the form, that that's really what
3 we're talking about here and I think that does cover it.

4 THE COURT: People?

5 MR. SCHOUMAN: And again, Judge, this is a form
6 that the state puts out for these doctors to sign.

7 THE COURT: I don't think the physician statement
8 is produced by the state, is it?

9 MS. O'BRIEN: It's not.

10 MR. SCHOUMAN: Probably not, your Honor.

11 THE COURT: All right. So is this --

12 MR. SCHOUMAN: Not the physician statement.

13 THE COURT: I understand this is a certification,
14 but I receive scale forms that are clearly defective all
15 the time.

16 MR. SCHOUMAN: Sure.

17 THE COURT: And the fact that people rely on
18 them, they do it at their own risk. So, People?

19 MS. O'BRIEN: Judge, that form is a form that's
20 generated by Michigan medical Marijuana advocates that --

21 THE COURT: You mean the physician statement
22 form?

23 MS. O'BRIEN: Yes, the one that you're holding
24 up and showing --

25 THE COURT: What about --

1 MS. O'BRIEN: -- me right now.

2 THE COURT: They -- the -- what about this
3 physician certification, that appears --

4 MS. O'BRIEN: That's the state form.

5 THE COURT: The state form; okay.

6 MS. O'BRIEN: Now with regard to the bona fide
7 physician/patient relationship, Judge, that document does
8 not under the law fulfill the patient's obligation and the
9 care giver for his patient to demonstrate that these things
10 came about through a bona fide physician/patient
11 relationship. And I'm gonna refer the Court to footnote 30
12 in the King, Kolanek opinion where the supreme court
13 specifies that though the Medical Marijuana Act does not
14 define a bona fide physician/patient relationship, they
15 have adopted a statement by the Michigan Board of Medicine,
16 Michigan Board of Osteopathic Medicine and Surgery, that
17 advises that this term envisions, quote, "A pre-existing
18 and ongoing relationship with a patient as a treating and -
19 - as a treating physician."

20 Though the Court limited me somewhat in my
21 cross-examination of the two patients that were here, I
22 think the Court heard sufficient testimony from them to
23 hear that there wasn't an ongoing relationship, there was a
24 one-time visit to each of those doctors for a short period
25 of time, that one of the, I think it was Mr. Batke

1 testified, that he doesn't even have any other physician so
2 how there could be a review of medical records by Doctor
3 Weslee, I think that's the statement the certification that
4 you were holding up, I don't know. I mean, I can't speak
5 for Doctor Weslee and certainly this is a forum where she
6 has not been required to testify, but I would love to -- I
7 would love to cross-examine the physicians from this
8 facility claiming that they've reviewed medical records for
9 people that don't have other doctors.

10 In any event, I think it's highly suspect that
11 there is a bona fide physician/patient relationship. Those
12 documents come in because there is a presumption of some
13 inherent trustworthiness, Judge, about them. That's the
14 basis for those regularly conducted activity records being
15 an exception to the hearsay rule. But I make my specific
16 objection to the opinion of the physician because I don't
17 think that there is trustworthiness there and I think that
18 that is the reason that the -- our higher courts have held
19 the trial courts to such a high standard in playing a
20 gatekeeper role before physician's opinions or expert
21 opinions are allowed to be admitted as testimony.

22 THE COURT: All right. I have presided over an
23 evidentiary hearing with regard to whether or not Section
24 Eight defense can be presented before the jury. I will
25 intermingle this -- not quite like this Court's typical

1 practice of making findings of fact first and then
2 conclusions of law, but I think as we go through it, it --
3 because there are very specific requirements of Section
4 Eight and very specific findings of fact that relate
5 thereto, that it would be more appropriate under these
6 circumstances to do that.

7 Under Section Eight, Sub-section A, Sub-section
8 1, a defense can be presented if, first, the defendant
9 provides, quote, "A physician has stated that, in the
10 physician's professional opinion after having completed a
11 full assessment of the patient's medical history and
12 current medical condition made in the course of a bona fide
13 physician/patient relationship," unquote and I'll stop
14 there.

15 I think that the defense falls, for several
16 reasons, within this section alone. The physician statement
17 that's been presented, as well as the certification, and I
18 do not think I'm being overly semantic here, do not provide
19 that there was a full assessment of the patient's medical
20 history and current medical condition. Clearly the
21 physician statement says that there was a review of the
22 medical record and history and there was a review of the
23 requested possible use of Cannabis. The legislature for --
24 in its wisdom, chose to use the word, full assessment of
25 the patient's medical history. That there was some kind of

1 a review does not necessarily mean that there was a full
2 review. It does not say that the patient's full medical
3 record and history were reviewed, it doesn't say -- it
4 doesn't use the word, assessment; we have to presume the
5 legislature carefully chose its words.

6 Also current medical condition. Obviously,
7 there's a difference between the medical history and the
8 current medical condition and it is entirely unclear to
9 this Court that either the physician statement or the
10 certification actually addresses the current medical
11 condition. You certainly can present to a doctor with
12 conditions that have not been reviewed by a prior doctor
13 that would not be included in the medical record and would
14 not be able to rely upon medical records to determine the
15 current condition. And as I've struggled with the physician
16 statement and the certification, it does not appear that
17 the current medical condition is actually reviewed at all.
18 It does say that I will continue to monitor his medical
19 conditions provided (inaudible) in the future, but doesn't
20 really say -- it does say objective test results from
21 medical testing facilities a specialist reviewed, but
22 there's no time frame for that. Was that a current test,
23 was that a past test, is that both past test and current
24 test; what test are they talking about. Again, whether or
25 not there was a full test and a full regimen is not at all

1 apparent from the physician statement or from the
2 certification.

3 I agree with the People that bona fide
4 physician/patient relationship has a meaning, it's
5 specifically related to within the document and, again,
6 there is no statement that there is a bona fide
7 relationship, the definition of the bona fide relationship,
8 and although I disagree with the People and do not believe
9 that it's appropriate for the Court or for the care giver
10 to dive behind the veracity of the physician statement
11 certification at the hearing, it's quite evident that from
12 the face of the documents that have been presented, which
13 is confirmed by the evidence, that any relationship that
14 existed -- began on an ad hoc basis with the initial review
15 for purposes of medical Marijuana. Whether or not that
16 would support a bona fide physician/patient relationship is
17 certainly dubious in light of the People's reference to the
18 authority that was cited and the footnote in the case that
19 defines a bona fide patient relationship to be beyond
20 simply presenting at a physician's office for purposes of a
21 medical diagnosis.

22 I think that the rest of the statement, the
23 patients likely received therapeutic or palliative benefit
24 from the medical use of Marijuana to treat or alleviate the
25 patient's serious or debilitating medical condition of

1 symptoms of the patient's serious or debilitating medical
2 condition are met. So -- but the Court finds that there is
3 a failure in the statement in connection with several of
4 the reasons -- for several reasons, which I've already
5 mentioned.

6 With regard to paragraph two, which is, quote,
7 "The patient and the patient's primary care giver .." I
8 should say Sub-section A-2, quote, "The patient and the
9 patient's primary care giver, if any, were collectively in
10 possession of a quantity of Marijuana that was not more
11 than was reasonably necessary to ensure the uninterrupted
12 availability of Marijuana for the purpose of treating or
13 alleviating the patient's serious or debilitating medical
14 condition or symptoms of the patient's serious and
15 debilitating medical condition," unquote. I agree with the
16 People that we look beyond the statement and certification,
17 that we determine, based on the facts of the case, was the
18 quantity, again, offered, phraseology here, not more than
19 was reasonably necessary. I find that the testimony of
20 Detective Pankey in connection with -- I think he's a
21 detective. Officer Pankey, Detective Pankey, in connection
22 with the quantity and there's no real dispute here about
23 how many plants there were, the stage of the plants, that
24 there was various levels in two different areas, a shed and
25 a garage. That there was a great deal of equipment that

1 would be used for the growing and harvesting of the plant.
2 That based on the circumstances of the number of plants,
3 33, and the different conditions, that I think that the
4 defendant has not proven that that was not more than was
5 reasonably necessary to ensure the uninterrupted
6 availability.

7 There was very little testimony about the number
8 of quantities, how many other patients there might have
9 been. I have two patients that discussed one ounce per week
10 and another patient that discussed a couple ounces over a
11 month. The 33 plants certainly could be viewed to be
12 significantly beyond the required quantity for the
13 patient's -- for the purpose of treating or alleviating the
14 patient's serious or debilitating medical condition and,
15 therefore, I think that the defendant has failed to meet
16 sub-paragraph -- or Sub-section 2.

17 In regard to Sub-section 3, the patient or
18 patient's primary care giver, if any, were engaged in the
19 acquisition, possession, cultivation, manufacture or use,
20 delivery, transfer or transportation of Marijuana or
21 paraphernalia relating to the use of Marijuana to treat or
22 alleviate the patient's serious or debilitating medical
23 condition or symptoms of the patient's serious or
24 debilitating medical condition, I find that the testimony
25 presented by the -- both patients was credible in

1 connection with the fact that they have pain, chronic pain,
2 that could be treated by the use of the Marijuana and that
3 their -- this was not necessarily a ruse to use it for
4 alternative purposes for those two patients and, therefore,
5 I find that they -- that the defendant has otherwise met
6 the requirement of Sub-section 3.

7 With that, I assume that there is a request to
8 stay the case in light of the Court's ruling?

9 MR. SCHOUMAN: Yes, your Honor. But if I may,
10 just for clarification purposes, because the way I read
11 this is, you can rule as a matter of law that I haven't
12 even made a prima facie case to get this to a jury, or you
13 can rule that I've made a prima facie case, but there's
14 still questions of fact. I think, based upon my request
15 that you know of to appeal, that that needs to be clear so
16 that the court of appeals knows what we're appealing.
17 Because you could be telling me right now that I can go to
18 trial and have this and let the jury decide on questions of
19 fact, or you can say I didn't make a prima facie --

20 THE COURT: I thought I was pretty clear. I said
21 you cannot assert the Section Eight defense before the
22 jury. Number one, because of the three issues with Section
23 One, which doesn't involve findings of fact at all, other
24 than what does this document -- what do the documents say
25 and do they meet Sub-section 1. I'm sure the People are

1 gonna appeal that part and say, no, no, no, you look behind
2 the certification. But even if, you know, I -- I agree with
3 you that you just look at the statement; that's not a jury
4 issue.

5 MR. SCHOUMAN: Very good.

6 THE COURT: And with regard to Sub-section 2, I
7 would also find that you hadn't met your burden to be able
8 to go before the jury.

9 MR. SCHOUMAN: Very good, your Honor.

10 THE COURT: All right.

11 MR. SCHOUMAN: With that request, we would like
12 to request a stay to request an interlocutory appeal on
13 these issues, as we will --

14 THE COURT: People?

15 MS. O'BRIEN: Judge, I -- like we discussed with
16 the Court beforehand, we anticipated this being the case. I
17 wouldn't have an objection if the Court's inclined to grant
18 the stay.

19 THE COURT: Okay. I will grant the motion to
20 stay, to seek interlocutory appeal.

21 MS. O'BRIEN: Does the Court have an idea about
22 how long it would take us to get a transcript of today?

23 THE COURT: Normally I would say talk to Ms.
24 Ackerman (ph), but she's not here.

25 MS. O'BRIEN: Okay.

1 THE COURT: So we'll have to talk -- Ms. Levoy
2 will have to talk with the transcriptionist, but usually
3 it's two to three weeks, they're usually not that --

4 MS. O'BRIEN: Follow-up later.

5 THE COURT: This wasn't that long of a hearing.
6 And if you need an expedited basis for purposes of writing
7 out the interlocutory appeal period, I would make sure that
8 you tell the transcriptionist that so that they know. What
9 I'd like, though, is an order so that you can appeal. We
10 have blank order forms over there if you want to do it that
11 way, or you can submit a stipulated order to form
12 substance, that's fine. If you want to type it out so it's
13 easier for the court of appeals to read it, that's fine,
14 too. And in that order you should have the reference to the
15 stay.

16 MS. O'BRIEN: Okay.

17 THE COURT: Of which I'm granting.

18 MS. O'BRIEN: Thank you.

19 MR. SCHOUMAN: Thank you, Judge.

20 THE COURT: All right. Do you want these exhibits
21 back, cause these are your originals; right?

22 MR. SCHOUMAN: Yes, your Honor. Your Honor, just
23 as a point of clarification. All the conditions of my
24 client's bond will remain in effect while he's -- while the
25 stay goes forward?

1 THE COURT: I -- I've heard no bond motion at
2 this time, so it looks like he's being a good boy.

3 MR. SCHOUMAN: He is.

4 THE COURT: As long as he is, then he won't have
5 to worry about it.

6 MR. SCHOUMAN: Thank you, Judge.

7 THE COURT: You're welcome.

8 (at 12:37:00 p.m., hearing concluded)

9

CERTIFICATION

This is to certify that the attached electronically recorded proceeding, consisting of one hundred and six (106) pages, before the 6th Judicial Circuit Court, Oakland County in the matter of:

People of the State of Michigan

v

Robert Edward Tuttle

_____/

Location: Circuit Court - Oakland County

Date: August 20, 2012

was held as herein appeared and that this is testimony from the original transcript of the electronic recording thereof, to the best of my ability.

I further state that I assume no responsibility for any events that occurred during the above proceedings or any inaudible responses by any party or parties that are not discernible on the electronic recording of the proceedings.

/s/ Deborah Zerman
Deborah Zerman, CER 8535
Certified Electronic Recorder

Dated: September 14, 2012

Theresa's Transcription Service, P.O. Box 21067
Lansing, Michigan 48909-1067 - 517-882-0060

Court of Appeals, State of Michigan

ORDER

People of MI v Robert Tuttle

Docket No. 312364

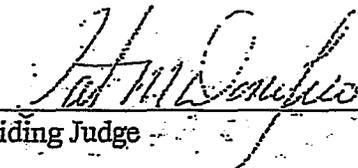
LC No. 2012-241272-FH

Pat M. Donofrio
Presiding Judge

Kathleen Jansen

Deborah A. Servitto
Judges

The Court orders that the application for leave to appeal is DENIED for failure to persuade the Court of the need for immediate appellate review.



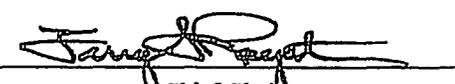
Presiding Judge



A true copy entered and certified by Larry S. Royster, Chief Clerk, on

OCT 11 2012

Date



Chief Clerk

Court of Appeals, State of Michigan

ORDER

PEOPLE OF MI V ROBERT TUTTLE

Docket No. 312364

LC No. 2012-241272-FH

Pat M. Donofrio
Presiding Judge

Kathleen Jansen

Deborah A. Servitto
Judges

The Court orders that the motion for reconsideration of Order is DENIED.



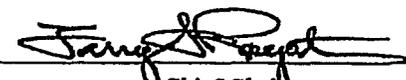
Presiding Judge



A true copy entered and certified by Larry S. Royster, Chief Clerk, on

NOV 21 2012

Date



Chief Clerk

Order

Supreme Court's Remand

Michigan Supreme Court
Lansing, Michigan

April 1, 2013

Robert P. Young, Jr.,
Chief Justice

146392

Michael F. Cavanagh
Stephen J. Markman
Mary Beth Kelly
Brian K. Zahra
Bridget M. McCormack
David F. Viviano,
Justices

PEOPLE OF THE STATE OF MICHIGAN,
Plaintiff-Appellee,

v

SC: 146392
COA: 312364
Oakland CC: 2012-241272-FH

ROBERT TUTTLE,
Defendant-Appellant.

On order of the Court, the application for leave to appeal the October 11, 2012 order of the Court of Appeals is considered and, pursuant to MCR 7.302(H)(1), in lieu of granting leave to appeal, we REMAND this case to the Court of Appeals for consideration, as on leave granted, of (1) whether the defendant was entitled to dismissal of the marijuana-related charges in Counts IV through VII of the second amended information under the immunity provision in § 4 of the Michigan Medical Marihuana Act (MMMA), MCL 333.26424; (2) whether the defendant was entitled to dismissal of these charges under the affirmative defense in § 8(a) of the MMMA, MCL 333.26428(a); and (3) if the defendant was not entitled to dismissal, whether he is permitted to raise the § 8 affirmative defense at trial.



s0325

I, Corbin R. Davis, Clerk of the Michigan Supreme Court, certify that the foregoing is a true and complete copy of the order entered at the direction of the Court.

April 1, 2013

Corbin R. Davis

Clerk

112 a

STATE OF MICHIGAN
COURT OF APPEALS

PEOPLE OF THE STATE OF MICHIGAN,
Plaintiff-Appellee,

FOR PUBLICATION
January 30, 2014
9:15 a.m.

V

No. 312364
Oakland Circuit Court
LC No. 2012-241272-FH

ROBERT TUTTLE,

Defendant-Appellant.

Before: SAAD, P.J., and SAWYER and JANSEN, JJ.

SAAD, P.J.

Defendant appeals the trial court's order that (1) held that he was not entitled to immunity under § 4 of the Michigan Medical Marihuana Act (MMMA)¹ and (2) denied defendant's request for dismissal under § 8 of the MMMA and his request to present the § 8 defense at trial. For the reasons set forth in this opinion, we affirm in part and reverse in part.

I. NATURE OF THE CASE

Defendant was arrested for selling marijuana to a confidential informant of the Oakland County Sheriff's Office. He was subsequently charged with the sale and production of marijuana, and for possession of a firearm during commission of a felony. Defendant holds a valid registry identification card under the MMMA, MCL 333.26421 *et. seq.* He claims that possession of the card, without more, entitles him to: (1) immunity from prosecution under § 4 of the MMMA for the charges not relating to the sale of marijuana, and (2) an affirmative defense under § 8 for all the charges. In addition, he asserts that the testimony of his medical marijuana patients allows him to assert the § 8 affirmative defense. The trial court rejected both arguments and held that defendant was not entitled to immunity under § 4, and that he had not presented the requisite evidence to make an affirmative defense under § 8.

We uphold the trial court, and expand our analysis to include defendant's arguments regarding: (1) his possession of a registry identification card, and (2) the testimony of his

¹ The MMMA uses the variant "marihuana." Throughout this opinion, we use the more common spelling "marijuana" unless quoting from the MMMA or cases that use the variant spelling.

medical marijuana patients. To adopt defendant's MMMA interpretation would subvert the purposes of the statute. It provides a limited "exception to the Public Health Code's prohibition on the use of controlled substances." *People v Bylsma*, 493 Mich 17, 27; 825 NW2d 543 (2012). This exception is intended to allow Michiganders "suffering from serious or debilitating medical conditions or symptoms" the use of marijuana to help treat and alleviate their symptoms. *People v Kolanek*, 491 Mich 382, 394; 817 NW2d 528 (2012). We therefore reject defendant's claim, and hold that the trial court did not abuse its discretion when it: (1) ruled that defendant was not entitled to immunity from criminal prosecution under § 4, and (2) denied defendant's request for dismissal under § 8 and held that he could not present the § 8 defense at trial.

II. FACTS AND PROCEDURAL HISTORY

On January 18, 21 and 23, 2012, defendant sold marijuana to a confidential informant of the Oakland County Sherriff's Office. Defendant originally met the informant on a website that connects medical marijuana patients with marijuana growers.² Before the sales, defendant met with the confidential informant in Waterford, and asked him for various documents to demonstrate that he was a "qualifying patient"³ under the MMMA. Defendant did not ask the confidential informant (nor did the confidential informant provide) information on how much marijuana he required to treat his debilitating medical condition, or how long this treatment should continue.

The Oakland County Sherriff's Office arrested defendant shortly after the January 23 sale. The office also obtained a search warrant to search defendant's home. At the house, a detective recovered 33 marijuana plants and 38 grams of dried marijuana from a locked garage and shed. The police also discovered a cache of firearms (including an AK-47) in a gun safe in defendant's basement.

The state subsequently charged defendant with numerous counts related to marijuana manufacture and delivery, and possession of a firearm during commission of a felony.⁴ After the prosecutor presented his preliminary proofs, defendant moved to dismiss the charges based on possession of marijuana in his home, and the related felony-firearm charges, under the MMMA's

² Defendant himself is a medical marijuana patient with a state-certified registry identification card. He also is a certified "caregiver" for two other qualifying patients. MCL 333.26423(h) defines "primary caregiver" or "caregiver" as: "a person who is at least 21 years old and who has agreed to assist with a patient's medical use of marihuana and who has not been convicted of any felony within the past 10 years and has never been convicted of a felony involving illegal drugs or a felony that is an assaultive crime . . ."

³ MCL 333.26423(i) defines "qualifying patient" or "patient" as: "a person who has been diagnosed by a physician as having a debilitating medical condition."

⁴ Counts I-III relate to the sale of marijuana to the confidential informant, one for each of the sale dates. Counts IV and V relate to possession of the 38 grams of loose marijuana, and the accordant felony firearm charge. Counts VI and VII relate to the growing of 33 marijuana plants, and the accordant felony firearm charge.

grant of immunity from prosecution in § 4. The defendant asserted that § 4 allowed him to possess up to 7.5 ounces of dried marijuana and 36 marijuana plants. Defendant also argued that the remaining charges should be dismissed under the MMMA's affirmative defense provision in § 8, as he possessed only an amount of marijuana "reasonably necessary" to treat him and his patients, and requested an evidentiary hearing under that same section.

The people responded to defendant's motion, and conceded that defendant complied with the "quantity and storage parameters" of § 4. But the prosecutor asserted that defendant's conduct rebutted the presumption that he was engaged in the "medical use of marijuana" per § 4(d) of the MMMA. Defendant sold marijuana to a patient, the confidential informant, and was connected to that patient in a method outside of the state's registration process, contravening § 4(b), which mandates that caregivers must be connected with patients through "the department's registration process." MCL 333.26424(b). The prosecutor also noted that the marijuana sold to the confidential informant came from the same stockpile used to supply defendant's legitimate medical marijuana patients. Finally, the prosecutor noted that defendant's sale to the confidential informant violated § 4(a)'s regulations for medical marijuana patients, as this Court ruled that patient-to-patient sales of marijuana do not fall under the MMMA.⁵ The people stipulated to defendant's request for an evidentiary hearing.

The trial court agreed with the prosecution, and denied defendant's motion to dismiss under § 4 before the evidentiary hearing. It held that the prosecution rebutted the presumption of compliance with the MMMA referenced in § 4(d).

At the evidentiary hearing, a detective and the confidential informant offered testimony. Defendant's two certified patients testified as well. After it heard this evidence, the trial court denied defendant's request for dismissal under § 8. It also held that defendant was precluded from presenting the § 8 affirmative defense at trial because he failed to provide evidence of every element required under that section. Specifically, the court noted that the physician statements provided by defendant did not actually state that the respective physicians completed a full assessment of each patient's medical history and current medical condition. It was also troubled by the number of plants found in defendant's home, stating that "33 plants certainly could be viewed to be significantly beyond the required quantity" to treat his patient's conditions. However, the trial court did find evidence that defendant was actually engaged in the possession and cultivation of marijuana for medical purposes, citing the testimony of defendant's two certified patients.

⁵ *State v McQueen*, 293 Mich App 644, 675; 811 NW2d 513 (2011). This case was subsequently affirmed on other grounds by our Supreme Court. *State v McQueen*, 493 Mich 135; 828 NW2d 644 (2013). However, the Supreme Court agreed that MMMA § 4 did not provide immunity for patient-to-patient sales. *McQueen*, 493 Mich at 156. We will return to the Supreme Court's interpretation of § 4 later in this opinion.

The defendant appealed to this Court in September 2012 and his appeal was denied.⁶ Defendant then appealed to the Michigan Supreme Court, which entered an April 2013 order remanding the case to the Court of Appeals.⁷ Defendant appeals the ruling of the trial court, and argues that Counts IV through VII of the charges against him (the possession and felony firearm charges) should be dismissed under the § 4 immunity provisions. He also argues that he is entitled to dismissal of all charges under the § 8 affirmative defense. In the alternative, he argues that he should be permitted to raise the § 8 affirmative defense at trial.

III. STANDARD OF REVIEW

A trial court's decision on a motion to dismiss is reviewed for an abuse of discretion. *Bylsma*, 493 Mich at 26. "A trial court's findings of fact may not be set aside unless they are clearly erroneous." *Id.* A finding is clearly erroneous "'if the reviewing court is left with a definite and firm conviction that the trial court made a mistake.'" *Id.*, quoting *People v Armstrong*, 490 Mich 281, 289; 806 NW2d 676 (2011). Questions of statutory interpretation, including interpretation of the MMMA, are reviewed de novo. *Kolanek*, 491 Mich at 393.

IV. ANALYSIS

A. SECTION 4 IMMUNITY

Only some of the multiple subsections of § 4 are relevant to this case: §§ 4(a), 4(b), and 4(d). Under § 4(a), "qualifying patient[s]" who hold "registry identification card[s]"⁸ receive immunity from criminal prosecution. MCL 333.26424(a); *Kolanek*, 491 Mich at 394. To be entitled to such immunity, a qualifying patient cannot possess more than 2.5 ounces of usable marijuana and 12 marijuana plants. MCL 333.26424(a). §4(b) contains a "parallel immunity provision[]" that applies to "registered primary caregivers." *Bylsma*, 493 Mich at 28. Our Supreme Court recently clarified that § 4's immunity provisions do not extend to:

a registered qualifying patient who transfers marijuana to another registered qualifying patient for the transferee's use because the transferor is not engaging in conduct related to marijuana for the purpose of relieving *the transferor's own* condition or symptoms. Similarly, § 4 immunity does not extend to a registered primary caregiver who transfers marijuana for any purpose other than to alleviate the condition or symptoms of a specific patient *with whom the caregiver is connected through the [Michigan Department of Community Health's]*

⁶ *People v Tuttle*, unpublished order of the Court of Appeals, entered October 11, 2012 (Docket No. 312364).

⁷ *People v Tuttle*, 493 Mich 950; 828 NW2d 375 (2013).

⁸ MCL 333.26423(j) defines "registry identification card" as: "a document issued by the department that identifies a person as a registered qualifying patient or registered primary caregiver."

registration process. [*McQueen*, 493 Mich at 156 (emphasis original, footnotes omitted).]

Per § 4(d), qualifying patients or primary caregivers are presumed to be “engaged in the medical use of marihuana in accordance with [the MMMA]” if they are in possession of: (1) “a registry identification card” and (2) “an amount of marihuana that does not exceed the amount allowed under this act.” MCL 333.26424(d). This presumption is rebuttable—if the prosecution provides “evidence that conduct related to marihuana was not for the purpose of alleviating the qualifying patient’s debilitating medical condition or symptoms associated with the debilitating medical condition, in accordance with this act” it will not apply. MCL 333.26424(d)(2).

Here, defendant’s transfer of marijuana to the confidential informant is clearly not protected under § 4. *McQueen*, 493 Mich at 156. He transferred marijuana to the confidential informant, who, though a registered qualifying patient, was not connected to defendant through the state registration process.

Defendant concedes that he is not entitled to § 4 immunity for the sales of marijuana to the confidential informant. Yet he asserts that the other charges—namely, the ones related to marijuana possession and the accompanying felony-firearm counts—should be dismissed under § 4. He bases this claim on the following evidence: (1) his and his patients’ possession of valid registry identification cards, and (2) his possession of 33 marijuana plants and 1.34 ounces of dried marijuana—an amount less than permitted to him under § 4(b).⁹ As such, defendant claims he is entitled to the presumption under § 4(d) that he is “engaged in the medical use of marihuana in accordance with this act.” MCL 333.26424(d).

Defendant is correct that he is entitled to § 4(d)’s presumption: he was in possession of the requisite identification cards and possessed an “amount of marihuana that [did] not exceed the amount allowed under [the MMMA].” MCL 333.26424(d). But what § 4(d) gives may also be lost under § 4(d)(2), because the prosecution may rebut the presumption. It has done so here. Defendant has engaged in “conduct related to marihuana [that] was not for the purpose of alleviating the qualifying patient’s debilitating medical condition or symptoms associated with the debilitating medical condition, *in accordance with this act.*” MCL 333.26424(d)(2) (emphasis added). By his own admission, defendant sold marijuana to an individual outside the parameters of the MMMA. As such, he does not have the privilege to claim immunity under § 4. This action rebuts the presumption as to *all* his conduct involving marijuana—even conduct involving his two other qualifying patients.

Defendant attempts to obscure this clear statutory outcome by asserting that there is no evidence that the specific marijuana found by the police in his home—i.e., the 33 plants and 1.04

⁹ Per § 4(b)(2), defendant could possess up to 36 plants and, subject to certain volume limitations, remain in compliance with the MMMA. The statute allows him to possess 12 plants for himself, plus 12 plants for each patient for whom he is a caregiver (3 x 12 = 36). In addition, § 4(b)(2) allows defendant to possess up to 7.5 ounces of usable marijuana: 2.5 ounces for himself, and 5 ounces combined for his two patients.

ounces of useable marijuana—was used for the illegal sale to the confidential informant. He also suggests that one illicit marijuana sale shouldn't "taint" the ostensibly "clean" marijuana used to supply his legitimate, MMMA-complying patients.

This argument lacks any grounding in the statute itself. Defendant ignores that it is his *conduct* that is at issue—conduct that he has tainted by his violation of the MMMA. Defendant's reasoning also contravenes the MMMA's stated aims: to provide a particular exception to the general illegality of marijuana use,¹⁰ so that the drug can be used by "individuals suffering from serious or debilitating medical conditions or symptoms, to the extent that the individuals' marijuana use 'is carried out in accordance with the provisions of [the MMMA].'" *Kolanek*, 491 Mich at 394, citing MCL 333.26427(a). And, as noted, defendant's claim ignores common sense. The fact that he sold marijuana to the confidential informant is obvious evidence that defendant did not conduct his marijuana-related activities in compliance with the MMMA. The plain meaning of § 4 does not allow defendant to decouple his illicit actions involving marijuana from his other marijuana-related activities—even if those other activities are within the parameters of the statute. Those illicit actions rebut § 4(d)'s presumption of MMMA-complying conduct.

Accordingly, defendant is not entitled to the immunity provisions of § 4. The trial court was correct to so hold and we affirm.

B. SECTION 8(A) DEFENSE¹¹

§ 8(a) provides a defense to MMMA defendants. It consists of three elements, all of which must be satisfied for the defense to be successful. MCL 333.26428(a).¹² This burden originates in the medical reasons that inform the statute.

¹⁰ See *Bylsma*, 493 Mich at 27 (the MMMA is an "exception to the Public Health Code's prohibition on the use of controlled substances").

¹¹ Defendant's claims regarding § 8 are almost identical to the claims of another MMMA defendant in *People v Hartwick*, ___ Mich App ___; ___ (2013) WL 6083688, also before the Court this month. Accordingly, our analysis of § 8 in the two cases is largely the same.

¹² The Michigan Supreme Court recently outlined very specific steps and procedural outcomes for MMMA defendants who assert the § 8(a) affirmative defense. If the defendant establishes the three § 8(a) elements during a pretrial evidentiary hearing, and there are no material questions of fact, the defendant is entitled to dismissal of the charges. *Kolanek*, 491 Mich at 412. If a defendant establishes evidence of each element, but there are still material questions of fact, then the § 8(a) affirmative defense must be submitted to a jury. *Id.* Finally, if no reasonable juror could conclude that a defendant has satisfied the elements of the § 8(a) affirmative defense, then the defense fails as a matter of law and the defendant is precluded from asserting it at trial. *Id.* at 412–413.

Before we address each subsection of § 8, it is important to consider the mandate of the section as a whole. Because the MMMA is a limited statutory exception to the general, federal, and state prohibition of marijuana, the MMMA promulgates a comprehensive statutory scheme that must be followed if caregivers and patients wish to comply with the law. Section 8 outlines the possible defenses a defendant can make when charged with violating the act. In so doing, the section weaves together the obligations of each individual involved in the prescription, use, and production of medical marijuana. Under the act, doctors must have an ongoing relationship with their patients, where the doctor continuously reviews the patient's condition, and revises his marijuana prescription accordingly.¹³ Further, patients must provide certain basic information regarding their marijuana use to their caregivers. And caregivers, to be protected under the MMMA, must ask for this basic information—specifically, information that details, as any pharmaceutical prescription would, how much marijuana the patient is supposed to use, and how long that use is supposed to continue. Though patients and caregivers are ordinary citizens, not trained medical professionals, the MMMA's essential mandate is that marijuana be used for medical purposes. Accordingly, for their own protection from criminal prosecution, patients and caregivers must comply with this medical purpose—patients by supplying the necessary documentation to their caregivers, and caregivers by only supplying patients who provide the statutorily mandated information.

Possession of a registry card, without more, does nothing to address these § 8 medical requirements. It offers no proof of the existence of an ongoing relationship between patient and physician, as mandated by § 8(a)(1). Nor does it prove the caregiver is aware of how much marijuana the patient is prescribed or for how long the patient is supposed to use the drug, as mandated by § 8 (a)(2). And it does not ensure the marijuana sold by the caregiver is actually being used by the patient for medical reasons, as mandated by § 8(a)(3).

In sum: a registry card is necessary but not sufficient to comply with the MMMA, and clearly does not satisfy the § 8 requirements for a total defense to a charge of violation of this act.

Here, the trial court held that no reasonable juror could conclude that defendant had satisfied all the elements of the § 8(a) affirmative defense. Accordingly, it ruled that the defense failed as a matter of law and defendant was precluded from asserting it at trial.

¹³ The importance of a legitimate, ongoing relationship between the marijuana-prescribing doctor and the marijuana-using patient is stressed throughout the MMMA. Section 4(f), which provides a qualified immunity for physicians, mandates that the immunity only applies to physicians that prescribe marijuana "in the course of a bona fide physician-patient relationship." MCL 333.26424(f). It further implies that this relationship must be ongoing by stressing that "nothing shall prevent a professional licensing board from sanctioning a physician for . . . otherwise violating the standard of care for evaluating medical conditions." This standard of care presumably includes follow-up visits with the patient. And § 6—as noted, the section that governs the issuance of registry cards—also implies its expectation of an ongoing physician-patient relationship. It states that "if a . . . patient's certifying physician notifies the department in writing that the patient has ceased to suffer from a debilitating medical condition, the card shall become null and void upon notification by the department to the patient." MCL 333.26426(f).

1. § 8(A)(1): THE BONA FIDE PHYSICIAN-PATIENT RELATIONSHIP

To satisfy § 8(a)(1), a defendant must present evidence that:

A physician has stated that, in the physician's professional opinion, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship, the patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition. [MCL 333.26428(a)(1).]

Here, defendant claims that the documents he presented at the evidentiary hearing—his medical marijuana patient and caregiver cards, his patients' registry identifications, and the various documentation supporting both—are sufficient evidence to satisfy § 8(a)(1)'s requirement of a physician statement and a bona fide physician-patient relationship. In addition, defendant asserts that the testimony of his two patients is further evidence of the existence of the bona fide physician-patient relationship required by the statute. We address each claim in turn.

1A. REGISTRY IDENTIFICATION CARDS

Defendant's argument regarding the registry identification cards has some basis in another part of the MMMA: § 6. Section 6 governs the procedures patients and the Department of Licensing and Regulatory Affairs ("the department") must follow when it issues patient and/or caregiver cards. Specifically, § 6 mandates that the department "shall issue registry identification cards to qualifying patients who submit the following, in accordance with the department's rules":

- (1) A written certification;
- (2) Application or renewal fee;
- (3) Name, address, and date of birth of the qualifying patient, except that if the applicant is homeless, no address is required;
- (4) Name, address, and telephone number of the qualifying patient's physician;
- (5) Name, address, and date of birth of the qualifying patient's primary caregiver, if any;
- (6) Proof of Michigan residency.¹⁴ [MCL 333.26426(a).]

¹⁴ Under the earlier version of the MMMA that applies to this case, the final element, (6), read: "If the qualifying patient designates a primary caregiver, as designation as to whether the qualifying patient or primary caregiver will be allowed under state law to possess marihuana

In its definitional section, § 3, the MMMA defines a “written certification” as a document signed by a physician that states the following:

- (1) The patient’s debilitating medical condition.
- (2) The physician has completed a full assessment of the patient’s medical history and current medical condition, including a relevant, in-person, medical evaluation.
- (3) In the physician’s professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient’s debilitating medical condition or symptoms associated with the debilitating medical condition. [MCL 333.26423(m).]

The MMMA mandates that the department cannot issue a registry identification card to a patient and/or caregiver applicant unless it verifies the information submitted in the patient and/or caregiver’s written certification. As such, possession of a registry identification card, if valid, satisfies some of the requirements of § 8(a)(1)’s affirmative defense. Further, if the department actually followed its statutory obligations and conducted an investigation, the card would serve as evidence that a physician did the following: (1) stated he completed a full assessment of the patient’s medical history; (2) conducted an in-person medical evaluation; (3) observed a debilitating medical condition; and (4) concluded that the patient is likely to benefit from the medical use of marijuana. However, the physician’s written certification is not evidence of the existence of the bona-fide physician patient relationship, which is required for the § 8(a) affirmative defense.

The initial, voter-initiative version of the MMMA did not define “bona fide physician patient relationship.” See *People v Redden*, 290 Mich App 65, 86; 799 NW2d 184 (2010). The Legislature has since amended the MMMA to include such a definition. See 2012 PA 512. But this amendment took effect April 1, 2013. The new definition is thus not applicable to cases, like this one, that arose before that date. See *People v Russo*, 439 Mich 584, 594; 487 NW2d 698 (1992) (footnotes omitted) (“[t]he general rule of statutory construction in Michigan is that a new or amended statute applies prospectively unless the Legislature has expressly or impliedly indicated its intention to give it retrospective effect. This rule applies equally to criminal statutes”). If the MMMA originated in the Legislature, the amendment could be considered evidence of what the Legislature intended “bona fide physician-patient relationship” to mean at the date of the MMMA’s enactment.¹⁵ But the MMMA is the result of a voter initiative, passed

plants for the qualifying patient’s medical use.” Neither this earlier language, nor the section’s modification to “Michigan resident,” bears on the outcome of this case.

¹⁵ The Legislature clearly has the power to subsequently amend statutes that enact voter initiatives. Const 1963, art 2, § 9; *Advisory Opinion on Constitutionality of 1982 PA 47*, 418 Mich 49, 64; 340 NW2d 817 (1983). It is unclear, however, if such a subsequent legislative amendment can serve as evidence of the peoples’ intent at the time they passed the initiative.

by the people of Michigan. As such, we must “ascertain and give effect to the intent of the electorate, rather than the Legislature, as reflected in the language of the law itself.” *Kolanek*, 491 Mich at 397. The Court is thus required to construe the MMMA’s language with the words’ “ordinary and plain meaning as would have been understood by the electorate.” *Id.*

Earlier cases provide definitions of “bona fide” in § 8(a)(1)’s pre-amendment context. This Court used a dictionary to provide a plain meaning definition in *Redden*. *Redden*, 290 Mich App at 86. “*Random House Webster’s College Dictionary* (1997) defines ‘bona fide’ as ‘1. made, done, etc., in good faith; without deception or fraud. 2. authentic; genuine; real.’” *Id.* Our Supreme Court also quoted with approval a definition of bona fide provided in a joint statement issued by the Michigan Board of Medicine and the Michigan Board of Osteopathic Medicine and Surgery: “a pre-existing and ongoing relationship with the patient as a treating physician.” *Kolanek*, 491 Mich at 396 n 30 (citations omitted).

These definitions do not support defendant’s effort to substitute the standards of § 6’s procedural requirements for the legal requirements of § 8’s affirmative defense. The steps outlined in § 6 for obtaining a patient and/or caregiver’s card cannot demonstrate the existence of a “bona-fide physician patient relationship”—namely, one that is “pre-existing” and involves “ongoing” contact between the two. Accordingly, mere possession of a patient and/or caregiver’s card does not satisfy the requirements of the first element of § 8(a)’s affirmative defense. That the statute requires this outcome is in keeping with its medical purpose and protects the patients it is designed to serve. By requiring a bona fide physician-patient relationship for § 8’s affirmative defense, the MMMA prevents doctors who merely write prescriptions—such as the one featured in *Redden*¹⁶—from seeing a patient once, issuing a medical marijuana prescription, and never checking on whether that prescription actually treated the patient or served as a palliative.

1B. THE PATIENT TESTIMONY

Our analysis of the “bona fide physician patient relationship” cannot end here, as defendant also asserts that the testimony of his two patients satisfies this requirement of § 8(a)(1). This assertion is incorrect. Again, defendant attempts to elide the fact that he illegally sold marijuana to the confidential informant. He does so by pointing to his supposedly legal activities involving marijuana with his two qualifying patients. Defendant did not provide evidence of the confidential informant’s bona fide patient-physician relationship with his physician.¹⁷ Nor did defendant provide evidence of a bona fide relationship between him and his

Here, we follow the pre-amendment holdings of our Supreme Court quoted above, which instruct us to look to the plain meaning of the MMMA’s terms to discern the peoples’ intent.

¹⁶ The *Redden* physician practiced medicine in six states, spent 30 minutes with each of the *Redden* defendants, and seemingly examined the patients with the express purpose of helping them qualify to receive marijuana for medical purposes. See *Redden*, 290 Mich App at 70–71.

¹⁷ In fact, the confidential informant testified at the evidentiary hearing that he received the certification for his registry identification card by speaking with a doctor—or someone who claimed to be a doctor—over the phone. He spoke with the individual for less than ten minutes. The confidential informant could not remember the name of the certifying doctor, and testified

physician. Defendant did present a number of documents at the evidentiary hearing, which primarily related to the defendant's caregiver status for his two patients. He also presented a physician certification for his own medical marijuana use. Neither that certification, nor any other evidence submitted by defendant, indicates: (1) how often defendant saw his doctor, (2) what kinds of evaluations the doctor performed, or (3) when he began seeing his doctor.

In addition, the testimony of his two qualifying patients does not demonstrate the existence of a bona fide relationship between the patients and their physicians. One of the patients testified that he saw his certifying physician one time, for an hour. The other saw his certifying physician twice. This evidence does not demonstrate a "pre-existing and ongoing relationship" between patient and physician. See *Kolaneck*, 491 Mich at 396 n 30.

Accordingly, we hold that mere possession of a patient and/or caregiver's card does not satisfy the first element of §8(a)'s affirmative defense. Further, we hold that the testimony of defendant's patients did not present evidence of a bona fide physician patient relationship. Therefore, the trial court was correct to rule that defendant did not present valid evidence with respect to the first element of the § 8 affirmative defense.

2. § 8(A)(2): NO MORE MARIJUANA THAN "REASONABLY NECESSARY"

To satisfy § 8(a)(2), a defendant must present evidence that:

The patient and the patient's primary caregiver, if any, were collectively in possession of a quantity of marihuana that was not more than reasonably necessary to ensure the uninterrupted availability of marihuana for the purpose of treating or alleviating the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition. [MCL 333.26428(a)(2).]

Accordingly, this element contains two components: (1) possession and (2) knowledge of what amount of marijuana is "reasonably necessary" for the patient's treatment.

Here, defendant notes that the amount of marijuana seized from his home is less than that permitted to him by § 4(b). Though he admits that this fact alone is not enough to satisfy the "reasonably necessary" standard of § 8(a)(2), he suggests that it be given "substantial weight" in our determination.

Defendant's approach misconstrues the law and ignores common sense. Our Supreme Court has strongly suggested that §§ 4 and 8, and the mandates found in each, are to be kept that he had never seen the doctor before, nor had he seen the doctor since. Whatever sort of relationship existed between the confidential informant and the certifying physician, it is certainly not a bona fide physician-patient relationship as understood by the MMMA. In short, the confidential informant possessed a state-issued registry identification card—and yet did not have the bona fide relationship with his physician required for the § 8 affirmative defense. There is no plainer illustration of why mere possession of a registry identification card does not satisfy defendant's evidentiary burden under § 8(a)(1).

separate. *Kolanek*, 491 Mich at 397–399. They are different sections and address different standards.¹⁸ *Id.* This Court has also noted that mixing of §§ 4(b) and 8(a)'s standards does violence to rules of statutory interpretation: “Indeed, if the intent of the statute were to have the amount in § 4 apply to § 8, the § 4 amount would have been reinserted into § 8(a)(2), instead of the language concerning an amount ‘reasonably necessary to ensure . . . uninterrupted availability. . .’” *Redden*, 290 Mich at 87, quoting MCL 333.26428(a)(2). Further, importing § 4(b)'s volume limitations to § 8(a)(2) ignores the treatment-oriented nature of the MMMA, and of § 8(a)'s specific medical requirements. Those requirements are intended for a patient and/or caregiver that is intimately aware of exactly how much marijuana is required to treat his condition, which he learns from a doctor with whom he has an ongoing relationship.

At the evidentiary hearing, defendant's patients testified as to the amounts of marijuana defendant provided. However, they did not give testimony that defendant knew how much marijuana was necessary to treat their debilitating medical conditions. Defendant himself also failed to provide any evidence of how much marijuana he used, or how often he used it to treat his severe or debilitating medical condition. Finally, defendant obviously had more marijuana than reasonably necessary to treat him and his patients. He possessed enough to sell to the confidential informant—on three different occasions.

Defendant thus failed to satisfy the second element of the §8 affirmative defense. Accordingly, again the trial court properly held that defendant did not create a question of fact on this issue.

3. §8(A)(3): ACTUAL MEDICAL USE OF MARIJUANA

To satisfy § 8(a)(3), a defendant must present evidence that:

The patient and the patient's primary caregiver, if any, were engaged in the acquisition, possession, cultivation, manufacture, use, delivery, transfer, or transportation of marijuana or paraphernalia relating to the use of marijuana to treat or alleviate the patient's serious or debilitating medical condition. [MCL 333.26428(a)(3).]

The trial court held that defendant established this element, and pointed to the testimony of defendant's patients as its reason for so holding. The two patients testified that they suffer from chronic pain, which is alleviated through the medical use of marijuana. The trial court found this testimony demonstrated that the marijuana at issue in the case was actually used to alleviate “the [patients'] serious or debilitating medical condition” as required by § 8(a)(3).

The trial court's holding with respect to this element is flawed. Any analysis of § 8(a)(3) needs to incorporate every patient possibly using the marijuana at issue. Here, that group includes four individuals: defendant, his two patients, and the confidential informant. The trial court received testimony on this matter—testimony that it found convincing—from two of these

¹⁸ See also *Bylsma*, 493 Mich at 28.

individuals. It also heard from the confidential witness, who stated that he suffered from a chronic pain, which he used marijuana to treat. But the trial court did not cite his testimony as a factor in its § 8(a)(3) determination.

In addition, the trial court received no testimony from defendant himself, who is a qualifying patient and caregiver. Defendant did not provide evidence that he personally used the marijuana found in his home to alleviate a “serious or debilitating medical condition,” as required by § 8(a)(3). We again note that mere possession of a registry card is insufficient evidence for the purposes of § 8(a)(3). Possession of a registry card indicates that the holder has gone through the required steps in § 6 to obtain a registry card. It does not indicate that any marijuana possessed or manufactured by an individual is *actually* being used to treat or alleviate a debilitating medical condition or its symptoms. In other words, prior state issuance of a registry card does not guarantee that the holder’s subsequent behavior will comply with the MMMA. As such, we reverse the trial court’s ruling that defendant satisfied the elements of § 8(a)(3).

V. CONCLUSION

Because the people presented evidence to rebut the medical-use presumption under § 4(d), defendant cannot receive § 4’s privilege of prosecutorial immunity. Further, because defendant did not present evidence demonstrating all three elements of the § 8 affirmative defense, he is not entitled to have the case dismissed under that section, nor was he permitted to make that defense at trial. In so holding, we note that the trial court improperly held that defendant satisfied one element of the affirmative defense, § 8(a)(3). Nonetheless, the trial court properly rejected defendant’s § 4 and § 8 claims.¹⁹ We therefore reverse the trial court’s ruling as to § 8(a)(3), but affirm its order in all other respects.

/s/ Henry William Saad
/s/ David H. Sawyer

¹⁹ “A trial court’s ruling may be upheld on appeal where the right result issued, albeit for the wrong reason.” *Gleason v Mich Dept of Transportation*, 256 Mich App 1, 3; 662 NW2d 822 (2003).

STATE OF MICHIGAN
COURT OF APPEALS

PEOPLE OF THE STATE OF MICHIGAN,

Plaintiff-Appellee,

v

ROBERT TUTTLE,

Defendant-Appellant.

FOR PUBLICATION

January 30, 2014

No. 312364

Oakland Circuit Court

LCNo. 2012-241272-FH

Before: SAAD, P.J., and SAWYER and JANSEN, JJ.

JANSEN, J. (*concurring in the result*).

I concur in the result only.

/s/ Kathleen Jansen

Order

Supreme Court Order
Michigan Supreme Court
Lansing, Michigan

June 11, 2014

Robert P. Young, Jr.,
Chief Justice

148971

Michael F. Cavanagh
Stephen J. Markman
Mary Beth Kelly
Brian K. Zahra
Bridget M. McCormack
David F. Viviano,
Justices

PEOPLE OF THE STATE OF MICHIGAN,
Plaintiff-Appellee,

v

SC: 148971
COA: 312364
Oakland CC: 2012-241272-FH

ROBERT TUTTLE,
Defendant-Appellant.

On order of the Court, the application for leave to appeal the January 30, 2014 judgment of the Court of Appeals is considered, and it is GRANTED. The parties shall include among the issues to be briefed: (1) whether a registered qualifying patient under the Michigan Medical Marihuana Act (MMMA), MCL 333.26421 *et seq.*, who makes unlawful sales of marijuana to another patient to whom he is not connected through the registration process, taints all aspects of his marijuana-related conduct, even that which is otherwise permitted under the act; (2) whether a defendant's possession of a valid registry identification card establishes any presumption for purposes of § 4 or § 8; (3) if not, what is a defendant's evidentiary burden to establish immunity under § 4 or an affirmative defense under § 8; and (4) what role, if any, do the verification and confidentiality provisions in § 6 of the act play in establishing entitlement to immunity under § 4 or an affirmative defense under § 8.

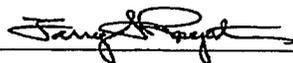
We direct the Clerk to schedule the oral argument in this case for the same future session of this Court when it will hear oral argument in *People v Hartwick* (Docket No. 148444).

Persons or groups interested in the determination of the issues presented in this case may move the Court for permission to file briefs amicus curiae.



I, Larry S. Royster, Clerk of the Michigan Supreme Court, certify that the foregoing is a true and complete copy of the order entered at the direction of the Court.

June 11, 2014


Clerk

FOR OFFICIAL USE ONLY
 11380
 State Records Tuttle
 DEC 01 2009
 DCH
 Bureau of Health Professions
 MHP

APPLICATION FORM FOR
 REGISTRY IDENTIFICATION CARD

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Michigan Medical Marijuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan—MMP. We do not accept Credit or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT/PATIENT INFORMATION: (REQUIRED)

NAME (First, M.I., Last) Robert E Tuttle Male
 Female
 SOCIAL SECURITY NUMBER 375-80-4276 DATE OF BIRTH 5 16 1 76
 MAILING ADDRESS 2619 Grandview PHONE NUMBER (248) 361-0024
 CITY Waterford STATE MI ZIP CODE 48329 ALTERNATE PHONE NUMBER

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # T340 745 189 346 Other

PRIMARY CAREGIVER: (IF APPLICABLE)

NAME (First, M.I., Last) Male
 Female
 SOCIAL SECURITY NUMBER DATE OF BIRTH
 MAILING ADDRESS TELEPHONE NUMBER
 CITY STATE ZIP CODE ALTERNATE PHONE NUMBER

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # Other

PERSON ALLOWED TO POSSESS PATIENT'S MARIJUANA PLANTS: (REQUIRED)

SELECT ONE: APPLICANT/PATIENT PRIMARY CAREGIVER (Caregiver Attestation & photo ID is required)

CERTIFYING PHYSICIAN INFORMATION: (REQUIRED)

PHYSICIAN'S NAME MAILING ADDRESS TELEPHONE NUMBER
 Fredric Neumann 39880 Van Dyke (810) 586-939-9068

Section 16 ATTESTATION, SIGNATURE, & DATE: (REQUIRED) STERLING WTC MI 48313

I understand that according to the Michigan Medical Marijuana Act, the department shall verify to law enforcement personnel whether my registry ID card is valid using my registration number only.

By checking this box, I additionally authorize the release of my name and date of birth to law enforcement, to confirm identity, only if law enforcement has provided the Michigan Medical Marijuana Program with my valid registration number

By signing below, I attest that the information I have entered on this application is true and accurate:

Signature of Applicant/Patient: Robert E Tuttle Date: 11-28-09

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions

Physician Certification

INSTRUCTIONS: THIS CERTIFICATION IS TO BE COMPLETED IN ITS ENTIRETY BY THE PHYSICIAN. Please complete all of the information required on this form. Sign the form and keep a copy in the patient's medical record.

(This is a written order for)
This does not constitute a prescription for marijuana. You may contact the Michigan Medical Marijuana Program at (517) 373-0395 if you have any questions or concerns.
PLEASE TYPE OR PRINT LEGIBLY

PATIENT INFORMATION: (REQUIRED)

Name (First, M.I., Last) Robert Tuttle DATE OF BIRTH 5.1.6.176

PHYSICIAN INFORMATION: (REQUIRED)

Name (First, M.I., Last) FREDRIC NEUMANN SELECT ONE: M.D. D.O.

MAILING ADDRESS 39850 VAN DYKE MI LICENSE NUMBER 009587

CITY STERLING HOP STATE MI ZIP CODE 48713 TELEPHONE NUMBER (area) 9379060

PHYSICIAN'S STATEMENT: (REQUIRED)

The above-named patient has been diagnosed with and is currently undergoing treatment for the following debilitating medical condition (check appropriate boxes):

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Hepatitis C
- Amyotrophic Lateral Sclerosis
- Crohn's Disease
- Agitation of Alzheimer's Disease
- Nail Patella
- Or a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marijuana.
 - Cachexia or Wasting Syndrome
 - Severe and Chronic Pain
 - Severe Nausea
 - Seizures (including but not limited to those characteristic of Epilepsy.)
 - Severe and Persistent Muscle Spasms (including but not limited to those characteristic of Multiple Sclerosis.)

Comments: (Please Type or Print Legibly)

Chronic GI Distress, Nausea, GI Bleeds,
Hepatic Distress.

CERTIFICATION, SIGNATURE, & DATE: (REQUIRED)

I hereby certify that I am a physician licensed to practice medicine in Michigan. I have responsibility for the care and treatment for the above-named patient. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marijuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Physician's Signature [Signature] Date 11/25/09

Provide the name and telephone number of contact person to verify validity of certification:
SOME ()
(Name - Please Print) (Telephone Number)

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

MICHIGAN

CHAUFFEUR LICENSE
T 340 745 189 346

EXPIRES
05-06-2011



See back for restricted information, restricted opt

ROBERT EDWARD TUTTLE
2619 GRANDVIEW BLVD
WATERFORD, MI 48329-2915

Date of birth	Sex	Height	Eyes	Hair	Type	Endorsements
05-06-1976	M	5'11"	GRN	C		CV

Restrictions: Corrective Lens

By E Tuttle

V163182

State Records Tuttle

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions

DCH/MMP-050 (Rev. 12/09)
Michigan Department of Community Health
Michigan Medical Marihuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

FOR OFFICIAL USE ONLY
RECEIVED
JAN 19 2010
Dec
DCH
Bureau of Health Professions
MMP

Fee Required
Check or Money Order Made Payable to State of Michigan - MMP

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Michigan Medical Marihuana Registry. For your protection, please use this form to submit any changes to your current registry ID card. Attach readable copies of both the patient and primary caregiver's photo ID(s). If the patient is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the primary caregiver.
PLEASE TYPE OR PRINT LEGIBLY

PATIENT INFORMATION: (REQUIRED) Address Change

NAME (First, M.I., Last) Robert E Tuttle Male
 Female

SOCIAL SECURITY NUMBER 375-80-4276 DATE OF BIRTH 5/16/1976

MAILING ADDRESS 2619 Grandview TELEPHONE NUMBER (924)-361-0924

CITY Waterford STATE MI ZIP CODE 48329 ALTERNATE PHONE NUMBER ()

Section B: Patient's Photo Identification: A clear photocopy of one of the following must be attached. Check appropriate box:

MI Driver's License or MI ID Card # T 340 745 189 346 Other

Section E: CHANGES REGARDING PRIMARY CAREGIVER: (IF APPLICABLE)

Add/Change Caregiver (Caregiver Attestation & Photo ID Required) Caregiver's Address Change
 No Change in Caregiver Remove Caregiver

NAME (First, M.I., Last) [REDACTED] Male
 Female

SOCIAL SECURITY NUMBER [REDACTED]

MAILING ADDRESS [REDACTED] PHONE NUMBER [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

MI Driver's License or MI ID Card # [REDACTED] Other

Section C: PERSON ALLOWED TO POSSESS PATIENT'S MARIHUANA PLANTS: (REQUIRED)

NO CHANGE IN PERSON ALLOWED TO POSSESS PLANTS CHANGE TO PATIENT
 CHANGE TO NEW CAREGIVER (New caregiver's information must be completed above.)
CHANGE FROM PATIENT TO CURRENT CAREGIVER - Name of Current Caregiver: [REDACTED]

Section D: CHANGE IN PARENT OR LEGAL GUARDIAN WHO IS ALLOWED TO POSSESS MARIHUANA FOR MINOR PATIENT: (REQUIRED FOR MINORS ONLY)
New Legal Guardianship papers and Declaration of Person Responsible for a Minor Required

NAME (First, M.I., Last) [REDACTED] Male
 Female

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]

MAILING ADDRESS [REDACTED] TELEPHONE NUMBER [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] ALTERNATE PHONE NUMBER [REDACTED]

Section B: A clear photocopy of one of the [REDACTED] must be attached. Check appropriate box:

MI Driver's License or MI ID Card # [REDACTED] Other

PATIENT'S ATTESTATION, SIGNATURE, & DATE: (REQUIRED BELOW)

By signing below, I attest that the information I have entered on this change form is true and accurate:
[Signature] 1-14-10
Signature of Patient or, for a minor, Signature of Parent/Legal Guardian DATE

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Professions.

MICHIGAN

CHAUFFEUR LICENSE
T 340 745 189 346

ROBERT EDWARD TUTTLE
2619 GRANDVIEW BLVD
WATERFORD, MI 48329-2915

EXPIRES
05-06-2011

Date of Birth Sex **Height** **Eyes** **Hr-Type** **Endorsements**
05-05-1976 M 601 GRN C CY

Restrictions **Corrective Lenses**
None

See back for medical information, restricted plate

Mr. E. Tuttle

V163182

patient

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, [REDACTED], do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

Robert Tuttle

PATIENT'S NAME (PRINTED)

I further certify that:

- o I am at least 21 years of age
- o I have never been convicted of a felony offense involving illegal drugs
- o I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- o I am a caregiver for no more than 5 patients
- o I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH: (REQUIRED)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

ALTERNATE PHONE NUMBER

OTHER NAMES USED: (REQUIRED, IF APPLICABLE) Attach a separate page if more space required

(First, M.I., Last)

(First, M.I., Last)

(First, M.I., Last)

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

[REDACTED]
Signature of Primary Caregiver

Date

1-1-10
2010

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Dear MMMP,

I have assigned [redacted] as my caregiver. This is not a change but resubmitting the forms correctly. Apparently I didn't fill out the forms correct the first time. So I am resending all the paper work over again to make sure you have everything.

My \$10 check as already been cashed and enclosed it verification of that.

Please call me at 248-361-0024 if I missed anything.

Thank you,

Rob Tuttle

RECEIVED

JAN 19 2010

DCH
Bureau of Health Professions
MMMP

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, [REDACTED], do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:
Robert Tuttle
PATIENT'S NAME (PRINTED)

I further certify that:

- I am at least 21 years of age
- I have never been convicted of a felony offense involving illegal drugs
- I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- I am a caregiver for no more than 5 patients
- I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH: (REQUIRED)

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: [REDACTED]

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS: [REDACTED] TELEPHONE NUMBER: [REDACTED]

CITY: [REDACTED] STATE: MI ZIP CODE: [REDACTED] ALTERNATE PHONE NUMBER: ()

OTHER NAMES USED: (REQUIRED, IF APPLICABLE) Attach a separate page if more space required

(First, M.I., Last)

(First, M.I., Last)

(First, M.I., Last)

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

[REDACTED]
Signature of Primary Caregiver
Date 1-1-10
2010

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original as file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

MICHIGAN

State Records Tuttle

OPERATOR LICENSE **EXPIRES**

[REDACTED] [REDACTED] [REDACTED]

Date of Birth	Sex	Height	Eyes	Hair	Endorsements
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NONE
Restrictions	Corrective Lenses				
[REDACTED]	[REDACTED]				

See back for medical information, restricted list

Caregiver

STATE OF MICHIGAN-WINGHAM COUNTY

This copy of the foregoing is a true copy of the original file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

State Records Tuttle

TUTTLE SECURITY SERVICE LLC
2619 GRANDVIEW BLVD
WATERFORD, MI 48329

1155
679022720
000002

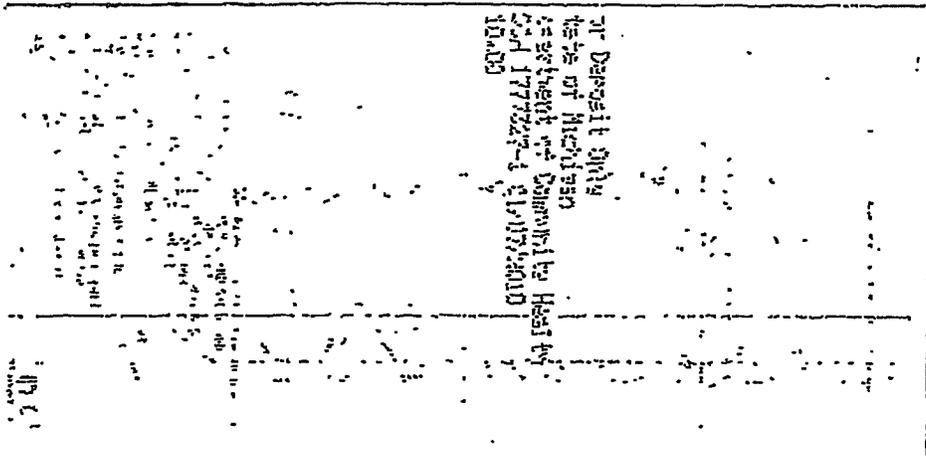
1-02-09

Pay to the Order of MMMP - State of Michigan \$ 10.00
Ten dollars

Communitychoice
CREDIT UNION
INCORP. IN MI 48154-8774-2321

For Core Task Register Mr E J...

⑆ 272079026⑆ 8880000838336⑆ 8855



Close Print

STATE OF MICHIGAN-INDHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

TUTTLE SECURITY SERVICE LLC
2619 GRANDVIEW BLVD
WATERFORD, MI 48329

State Records Tuttle

1-02-07

000002

Pay to the
Order of

MMMP - State of Michigan \$10.00

Ten dollars

10 Dollars



Community CREDIT UNION
INCORP. IN MI 3151-877-213-223

FOR

Care Taker Registry

Mr. E. J. [Signature]

⑆27207902⑆1⑆4880000⑆3⑆3336⑆ 1155

Micro Copy

STATE OF MICHIGAN - INGHAM COUNTY

STATE OF MICHIGAN - INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

DCHIMMP-050 (Rev. 12/09)
 Michigan Department of Community Health
 Michigan Medical Marijuana Registry
 P.O. Box 30083
 Lansing, MI 48909
 www.michigan.gov/mmp

FOR OFFICIAL USE **RECEIVED** State Records Tuttle

APR 15 2010

Bureau of Health Professions
 DCH
 MMMP

Dec 2009

\$10.00 Fee Required

Check or Money Order Made Payable to State of Michigan—MMMP

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Michigan Medical Marijuana Registry. For your protection, please use this form to submit any changes to your current registry ID card. Attach readable copies of both the patient and primary caregiver's photo ID(s). If the patient is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the primary caregiver. **PLEASE TYPE OR PRINT LEGIBLY**

PATIENT INFORMATION (REQUIRED) Address Change

NAME (First, M.I., Last) Robert E Tuttle Male
 Female

SOCIAL SECURITY NUMBER 375-80-4276 DATE OF BIRTH 1/1

MAILING ADDRESS 2619 Grand View TELEPHONE NUMBER () 248-361-0024

CITY Waterford STATE MI ZIP CODE 48329 ALTERNATE PHONE NUMBER ()

A clear photo of one of the following must be attached! Check appropriate box:
 MI Driver's License or MI ID Card # T 340 745 189 396 Other

CHANGES REGARDING PRIMARY CAREGIVER (IF APPLICABLE)
 Add/Change Caregiver (Caregiver Attestation & Photo ID Required) Caregiver's Address Change
 No Change in Caregiver Remove Caregiver

NAME (First, M.I., Last) [REDACTED] Male
 Female

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]

MAILING ADDRESS [REDACTED] TELEPHONE NUMBER [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] ALTERNATE PHONE NUMBER [REDACTED]

A clear photo of one of the following must be attached! Check appropriate box:
 MI Driver's License or MI ID Card # [REDACTED] Other

PERSON ALLOWED TO POSSESS PATIENT'S MARIJUANA PLANTS (REQUIRED)

NO CHANGE IN PERSON ALLOWED TO POSSESS PLANTS CHANGE TO PATIENT
 CHANGE TO NEW CAREGIVER (New caregiver's information must be completed above.)
 CHANGE FROM PATIENT TO CURRENT CAREGIVER - Name of Current Caregiver: _____

CHANGE IN PARENT OR LEGAL GUARDIAN WHO IS ALLOWED TO POSSESS MARIJUANA FOR MINOR PATIENT (REQUIRED FOR MINORS ONLY)
 New Legal Guardianship Papers and Declaration of Person Responsible for a Minor Required

NAME (First, M.I., Last) _____ Male
 Female

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

MAILING ADDRESS _____ TELEPHONE NUMBER _____

CITY _____ STATE MI ZIP CODE _____ ALTERNATE PHONE NUMBER _____

A clear photo of one of the following must be attached! Check appropriate box:
 MI Driver's License or MI ID Card # _____ Other

PATIENT'S ATTESTATION, SIGNATURE & DATE (REQUIRED BELOW)

By signing below, I attest that the information I have entered on this change form is true and accurate:
Robert E Tuttle 4-13-10
 Signature of Patient or, for a Minor, Signature of Parent/Legal Guardian Date
 STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.



CHAUFFEUR LICENSE
T 340 745 189 346

EXPIRES
05-06-2011



ROBERT EDWARD TUTTLE
2619 GRANDVIEW BLVD
WATERFORD, MI 48329-2915

Date of birth Sex Height Eyes Lic Type Endorsements
05-05-1976 M 501 GRN C CY

Restrictions: Corrective Lens

See back for medical
information, anatomical ght

Mr E Tuttle

V163182

MR - Patient

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

LE SECURITY SERVICE LLC
GRANDVIEW BLVD
WATERFORD, MI 48329

1182

4-13 - State Records Tuttle

Date _____
Pay to the Order of DCH / MMR \$ 10.00

ten dollars 00 Dollars 100

Community Bank
LIVONIA, MI 48150

Change to me to Mr E J
For at the plant

⑆ 272079026⑆ 18800000336336⑆ 1182

16 and 17

ACH 1842100-1 04/13/2010
70050 75055 9327
BY 2010 \$10.00
MMR NEW YEAR

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.



Justin R.

State Records Tuttle

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

August 12, 2010



Original Via Certified Mail
Copy Via USPS First Class
ID# C [REDACTED]

Re: INACTIVE Status of Medical Marijuana Primary Caregiver Registry Identification Card

Dear [REDACTED]

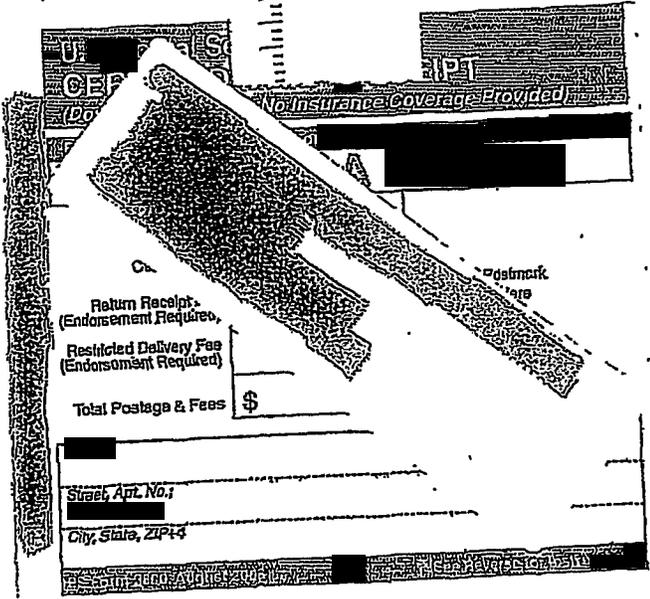
The Bureau of Health Professions, Medical Marijuana Program, recently received notification that you will no longer be providing assistance for the medical use of marijuana to Robert Tuttle.

Please be advised that your registry identification card, ID#C [REDACTED] 115540, is NULL and VOID. You are required to destroy the card in your possession or return it to us, with a copy of this letter, within 14 days.

Regards,

Melissa M. Peters

Melissa M. Peters
Medical Marijuana Program Coordinator



BUREAU OF HEALTH PROFESSIONS
Health Regulatory Division/MMP
P.O. BOX 30083 • LANSING, MICHIGAN 48909
www.michigan.gov/mmp • (517) 373-0395

CITY OF MICHIGAN INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
DIRECTOR

December 29, 2010

Robert E Tuttle
2619 Grandview
Waterford, MI 48329

COPY

Original Via Certified Mail
Copy Via USPS First Class

Re: DENIAL of Medical Marijuana Qualifying Patient Renewal Registry Identification Card

Dear Registrant:

The Bureau of Health Professions, Medical Marijuana Program, recently reviewed your renewal application for a Medical Marijuana Renewal Registry Identification Card. Pursuant to Rule 333.107 of the Michigan Medical Marijuana General Rules, the renewal application has been DENIED at this time for the following reason(s):

1. The application you submitted did not include appropriate supporting documentation verifying you are currently eligible and enrolled in one of the following: Medicaid, or Supplemental Security Income ("SSI"), or Social Security Disability.
 - o **Acceptable documentation:** Current Disability Award Letter, Social Security Administration document verifying receipt of disability benefits (must state patient is receiving disability benefits), MI Health Card (full Medicaid only)
 - o **NOT ACCEPTABLE:** Medicare card, Bank statements, Social Security IRS Form SSA-1099, Social Security yearly benefits statements, Veteran's disability, Spenddown or ABW Medicaid, Retirement

A complete application must include appropriate supporting documentation. Therefore, the application you submitted included an insufficient registration fee.

As your renewal application has been denied, if you wish to reapply for the registry program, you must mail a complete renewal application or a copy of your previous renewal application with the correct information outlined above. **You cannot just submit the missing documents. Please submit a copy of this letter with your renewal application to ensure proper processing.**

BUREAU OF HEALTH PROFESSIONS
Health Regulatory Division/MMP
P.O. BOX 30083 • LANSING, MICHIGAN 48909
www.michigan.gov/mmp • (517) 373-0395

STATE OF MICHIGAN-INGHAM COUNTY
This copy of the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions

Please note that if your current registry ID card is past its expiration date or is due to expire soon, it is considered NULL & VOID as of the expiration date, until we receive the correct information outlined above.

To continue with your renewal, you must reapply no later than February 14, 2011. If we receive your reapplication and missing documents after this date, your application will be considered a new application, and processed as such.

You are not required to submit a new fee if you reapply within the next 12-month period from receipt of your first renewal application unless your renewal application was DENIED for submitting an insufficient fee, in which case, you must send either \$75.00 or the required supporting documents with your reapplication.

If you choose not to continue with the registry program, you may request a refund in writing within 12 months from receipt of your first renewal application.

Our department will not send a letter to your caregiver (if one was designated on your application), therefore, it is your responsibility to notify them you have been denied.

If you have fully read this letter and you still have questions regarding this denial, please call 517-373-0395 and someone will return your call as soon as possible. If you need a blank renewal application, call 517-373-0395, leave your name and address and state that you need a renewal application mailed to you.

Regards,



Melissa M. Peters
 Medical Marijuana Program Coordinator

BUREAU OF HEALTH PROFESSIONS
 Health Regulatory Division/MMP
 P.O. BOX 30083 • LANSING, MICHIGAN 48909
 www.michigan.gov/mmp • (517) 373-0395

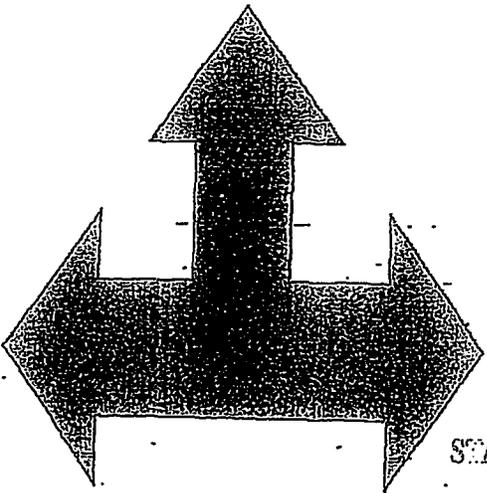
STATE OF MICHIGAN - HIGHLAND COUNTY
 I certify that the foregoing is a true copy of the original on file in the office of the
 Department of Licensing & Regulation
 Bureau of Health Professions. 147 a

7009 2820 0001 4800 0707

U.S. Postal Service
F E D E R A L RECEIPT

OFFICIAL USE

Postage	\$	Postmark Here <i>REC</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Paid		
Sent To		
Robert E Tuttle		
2619 Grandview		
Waterford, MI 48329		
Street, Apt or PO Box		
City, State		



STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

RECEIVED

Michigan Department of Michigan Medical Marihuana Registry P.O. Box 30083 Lansing, MI 48909 www.michigan.gov/mmp

FOR OFFICIAL USE ONLY 15 2010 DENIED Bureau of Health Professions

RENEWAL APPLICATION FORM FOR REGISTRY IDENTIFICATION CARD

INSTRUCTIONS: Please complete all required information to comply with the renewal registration requirements of the Michigan Medical Marihuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan--MMP. We do not accept Cash, Credit Cards, or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT/PATIENT INFORMATION: (REQUIRED) Address Change

NAME (First, M.I., Last) Robert E Tuttle Male Female SOCIAL SECURITY NUMBER 375-80-4276 PATIENT REGISTRY ID NUMBER P115540-110101 DATE OF BIRTH 516176 MAILING ADDRESS 2619 Grandview Blvd PHONE NUMBER (248) 361-0024 CITY Waterford STATE MI ZIP CODE 48329 ALTERNATE PHONE NUMBER

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # T 340 745 189 346 Other

Section 3 PRIMARY CAREGIVER: (IF APPLICABLE) Add/Change Caregiver Address Change

NAME (First, M.I., Last) Male Female SOCIAL SECURITY NUMBER CAREGIVER REGISTRY ID NUMBER C DATE OF BIRTH 1 1

Only list the caregiver number if the caregiver is already registered with this patient.

MAILING ADDRESS TELEPHONE NUMBER CITY STATE MI ZIP CODE ALTERNATE PHONE NUMBER

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # Other

PERSON ALLOWED TO POSSESS PATIENT'S MARIHUANA PLANTS: (REQUIRED)

APPLICANT/PATIENT PRIMARY CAREGIVER (Caregiver Attestation & photo ID Required)

CERTIFYING PHYSICIAN INFORMATION: (REQUIRED)

PHYSICIAN'S NAME MAILING ADDRESS TELEPHONE NUMBER fredric Neumann 39880 Van Dyke () 586-939-9060

Section 4 ATTESTATION, SIGNATURE, & DATE: (REQUIRED) strict reg hits OPT 10

I understand that according to the Michigan Medical Marihuana Act, the department shall verify to law enforcement personnel whether my registry ID card is valid using my registration number only. 48313

By checking this box, I additionally authorize the release of my name and date of birth to law enforcement, to confirm identity, only if law enforcement has provided the Michigan Medical Marihuana Program with my valid registration number

By signing below, I attest that the information I have entered on this renewal application is true and accurate:

Signature of Applicant/Patient STATE OF MICHIGAN-INGHAM COUNTY Date 12-10-10

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Michigan Department of Community Health
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Physician Certification

INSTRUCTIONS: THIS CERTIFICATION IS TO BE COMPLETED IN ITS ENTIRETY BY THE PHYSICIAN! Please complete all of the information required on this form. Sign the form and keep a copy in the patient's medical record. ~~The patient must submit this certification along with his/her application for a Michigan Medical Marijuana Registry Identification Card.~~ This does not constitute a prescription for marijuana. You may contact the Michigan Medical Marijuana Program at (517) 373-0395 if you have any questions or concerns.
PLEASE TYPE OR PRINT LEGIBLY

PHYSICIAN INFORMATION: (REQUIRED)

Name (First, M.I., Last) FREDERIC NEUMAN SELECT ONE: M.D. D.O.

MAILING ADDRESS 3988 VAN DYKE REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER 009587

CITY SPRINGPORT STATE MI ZIP CODE 48313 TELEPHONE NUMBER ()

PHYSICIAN'S STATEMENT: (REQUIRED)

I certify that Robert Tuttle 5/6/76 has been diagnosed with Patient's Name (REQUIRED) Date of Birth

and is currently undergoing treatment for the following debilitating medical condition (check appropriate boxes):

- Cancer
 - Glaucoma
 - HIV or AIDS Positive
 - Hepatitis C
 - Amyotrophic Lateral Sclerosis
 - Crohn's Disease
 - Agitation of Alzheimer's Disease
 - Nail Patella
- OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marijuana.
- Cachexia or Wasting Syndrome
 - Severe and Chronic Pain
 - Severe Nausea
 - Seizures (Including but not limited to those characteristic of Epilepsy.)
 - Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of Multiple Sclerosis.)

Physician's Comments: (Please Type or Print Legibly)

Chronic Nausea, Heroin Dependency

CERTIFICATION, SIGNATURE, & DATE: (REQUIRED)

I hereby certify that I am a physician licensed to practice medicine in Michigan. I have responsibility for the care and treatment for the above-named patient. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marijuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Physician's Signature [Signature] Date 12/10/10

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:

Same ()
(Name - Please Print) STATE OF MICHIGAN - INGHAM COUNTY (Telephone Number)

I certify that this document is a true copy of the original or file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Services.



CHAUFFEUR LICENSE
T 340 745 189 346

EXPIRES
05-06-2011



ROBERT EDWARD TUTTLE
2619 GRANDVIEW BLVD
WATERFORD, MI 48329-2915



Date of birth: Sex Height Eyes Lic Type Endorsements
05-06-1976 M 601 GRN E CY

Restrictions: Corrective Lense

See back for medical
information, and bonded info

My C Tuttle

V163182

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.



State Records Tuttle

DETERMINATION OF BENEFIT ENTITLEMENT
EMERGENCY UNEMPLOYMENT COMPENSATION (EUC)



UIA Office: 008

P.O. BOX 169
GRAND RAPIDS, MI 49501-0124
FAX #: 1-517-636-0427

ROBERT E TUTTLE
2619 GRANDVIEW
WATERFORD, MI 48329-2915

Mail Date: 11/30/2010

CLAIM INFORMATION

ROBERT E TUTTLE, 375-80-4276 EXHAUSTED AN EMERGENCY UNEMPLOYMENT COMPENSATION CLAIM DURING A PERIOD WHEN MICHIGAN MET THE CRITERIA FOR A SECOND EXTENSION. YOU ARE ENTITLED TO RECEIVE ADDITIONAL BENEFIT PAYMENTS UNLESS PAYMENT IS DELAYED OR DENIED FOR OTHER REASONS UNDER THE LAW. THIS DETERMINATION IS EFFECTIVE FOR THE WEEKS OF BENEFITS CLAIMED, BEGINNING 04/05/2009.

BENEFIT YEAR BEGINS: 04/05/2009
BENEFIT YEAR ENDS: 04/03/2010
EUC EFFECTIVE: 11/21/2010

Reference Codes
(See Back of Form)
49

WEEKLY BENEFIT AMOUNT	BENEFIT WEEKS ALLOWED	TAG END AMOUNT
\$362.00	6.0	0.00

YOU MUST FILE A NEW CLAIM IF YOUR BENEFIT YEAR ENDS WHILE YOU ARE COLLECTING EMERGENCY UNEMPLOYMENT COMPENSATION (EUC). SEE YOUR "BENEFIT YEAR ENDS" DATE ABOVE. YOU WILL CONTINUE TO COLLECT EITHER ON YOUR NEW CLAIM OR YOUR EXTENSION (EUC) IF YOU ARE ELIGIBLE AND QUALIFIED.

STATE OF MICHIGAN - INGHAM COUNTY

We certify that the foregoing is a true copy of the original or file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

CLAIMANT: IF YOU DISAGREE WITH THIS DETERMINATION, YOUR PROTEST MUST BE RECEIVED NO LATER THAN 12/30/2010.

THE DUE DATE IS 30 CALENDAR DAYS FROM THE DATE OF MAILING OR PERSONAL SERVICE OF THIS NOTICE. PROTEST RIGHTS ARE EXPLAINED ON THE REVERSE SIDE OF THIS FORM.

DELEG is an equal opportunity employer/program.

0002949

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

State Records Tuttle

NDCH 2023445-1 12/15/2010

1110 - \$25.00

ROBERT TUTTLE

NMMP - 70090 75099 9527

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

ROBERT TUTTLE (12/17/1936)
TERI TUTTLE
2619 GRANDVIEW BLVE
WATERFORD, MI 48329

State Records Tuttle

12-10-10

8-7902/2720
000002

Date

Pay to the Order of State of Michigan - MMMF \$ 25.00

Twenty Five dollars Dollars

Security Features Details on Back

Communitychoice
CREDIT UNION
LIVONIA, MI 48154 • 877-243 2528

For MT card renewal

[Signature]

⑆ 2720790261⑆ 1800000090767⑆ 1110

Harold Clarke

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

RECEIVED

FOR OFFICIAL USE

JAN 14 2011

Bureau of Health Professions
MMMP

Michigan Department of Community Health
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmmp

**RENEWAL APPLICATION FORM FOR
REGISTRY IDENTIFICATION CARD**

INSTRUCTIONS: Please complete all required information to comply with the renewal registration requirements of the Michigan Medical Marijuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan—MMMP. We do not accept Cash, Credit Cards, or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

Section 1 APPLICANT/PATIENT INFORMATION: (REQUIRED) Address Change

NAME (First, M.I., Last) Robert E Tuttle Male Female

SOCIAL SECURITY NUMBER 375-80-4276 PATIENT REGISTRY ID NUMBER P115540-110101 DATE OF BIRTH 5/6/76

MAILING ADDRESS 2619 Grandview Blvd PHONE NUMBER (248) 361-0024

CITY Waterford STATE MI ZIP CODE 48329 ALTERNATE PHONE NUMBER ()

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # T 340 745 189 346 Other

Section 2 PRIMARY CAREGIVER: (IF APPLICABLE) Add/Change Caregiver Address Change

NAME (First, M.I., Last) [Crossed out] Male Female

SOCIAL SECURITY NUMBER [Crossed out] CAREGIVER REGISTRY ID NUMBER [Crossed out] DATE OF BIRTH [Crossed out]

Only list the caregiver number if the caregiver is already registered with this patient.

MAILING ADDRESS [Crossed out] TELEPHONE NUMBER ()

CITY [Crossed out] STATE [Crossed out] ZIP CODE [Crossed out] ALTERNATE PHONE NUMBER ()

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # Other

Section 3 PERSON ALLOWED TO POSSESS PATIENT'S MARIJUANA PLANTS: (REQUIRED)

APPLICANT/PATIENT PRIMARY CAREGIVER (Caregiver Attestation & photo ID Required)

Section 4 CERTIFYING PHYSICIAN INFORMATION: (REQUIRED)

PHYSICIAN'S NAME Fred N.C. Neumann MAILING ADDRESS 39880 Van Dyke TELEPHONE NUMBER (1) 586-939-9060

Section 5 ATTESTATION, SIGNATURE, & DATE: (REQUIRED) STEELE HTS OPT 10

I understand that according to the Michigan Medical Marijuana Act, the department shall verify to law enforcement personnel whether my registry ID card is valid using my registration number only. 48313

By checking this box, I additionally authorize the release of my name and date of birth to law enforcement to confirm identity, only if law enforcement has provided the Michigan Medical Marijuana Program with my valid registration number

By signing below, I attest that the information I have entered on this renewal application is true and accurate:

Robert E Tuttle 12-10-10
Signature of Applicant/Patient STATE OF MICHIGAN-INGHAM COUNTY Date

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Physician Certification

Please complete all of the information required on this form. Sign the form and keep a copy in the patient's medical record.
This does not constitute a prescription for marijuana. You may contact the Michigan Medical Marijuana Program at (517) 373-0395 if you have any questions or concerns.
PLEASE TYPE OR PRINT LEGIBLY

PHYSICIAN INFORMATION: (REQUIRED)

Name (First, M.I., Last) FREDERICK A. VAN DYKE SELECT ONE: M.D. D.O.
MAILING ADDRESS 3788 VAN DYKE REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER 009587
CITY SARASOTA FL STATE MI ZIP CODE 49313 TELEPHONE NUMBER ()

PHYSICIAN'S STATEMENT: (REQUIRED)

I certify that Robert Tuttle 5/6/76 has been diagnosed with
Patient's Name (REQUIRED) Date of Birth

and is currently undergoing treatment for the following debilitating medical condition (check appropriate boxes):

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Hepatitis C
- Amyotrophic Lateral Sclerosis
- Crohn's Disease
- Agitation of Alzheimer's Disease
- Nail Pateila

- OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marijuana.
- Cachexia or Wasting Syndrome
- Severe and Chronic Pain
- Severe Nausea
- Seizures (including but not limited to those characteristic of Epilepsy.)
- Severe and Persistent Muscle Spasms (including but not limited to those characteristic of Multiple Sclerosis.)

Physician's Comments: (Please Type or Print Legibly)

Chem. Misuse, Anxial Disorder

CERTIFICATION, SIGNATURE, & DATE: (REQUIRED)

I hereby certify that I am a physician licensed to practice medicine in Michigan. I have responsibility for the care and treatment for the above-named patient. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marijuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Physician's Signature [Signature] Date 12/19/10

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:

(Name - Please Print) STATE OF MICHIGAN-INGHAM COUNTY (Telephone Number)

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.



CHAUFFEUR LICENSE
T 340 745 189 346

EXPIRES
05-03-2011



ROBERT EDWARD TUTTLE
2619 GRANDVIEW BLVD
WATERFORD, MI 48329-2915

Date of Birth Sex Height Eyes Hair Type Expirations
05-05-1976 M 501 602 2 0Y

Restrictions: Corrective Lenses

For each year issued
Michigan, January 1st

Am E Tuttle

V163182

STATE OF MICHIGAN-LIVINGSTON COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

December 29, 2010

Robert E Tuttle
2619 Grandview
Waterford, MI 48329

RECEIVED

JAN 14 2011

Bureau of Health Professions
MMMP

Original Via Certified Mail
Copy Via USPS First Class

Re: DENIAL of Medical Marijuana Qualifying Patient Renewal Registry Identification Card

Dear Registrant:

The Bureau of Health Professions, Medical Marijuana Program, recently reviewed your renewal application for a Medical Marijuana Renewal Registry Identification Card. Pursuant to Rule 333.107 of the Michigan Medical Marijuana General Rules, the renewal application has been DENIED at this time for the following reason(s):

1. The application you submitted did not include appropriate supporting documentation verifying you are currently eligible and enrolled in one of the following: Medicaid, or Supplemental Security Income ("SSI"), or Social Security Disability.
 - **Acceptable documentation:** Current Disability Award Letter, Social Security Administration document verifying receipt of disability benefits (must state patient is receiving disability benefits), MI Health Card (full Medicaid only)
 - **NOT ACCEPTABLE:** Medicare card, Bank statements, Social Security IRS Form SSA-1099, Social Security yearly benefits statements, Veteran's disability, Spendown or ABW Medicaid, Retirement

A complete application must include appropriate supporting documentation. Therefore, the application you submitted included an insufficient registration fee.

As your renewal application has been denied, if you wish to reapply for the registry program, you must mail a complete renewal application or a copy of your previous renewal application with the correct information outlined above. ****You cannot just submit the missing documents.**** Please submit a copy of this letter with your renewal application to ensure proper processing.

STATE OF MICHIGAN-INGHAM COUNTY

BUREAU OF HEALTH PROFESSIONS
Health Regulatory Division/MMMP
P.O. BOX 30083 • LANSING, MICHIGAN 48909
www.michigan.gov/mmp • (517) 373-0395

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Please note that if your current registry ID card is past its expiration date or is due to expire soon, it is considered NULL & VOID as of the expiration date, until we receive the correct information outlined above.

To continue with your renewal, you must reapply no later than February 14, 2011. If we receive your reapplication and missing documents after this date, your application will be considered a new application, and processed as such.

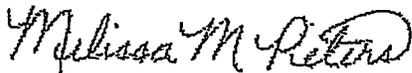
You are not required to submit a new fee if you reapply within the next 12- month period from receipt of your first renewal application unless your renewal application was DENIED for submitting an insufficient fee, in which case, you must send either \$75.00 or the required supporting documents with your reapplication.

If you choose not to continue with the registry program, you may request a refund in writing within 12 months from receipt of your first renewal application.

Our department will not send a letter to your caregiver (if one was designated on your application), therefore, it is your responsibility to notify them you have been denied.

If you have fully read this letter and you still have questions regarding this denial, please call 517-373-0395 and someone will return your call as soon as possible. If you need a blank renewal application, call 517-373-0395, leave your name and address and state that you need a renewal application mailed to you.

Regards,



Melissa M. Peters
Medical Marihuana Program Coordinator

BUREAU OF HEALTH PROFESSIONS
Health Regulatory Division/MMP
P.O. BOX 30083 • LANSING, MICHIGAN 48909
www.michigan.gov/mmp • (517) 373-0395

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Professions.

State Records Tuttle

MDCH 2043213-1 01/14/2011
675 - \$75.00
A+ SECURITY SYSTEMS
NMP - 70090 75099 9527

Van

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

A+ SECURITY SYSTEMS LLC
2810 GRANDVIEW BLVD
WATERFORD, MI 48329-2915

State Records Tuttle

1-10-11

74-8300/2724
03

Date

Pay to the Order of State OF Michigan - MMA \$ 75.00
Seventy Five dollars Dollars

Security Features Details on Back

GENISYS
CREDIT UNION

www.genisyacu.org

Member since 1988

For Mich medic marijuana

M E J

157

⑆272483905⑆

28472938421000675

Hartford Clarke

GUARDIAN SAFETY GREEN

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

RECEIVED

FOR OFFICIAL USE ONLY

JAN 05 2012

DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
REGULATORY DIVISION - MMMP

JAM

Department of Licensing & Regulatory Affairs
Michigan Medical Marihuana State Records Tuttle
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

RENEWAL APPLICATION FORM FOR
REGISTRY IDENTIFICATION CARD

INSTRUCTIONS: Please complete all required information to comply with the renewal registration requirements of the Michigan Medical Marihuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan—MMMP. We do not accept Cash, Credit Cards, or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

Section A: APPLICANT/PATIENT INFORMATION: (REQUIRED) Patient's Name Change Address Change

NAME (First, M.I., Last)		Robert E Tuttle		<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
SOCIAL SECURITY NUMBER	PATIENT REGISTRY ID NUMBER	DATE OF BIRTH			
375 -80 -4276	P 115540 - 120101	5 16 176			
MAILING ADDRESS			PHONE NUMBER		
2619 Grandview Blvd			(248) 762-1597		
CITY	STATE	ZIP CODE	ALTERNATE PHONE NUMBER		
Waterford	MI	48329	()		

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # T340 745 189 346 Other

Section B: PRIMARY CAREGIVER: (IF APPLICABLE) Add/Change Caregiver Address Change

NAME (First, M.I., Last)				<input type="checkbox"/> Male	<input type="checkbox"/> Female
SOCIAL SECURITY NUMBER	CAREGIVER REGISTRY ID NUMBER	DATE OF BIRTH			
-	C	/ /			
Only list the caregiver number if the caregiver is already registered with this patient.					
MAILING ADDRESS			TELEPHONE NUMBER		
			()		
CITY	STATE	ZIP CODE	ALTERNATE PHONE NUMBER		
	MI		()		

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # Other

Section C: PERSON ALLOWED TO POSSESS PATIENT'S MARIHUANA PLANTS: (REQUIRED)

SELECTION: APPLICANT/PATIENT PRIMARY CAREGIVER (Caregiver Attestation & photo ID Required)

If neither or both boxes are checked, plant possession will default to the Applicant/Patient.

Section D: CERTIFYING PHYSICIAN INFORMATION: (REQUIRED)

PHYSICIAN'S NAME	MAILING ADDRESS	TELEPHONE NUMBER
Yvan J Silva	18701 Grandriver	(313) 799 2545

ATTESTATION, SIGNATURE, & DATE: (REQUIRED) *su. re. 1.9.4*

By signing below, I attest that the information I have entered on this renewal application is true and accurate:

Robert E Tuttle

12-29-11

Signature of Applicant/Patient

Date

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions

Physician Certification

INSTRUCTIONS: THIS CERTIFICATION IS TO BE COMPLETED IN ITS ENTIRETY BY THE PHYSICIAN. Please complete all of the information required on this form. Sign the form and keep a copy in the patient's medical record. **The patient must submit this certification along with his/her application for a Michigan Medical Marihuana Registry Identification card.** This does not constitute a prescription for marihuana. You may contact the Michigan Medical Marihuana Program at (517) 373-0395 if you have any questions or concerns.
PLEASE TYPE OR PRINT LEGIBLY

PHYSICIAN INFORMATION (REQUIRED)

Name (First, M.I., Last) Yvan J Silva MD **SELECT ONE:** M.D. D.O.

MAILING ADDRESS 18701 Grand River Suite #194 **REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER** 4301032377

CITY Detroit **STATE** MI **ZIP CODE** 48223 **TELEPHONE NUMBER** (313) 799-2545

PHYSICIAN'S STATEMENT (REQUIRED)

I certify that Robert E. Tuttle 05/06/1976 has been diagnosed with
Patient's Name (REQUIRED) **Date of Birth**

the following debilitating medical condition (check appropriate boxes):

- Cancer
 - Glaucoma
 - HIV or AIDS Positive
 - Hepatitis C
 - Amyotrophic Lateral Sclerosis
 - Crohn's Disease
 - Agitation of Alzheimer's Disease
 - Nail Patella
- OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marihuana.
- Cachexia or Wasting Syndrome
 - Severe and Chronic Pain
 - Severe Nausea
 - Seizures (Including but not limited to those characteristic of Epilepsy.)
 - Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of Multiple Sclerosis.)

Physician's Comments: (Please Type or Print Legibly)

Copy of records on file at Milford Health Care, Milford, MI

CERTIFICATION, SIGNATURE & DATE (REQUIRED)

I hereby certify that I am a physician licensed to practice medicine in Michigan. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marihuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marihuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Yvan J Silva 12/29/2011
Physician's Signature **Date**

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:
David Koyle (313) 799-2545
(Name - Please Print) **(Telephone Number)**

Michigan Department of Community Health
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

State Records Tuttle

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, Robert Tuttle, do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

I am my own care taker
PATIENT'S NAME (PRINTED)

I further certify that:

- I am at least 21 years of age
- I have never been convicted of a felony offense involving illegal drugs
- I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- I am a caregiver for no more than 5 patients
- I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH: (REQUIRED)

SOCIAL SECURITY NUMBER
375-86-4276

DATE OF BIRTH
516176

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS

2619 Grandview Blvd

TELEPHONE NUMBER
(248) 762-1597

CITY

Waterford

STATE

MI

ZIP CODE

48329

ALTERNATE PHONE NUMBER

()

OTHER NAMES USED-including maiden names for females: (REQUIRED, IF APPLICABLE)

Attach a separate page if more space required

(First, M.I., Last)

(First, M.I., Last)

(First, M.I., Last)

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Ann E. Tuttle STATE OF MICHIGAN-INGHAM COUNTY
Signature of Primary Caregiver

12-29-11
Date

I certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Professions.

771499-STATE OF MI MMM PROGRAM A3N Y00

JPMorganChase

ROBERT E TUTTLE 01-11	1080
TERI TUTTLE	
2519 GRANDVIEW BLVD	
WATERFORD, MI 48329-2315	
	12-29-11
	743592724
	Date
Pay to the Order of State of Michigan - MMA	\$ 100.00
ONE Hundred dollars	00
	Dollars
GENISYS CREDIT UNION www.genisyscu.org	
For P115540-120101	
2724839056	2647362468001080

BUSINESS DATE	01/05/2012
REFERENCE NO.	41613
SEQ W/I REFNO	0003
CHECK AMOUNT	\$100.00

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

DCHMMP-010 (Rev. 3/10)
 Michigan Department of Community Health
 Michigan Medical Marijuana Registry
 P.O. Box 30083
 Lansing, MI 48909
 www.michigan.gov/mmp

REC-
 FOR OFFICIAL USE ONLY State Records Tuttle
 JUL 07 2010
 Bureau of Health Professions
 DCH
 MMMP

APPLICATION FORM FOR
 REGISTRY IDENTIFICATION CARD

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Michigan Medical Marijuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan—MMMP. We do not accept Cash, Credit Cards, or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

SECTION A APPLICANT/PATIENT INFORMATION (REQUIRED)

NAME (First, M.I., Last) [REDACTED] Male
 Female
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]
 MAILING ADDRESS [REDACTED] PHONE NUMBER [REDACTED]
 CITY [REDACTED] STATE MI MI ZIP CODE [REDACTED] ALTERNATE PHONE NUMBER [REDACTED]

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # [REDACTED] Other [REDACTED]

SECTION B PRIMARY CAREGIVER (IF APPLICABLE)

NAME (First, M.I., Last) Robert E Tuttle Male
 Female
 SOCIAL SECURITY NUMBER 3-75-80-4276 DATE OF BIRTH 5-15-1976
 MAILING ADDRESS 2619 Grand View TELEPHONE NUMBER (1) 248-361-0024
 CITY Waterford STATE MI MI ZIP CODE 48329 ALTERNATE PHONE NUMBER [REDACTED]

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # T340 745 189 346 Other

SECTION C PERSON ALLOWED TO POSSESS PATIENT'S MARIJUANA PLANTS (REQUIRED)

NONE APPLICANT/PATIENT PRIMARY CAREGIVER (Caregiver Attestation & photo ID Required)

SECTION D CERTIFYING PHYSICIAN INFORMATION (REQUIRED)

PHYSICIAN'S NAME [REDACTED] MAILING ADDRESS [REDACTED] TELEPHONE NUMBER [REDACTED]

SECTION E ATTESTATION, SIGNATURE, & DATE (REQUIRED)

I understand that according to the Michigan Medical Marijuana Act, the department shall verify to law enforcement personnel whether my registry ID card is valid using my registration number only.

By checking this box, I additionally authorize the release of my name and date of birth to law enforcement, to confirm identity, only if law enforcement has provided the Michigan Medical Marijuana Program with my valid registration number

By signing below, I attest that the information I have entered on this application is true and accurate:

[REDACTED SIGNATURE] 6-29-10
 Signature of Applicant/Patient Date

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Physician Certification

INSTRUCTIONS: THIS CERTIFICATION IS TO BE COMPLETED IN ITS ENTIRETY BY THE PHYSICIAN. Please complete all of the information required on this form. Sign the form and keep a copy in the patient's medical record.

THIS DOES NOT CONSTITUTE A PRESCRIPTION FOR MARIJUANA. You may contact the Michigan Medical Marijuana Program at (517) 373-0395 if you have any questions or concerns.

PLEASE TYPE OR PRINT LEGIBLY

PHYSICIAN INFORMATION (REQUIRED)

Name (First, MI, Last) _____ **SELECT ONE:** M.D. D.O.

MAILING ADDRESS _____ **REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER** _____

CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____

PHYSICIAN'S STATEMENT (REQUIRED)

I certify that _____ has been diagnosed with _____
Patient's Name (REQUIRED) Date of Birth

and is currently undergoing treatment for the following debilitating medical condition (check appropriate boxes):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Cancer
<input checked="" type="checkbox"/> Glaucoma
<input checked="" type="checkbox"/> HIV or AIDS Positive
<input checked="" type="checkbox"/> Hepatitis C
<input checked="" type="checkbox"/> Amyotrophic Lateral Sclerosis
<input checked="" type="checkbox"/> Crohn's Disease
<input checked="" type="checkbox"/> Agitation of Alzheimer's Disease
<input checked="" type="checkbox"/> Nail Patella | <input checked="" type="checkbox"/> OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marijuana.
<input checked="" type="checkbox"/> Cachexia or Wasting Syndrome
<input checked="" type="checkbox"/> Severe and Chronic Pain
<input checked="" type="checkbox"/> Severe Nausea
<input checked="" type="checkbox"/> Seizures (including but not limited to those characteristic of Epilepsy.)
<input checked="" type="checkbox"/> Severe and Persistent Muscle Spasms (including but not limited to those characteristic of Multiple Sclerosis.) |
|---|---|

Physician's Comments: (Please Type or Print Legibly)

CERTIFICATION, SIGNATURE, & DATE (REQUIRED)

I hereby certify that I am a physician licensed to practice medicine in Michigan. I have responsibility for the care and treatment for the above-named patient. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marijuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Physician's Signature _____ Date 6/28/10

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:

(Name - Please Print) _____ (Telephone Number) _____

STATE OF MICHIGAN-INGHAM COUNTY
We certify the foregoing is a true copy of the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all helpful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí mencionado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección legítimas.



SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT PASSEPORT PASAPORTE 	UNITED STATES OF AMERICA Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte P USA		
	Sex / Sexe / Sexo Place of birth / Lieu de naissance / Lugar de nacimiento M MICHIGAN, U.S.A.		
	Date of issue / Date de délivrance / Fecha de expedición 12 Mar 2005		Authority / Autorité / Autoridad Chicago
	Date of expiration / Date d'expiration / Fecha de caducidad 11 Mar 2015		Passport Agency
Remarks / Remarques / Comentarios See Page 26			



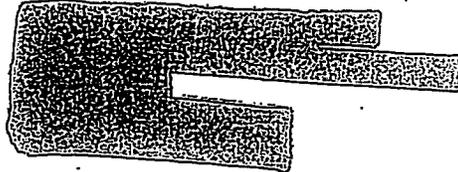
STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

05/20/2010

Our Decision About How We'll Pay You

We have determined that your Supplemental Security Income payments will be paid to:



who is interested in or concerned with your well-being. This representative payee has agreed to receive and manage these payments for your use and benefit.

Information About Your SSI Payments

- We are sending your representative payee a check for you for [redacted]. This is money due you for [redacted] through [redacted]. No further payments will be sent to you at this time.
- Your representative payee should receive the check no later than [redacted].

Your SSI Is Based On These Facts

- You met all the rules to be eligible for SSI beginning [redacted]. However, we cannot pay SSI until the month after you first meet the rules. In addition, we cannot pay you SSI for some months because of the reason or reasons given below.
- You were disabled in January 2010 on.
- The amount of SSI we pay depends on your living arrangements. Your living arrangements are where you live, with whom you live, and how your food and shelter expenses are paid. Based on the information we have, your Federal living arrangement is:



Please see the enclosed "Fact Sheet on SSI Federal Living Arrangement Categories" for a description of this Federal living arrangement category and others.

- You were living in the State of Michigan for January 2010 on.
- The amount of money we pay you from the State of Michigan depends on the State's rules.

SSA-LR02H

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Michigan Department of Community (it
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

State Records Tuttle
RECEIVED
JUL 07 2010

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION (REQUIRED)

I, Robert Tuttle, do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

[REDACTED]
PATIENT'S NAME (PRINTED)

I further certify that:

- o I am at least 21 years of age
- o I have never been convicted of a felony offense involving illegal drugs
- o I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- o I am a caregiver for no more than 5 patients
- o I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH (REQUIRED)

SOCIAL SECURITY NUMBER 375-80-4276 DATE OF BIRTH 5/6/76

PRIMARY CAREGIVER INFORMATION (REQUIRED)

MAILING ADDRESS		TELEPHONE NUMBER	
<u>2619 Grand View</u>		<u>() 248-361-0024</u>	
CITY	STATE	ZIP CODE	ALTERNATE PHONE NUMBER
<u>Waterford</u>	<u>MI</u>	<u>48329</u>	<u>()</u>

OTHER NAMES USED-including maiden names for females (REQUIRED, IF APPLICABLE)

Attach a separate page if more space required

(First, M.I., Last)

(First, M.I., Last)

(First, M.I., Last)

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

[REDACTED]
Signature of Primary Caregiver

6.29.10
Date

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Professions.



CHAUFFEUR LICENSE
T 340 745 189 346

EXPIRES
05-08-2011



ROBERT EDWARD TUTTLE
2619 GRANDVIEW BLVD
WATERFORD, MI 48329-2915



Date of Birth Sex Height Eyes Lic-Type Endorsements
05-05-1976 M 501 5'11" BRN B CY

Restrictions: Corrective Lense

Ray E Tuttle

See back for medical
information, and special gift

V163182

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

TITLE SECURITY SERVICE LLC
199 GRANDVIEW BLVD
WATERFORD, MI 48329

1191

6 State Records Tuttle

Date

Pay to the
Order of

State of Michigan - MMA \$ 25.00

Twenty Five dollars

00 Dollars

Security Features
DOL-1144
2007

Communitychoice
CREDIT UNION
LIVONIA, MI 48154 • 772-2528

For Patient has S.S.T.

Mi E JEG

⑆ 272079021⑆ 1880000131336⑆ 1191

Hybrid Color

FDCH 1057112-1 C-00-2000
10598 75139 13-1
BY 2010 02-27-00
M.F. VE. 185

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

DCH/MMP-050 (Rev. 12/09)
Michigan Department of Community Health
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

RECEIVED

FOR OFFICIAL USE ONLY

State Records Tuttle

NOV 24 2010

MDCH 2008973-1 11/24/2010
1107 - \$10.00
ROBERT TUTTLE
MMP - 70090 75099 9527

Bureau of Health Professions

\$10.00 Fee Required

Check or Money Order Made Payable to State of Michigan

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Michigan Medical Marijuana Registry. For your protection, please use this form to submit any changes to your current registry ID card. Attach readable copies of both the patient and primary caregiver's photo ID(s). If the patient is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the primary caregiver. PLEASE TYPE OR PRINT LEGIBLY

Section A PATIENT INFORMATION: (REQUIRED)

NAME (First, M.I., Last) [REDACTED] Address Change
 Male
 Female
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]
MAILING ADDRESS [REDACTED] TELEPHONE NUMBER [REDACTED]
CITY [REDACTED] STATE MI ZIP CODE [REDACTED] ALTERNATE PHONE NUMBER [REDACTED]

Patient's Photo Identification: A clear photocopy of one of the following must be attached. Check appropriate box:
 MI Driver's License or MI ID Card # [REDACTED] Other

Section B CHANGES REGARDING PRIMARY CAREGIVER: (IF APPLICABLE)

Add/Change Caregiver (Caregiver Attestation & Photo ID Required) Caregiver's Address Change
 No Change in Caregiver Remove Caregiver

NAME (First, M.I., Last) Robert E Tuttle Male
 Female
SOCIAL SECURITY NUMBER 375-80-4270 DATE OF BIRTH 5/6/76
MAILING ADDRESS 2619 Grandview Blvd TELEPHONE NUMBER () 248-361-0024
CITY Waterford STATE MI ZIP CODE 48329 ALTERNATE PHONE NUMBER ()

Caregiver's Photo Identification: A clear photocopy of one of the following must be attached. Check appropriate box:
 MI Driver's License or MI ID Card # T340 745 189 346 Other

Section C PERSON ALLOWED TO POSSESS PATIENT'S MARIJUANA PLANTS: (REQUIRED)

NO CHANGE IN PERSON ALLOWED TO POSSESS PLANTS CHANGE TO PATIENT
 CHANGE TO NEW CAREGIVER (New caregiver's information must be completed above.)
 CHANGE FROM PATIENT TO CURRENT CAREGIVER - Name of Current Caregiver: _____

Section D CHANGE IN PARENT OR LEGAL GUARDIAN WHO IS ALLOWED TO POSSESS MARIJUANA FOR MINOR PATIENT: (REQUIRED FOR MINORS ONLY)

New Legal Guardianship papers and Declaration of Person Responsible for a Minor Required

NAME (First, M.I., Last) [REDACTED] Male
 Female
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]
MAILING ADDRESS [REDACTED] TELEPHONE NUMBER [REDACTED]
CITY [REDACTED] STATE MI ZIP CODE [REDACTED] ALTERNATE PHONE NUMBER [REDACTED]

[REDACTED] A clear photocopy of one of the following must be attached. Check appropriate box:
 MI Driver's License or MI ID Card # [REDACTED] Other

PATIENT'S ATTESTATION, SIGNATURE, & DATE: (REQUIRED BELOW)

By signing below, I attest that the information I have entered on this change form is true and accurate:
[REDACTED] 11-19-10
Signature of Patient or, for a minor, Signature of Parent/Legal Guardian Date
STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Michigan Department of Community Health
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, Robert Tuttle, do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

[REDACTED]

PATIENT'S NAME (PRINTED)

I further certify that:

- o I am at least 21 years of age
- o I have never been convicted of a felony offense involving illegal drugs
- o I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- o I am a caregiver for no more than 5 patients
- o I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH: (REQUIRED)

SOCIAL SECURITY NUMBER 375-80-4276 DATE OF BIRTH 516176

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS	<u>2619 Grand View Blvd</u>	TELEPHONE NUMBER	<u>() 248-361-0029</u>
CITY	<u>Waterford</u>	STATE	<u>MI</u>
		ZIP CODE	<u>48329</u>
		ALTERNATE PHONE NUMBER	<u>()</u>

OTHER NAMES USED-including maiden names for females: (REQUIRED, IF APPLICABLE)

Attach a separate page if more space required

(First, M.I., Last)

(First, M.I., Last)

(First, M.I., Last)

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Mr E. J. [Signature]

11-20-10

Signature of Primary Caregiver

Date

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.



CHAUFFEUR LICENSE
T 340 745 189.346

EXPIRES
05-06-2011



ROBERT EDWARD TUTTLE
2619 GRANDVIEW BLVD
WATERFORD, MI 48328-2915

Date of Birth Sex Height Eyes Lic Type Endorsements
05-06-1976 M 501 GRN C CY

Restrictions: Corrective Lens

Ray E Tuttle

V163162

* See back for medical information, vision test, etc.

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

DCH/MMP-050 (Rev. 12/09)
 Michigan Department of Community Health
 Michigan Medical Marijuana Registry
 P.O. Box 30083
 Lansing, MI 48909
 www.michigan.gov/mmp

FOR OFFICIAL USE ONLY
RECEIVED
 State Records Tuttle
 APR 25 2011
 Bureau of Health Professions
 MMMP

\$10.00 Fee Required
 Check or Money Order Made Payable to State of Michigan - MMMP

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Michigan Medical Marijuana Registry. For your protection, please use this form to submit any changes to your current registry ID card. Attach readable copies of both the patient and primary caregiver's photo ID(s). If the patient is a minor (under 18), the custodial parent or legal guardian with responsibility for health care decisions must be listed as the primary caregiver. **PLEASE TYPE OR PRINT LEGIBLY.**

Section A - PATIENT INFORMATION (REQUIRED) *Address Change*

NAME (First, M.I., Last) [REDACTED] Male Female
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]
 MAILING ADDRESS [REDACTED] TELEPHONE NUMBER [REDACTED]
 CITY [REDACTED] STATE MI MI ZIP CODE [REDACTED] ALTERNATE PHONE NUMBER ()
 Patient's Photo Identification? A clear photo Check appropriate box:
 MI Driver's License or MI ID Card # [REDACTED] Other

Section B - CHANGES REGARDING PRIMARY CAREGIVER (IF APPLICABLE)
Add/Change Caregiver (Caregiver Attestation & Photo ID Required) *Caregiver's Address Change*
No Change in Caregiver *Remove Caregiver*

NAME (First, M.I., Last) [REDACTED] Male Female
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]
 MAILING ADDRESS [REDACTED] TELEPHONE NUMBER [REDACTED]
 CITY [REDACTED] STATE MI MI ZIP CODE [REDACTED] ALTERNATE PHONE NUMBER ()
 MI ID Card # [REDACTED] Other

Section C - PERSON ALLOWED TO POSSESS PATIENT'S MARIJUANA PLANTS (REQUIRED)

NO CHANGE IN PERSON ALLOWED TO POSSESS PLANTS CHANGE TO PATIENT
 CHANGE TO NEW CAREGIVER (New caregiver's information must be completed above.)
 CHANGE FROM PATIENT TO CURRENT CAREGIVER - Name of Current Caregiver: _____

Section D - CHANGE IN PARENT OR LEGAL GUARDIAN WHO IS ALLOWED TO POSSESS MARIJUANA FOR MINOR PATIENT (REQUIRED FOR MINORS ONLY)
New Legal Guardianship papers and Declaration of Person Responsible for a Minor Required

NAME (First, M.I., Last) [REDACTED] Male Female
 SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]
 MAILING ADDRESS [REDACTED] TELEPHONE NUMBER [REDACTED]
 CITY [REDACTED] STATE MI MI ZIP CODE [REDACTED] ALTERNATE PHONE NUMBER ()
 MI Driver's License or MI ID Card # [REDACTED] Other

Section E - PATIENT'S ATTESTATION, SIGNATURE & DATE (REQUIRED BELOW)

By signing below, I attest that the information I have entered on this change form is true and accurate:
 [REDACTED SIGNATURE] STATE OF MICHIGAN - INGHAM COUNTY 8/11

Signature of Patient or, for a Minor, Signature of Parent/Legal Guardian Date
 We certify that the foregoing is a true copy of:
 the original on file in the office of the
 Department of Licensing & Regulatory Affairs

Robert B. Tuttle

MICHIGAN

OPERATOR LICENSE

EXPIRES

Date of Birth [REDACTED] **Sex** [REDACTED] **Height** [REDACTED] **Eyes** [REDACTED] **Lic Type** [REDACTED] **Endorsements** [REDACTED]

HAZ **D** **NONE**

Restrictions: NONE

See back for medical information, extended info.

[REDACTED]

Registry Number: [REDACTED]

Name: [REDACTED]

Address: [REDACTED]

DOB: [REDACTED]

Issued: [REDACTED]

Expires: [REDACTED]

Authorized to Possess Plants: YES

No Photo Available

P

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Michigan Department of Community Health
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION (REQUIRED)

I, _____, do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

PATIENT'S NAME (PRINTED)

I further certify that:

- o I am at least 21 years of age
- o I have never been convicted of a felony offense involving illegal drugs
- o I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- o I am a caregiver for no more than 5 patients
- o I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH (REQUIRED)

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

PRIMARY CAREGIVER INFORMATION (REQUIRED)

MAILING ADDRESS _____			TELEPHONE NUMBER _____
CITY _____	STATE MI _____	ZIP CODE _____	ALTERNATE PHONE NUMBER () _____

OTHER NAMES USED including maiden names for females (REQUIRED IF APPLICABLE)

Attach a separate page if more space required.

(First, M.I., Last) _____

(First, M.I., Last) _____

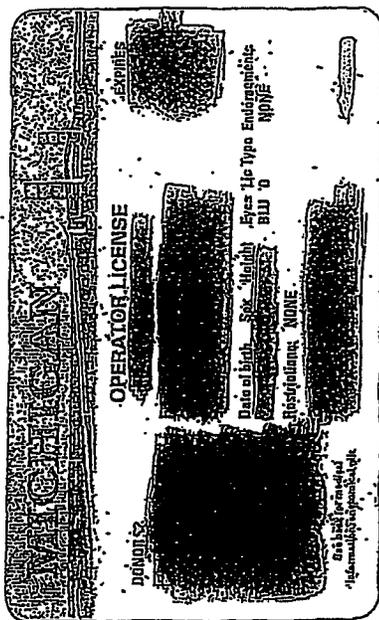
(First, M.I., Last) _____

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Signature of Primary Caregiver

STATE OF MICHIGAN - INGHAM COUNTY
Date 2/28/2011

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.



STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

STATE OF MICHIGAN INGRAM COUNTY
We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

771499 STATE OF MI MMV PROGRAM A3N Y00

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER Englewood, Colorado	
WESTERN UNION MONEY ORDER	
Payable at Wells Fargo Bank National Association - Denver, CO, Grand Junction, Colorado	
[REDACTED]	
\$ 10.00	
PAY EXACTLY TEN DOLLARS AND NO CENTS	
PAY TO THE ORDER OF State of Michigan-MMVA	
PAYMENT FOR ACCT. N	
PURCHASER'S ADDRESS [REDACTED]	
[REDACTED]	

JPMorganChase

BUSINESS DATE
04/25/2011
REFERENCE NO.
11992
SER. N/I REFNO
0022
CHECK AMOUNT
\$10.00

State Records Tuttle



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
RAE RAMSDELL
ACTING DIRECTOR

STEVEN H. HILFINGER
DIRECTOR

August 31, 2011.

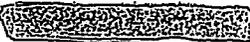
Robert E Tuttle
2619 Grandview
Waterford, MI 48329

ID# C115540-

COPY

Re: INACTIVE Status of Medical Marihuana Caregiver Registry Identification Card

Dear Robert E Tuttle:

The Medical Marihuana Program recently received notification that you will no longer be providing assistance for the medical use of marihuana to 

Please be advised that your registry identification card, ID#C115540- is NULL and VOID. You are required to destroy the card in your possession or return it to us, with a copy of this letter, within 14 days.

Regards,

Melissa M. Peters
Medical Marihuana Program Coordinator
KJ

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Bureau of Health Professions/Health Regulatory Division/MMP
P.O. BOX 30083 • LANSING, MICHIGAN 48909
www.michigan.gov/mmp • (517) 373-0395

DLARA/MMP-400 (4/11)

Department of Licensing and Regulatory Affairs
 Michigan Medical Marihuana Registry
 P.O. Box 30083
 Lansing, MI 48909
 www.michigan.gov/mmp

FOR OFFICIAL USE **RECEIVED**
 OCT 24 2011
 DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
 BUREAU OF HEALTH PROFESSIONS
 REGULATORY DIVISION - MMMP

**RENEWAL APPLICATION FORM FOR
 REGISTRY IDENTIFICATION CARD**

INSTRUCTIONS: Please complete all required information to comply with the renewal registration requirements of the Michigan Medical Marihuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan—MMMP. We do not accept Cash, Credit Cards, or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT/PATIENT INFORMATION: (REQUIRED) Patient's Name Change Address Change

NAME (First, M.I., Last) Michael W. Batke Male Female
 SOCIAL SECURITY NUMBER 363-02-2820 PATIENT REGISTRY ID NUMBER PF67097-11101 DATE OF BIRTH 3-6-1976
 MAILING ADDRESS 15744 White Oak Drive PHONE NUMBER (586) 415-1248
 CITY Fraser STATE MI ZIP CODE 48026 ALTERNATE PHONE NUMBER ()

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # B320603887172 Other

Section C PRIMARY CAREGIVER: (IF APPLICABLE) Add/Change Caregiver Address Change Caregiver's Name Change

NAME (First, M.I., Last) Robert E Tuttle Male Female
 SOCIAL SECURITY NUMBER 375-80-4270 CAREGIVER REGISTRY ID NUMBER C DATE OF BIRTH 5-16-1976
 MAILING ADDRESS 2619 Grandview TELEPHONE NUMBER (248) 762-1597
 CITY Waterford STATE MI ZIP CODE 48329 ALTERNATE PHONE NUMBER ()

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # T340 745 189 346 Other

PERSON ALLOWED TO POSSESS PATIENT'S MARIHUANA PLANTS: (REQUIRED)

APPLICANT/PATIENT PRIMARY CAREGIVER (Caregiver Attestation & photo ID Required)
 If neither or both boxes are checked, plant possession will default to the Applicant/Patient.

Section D CERTIFYING PHYSICIAN INFORMATION: (REQUIRED)

PHYSICIAN'S NAME Joanne Wesley MD MAILING ADDRESS 32730 Northwestern Hwy, Farmington Hills, MI 48334 TELEPHONE NUMBER (248) 747-0836

Section E ATTESTATION, SIGNATURE, & DATE: (REQUIRED)

By signing below, I attest that the information I have entered on this renewal application is true and accurate:

Michael W. Batke
 Signature of Applicant/Patient

10-13-11
 Date

STATE OF MICHIGAN - INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Department of Licensing and Regulatory Affairs
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Physician Certification

Please
a copy in the patient's medical record
This does not constitute a prescription for marijuana. You may contact the Michigan
Medical Marijuana Program at (517) 373-0395 if you have any questions or concerns
PLEASE TYPE OR PRINT LEGIBLY

Name (First, M.J., Last)		SELECT ONE: <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O.	
MAILING ADDRESS		REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER	
32730 Northwestern Hwy		4301093540	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
Farmington Hills	MI	48334	(48) 747-0836

I certify that Michael W. Batke 3-6-1976 has been diagnosed with
Patient's Name (REQUIRED) Date of Birth
the following debilitating medical condition (check appropriate boxes)

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Hepatitis C
- Amyotrophic Lateral Sclerosis
- Crohn's Disease
- Agitation of Alzheimer's Disease
- Nail Patella

- OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marijuana.
- Cachexia or Wasting Syndrome
 - Severe and Chronic Pain
 - Severe Nausea
 - Seizures (Including but not limited to those characteristic of Epilepsy)
 - Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of Multiple Sclerosis.)

Physician's Comments: (Please Type or Print Legibly)

I hereby certify that I am a physician licensed to practice medicine in Michigan. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marijuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Joanne Wesley M.D.
Physician's Signature
Date 10-13-11

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:
Eugenia Jones (48) 747-0836
(Name - Please Print) (Telephone Number)

*

MICHIGAN

OPERATOR LICENSE
B 320 603 887 172

EXPIRES
03-06-2013

MICHAEL WILLIAM BATKE
15744 WHITE OAK
FRASER, MI 48026-5098

Date of birth Sex Height Eyes Lic Type Endorsements
03-06-1976 M 604 HAZ D NONE

Restrictions: Corrective Lens



Michael W. Batke

See back for medical information, anatomical gift

X043164

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MEDICAL MA

Registry Number: P167097-111101

Name: MICHAEL W BATKE

**Address: 15744 WHITE OAK DRIVE
FRASER, MI 48026**

DOB: 03/06/1976

Issued: 10/08/2010

Expires: 11/01/2011

Authorized to Possess Plants: YES

No Photo Available




STATE OF MICHIGAN - INGHAM COUNTY

I hereby certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Professions.

PHYSICIAN'S STATEMENT State Records Batke

Certification of Medicinal Need for use of Marijuana:

I certify that: Michael Batke was evaluated by me, Joanne Wesley MD, for one or more medical conditions in reference to his/her need for medicinal marijuana (cannabis) qualifying with valid diagnosis for use under Michigan Law. The patient's medical record and history were reviewed. Objective test results from medical testing facilities and specialists were reviewed. It is my professional medical opinion that the above named patient may benefit from the use of medicinal marijuana, I approve his/her use of marijuana for medicinal purposes as defined by State of Michigan law. I will continue to monitor his/her medical condition(s) and to provide advice on his/her progress at least annually. I have discussed the potential risks and contradictions of marijuana (cannabis) with the patient. I have informed my patient not to use marijuana with alcohol and certain medications. I have ordered this patient not to drive motor vehicles, operate watercraft, aircraft, and heavy machinery or engage in any activity that requires alertness while using the medicinal marijuana.

This is a medicinal certification of need for medical marijuana and is not a formal prescription for marijuana. It is a statement of my professional medical opinion. This opinion is rendered as a consultant with expertise in General Medicine and not in the capacity of his/her primary care provider, I repeat that this recommendation is in no way to be interpreted as a prescription as defined under Federal Law. It is a recommendation that adopts the legal provisions of Michigan Health and Safety Code and is only meant to used or applied under the Michigan Law. Under Federal Law cannabis is a scheduled drug and under Federal Law the sale, possession and cultivation of marijuana is illegal.

Time period covered: 12 months

Signed: Joanne Wesley MD

License #: 4301093540

Date of Statement: 10 : 13 : 2011

I have read and understand the above physician's statement. I have been informed of the privacy laws (HIPPA) and of the penalties under Michigan law for misrepresentation or fraudulence in presenting myself and my medical record for the examining physician. I have been advised on safe and prudent use of medicinal marijuana (cannabis).

Patient signature: X [Signature] Date: 10 : 13 : 2011

Witness: [Signature] STATE OF MICHIGAN LANSING COUNTY Date: 10 : 13 : 2011

This certificate is a true copy of the original filed in the office of the Michigan Board of Licensing & Regulatory Affairs, Bureau of Health Professions.

Department of Licensing and Regulatory Affairs
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Caregiver Attestation

INSTRUCTIONS: The person wishing to be a qualifying patient's primary caregiver must complete this Attestation in its entirety in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, Robert Tuttle, do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

Michael W Batke
PATIENT'S NAME (PRINTED)

I further certify that the below statements are true:

- o I am at least 21 years of age
- o I have never been convicted of a felony offense involving illegal drugs
- o I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- o I am a caregiver for no more than 5 qualifying patients
- o I have submitted a copy of my photo ID to my qualifying patient to submit with this renewal application

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS		TELEPHONE NUMBER	
<u>2619 Grand View Blvd</u>		<u>(248) 762-1597</u>	
CITY	STATE	ZIP CODE	ALTERNATE PHONE NUMBER
<u>Waterford</u>	<u>MI</u>	<u>48329</u>	<u>()</u>
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
<u>375-80-4276</u>		<u>516176</u>	
OTHER NAMES USED BY PRIMARY CAREGIVER - including maiden names for females: (REQUIRED, IF APPLICABLE) Attach a separate page if more space required			

(First, M.I., Last)

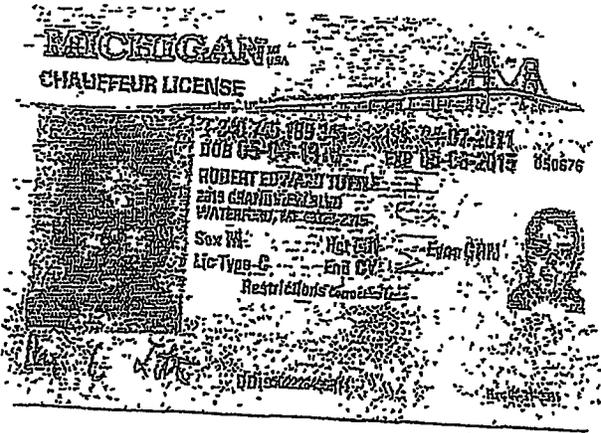
(First, M.I., Last)

(First, M.I., Last)

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Robert Tuttle
Signature of Primary Caregiver

10-18-11
Date



STATE OF MICHIGAN - INGHAM COUNTY

The foregoing is a true copy of the original as it is in the office of the Registrar of Licensing & Regulatory Affairs Board of Health Professions.

771499-STATE OF MI MMM PROGRAM A3N Y00

JPMorganChase

TINA BATKE 11-89
MICHAEL BATKE
16724 WHITE OAK DR.
FRASER, MI 48026

1995
74-77432724

October 18, 2011

Pay State of Michigan - MMMP \$ 100.00
to the order of One hundred



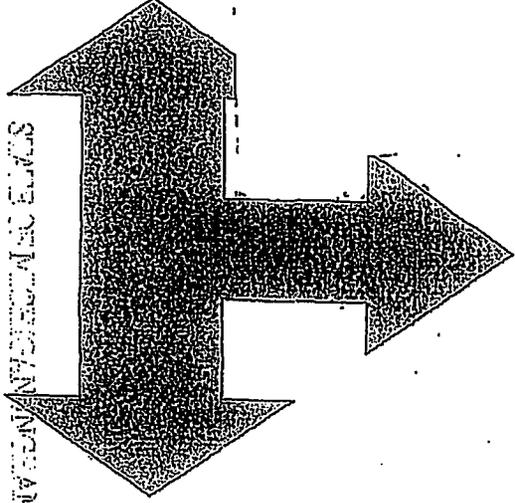
Warren, MI 48092
(877) METRO-CU
www.metrocu.com

Pay to the order of # 9167097-111101

Michael W. Batke

⑆272477432⑆ 045823703⑆ 1995

BUSINESS DATE
10/24/2011
REFERENCE NO.
11978
SEQ W/I REFNO
0013
CHECK AMOUNT
\$100.00



STATE OF MICHIGAN
SOUTH WESTERN INDEPENDENT COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Commissioner of Licensing & Regulatory Affairs
Bureau of Health Professions.

State Records Batke

DLARA/MMP-400 (4/11)

FOR OFFICIAL USE **RECEIVED**

OCT 24 2011

DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
REGULATORY DIVISION - MMP

ANDY

Department of Licensing and Regulatory Affairs
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

**APPLICATION FORM FOR
REGISTRY IDENTIFICATION CARD**

INSTRUCTIONS: Please complete all required information to comply with the renewal registration requirements of the Michigan Medical Marijuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan—MMP. We do not accept Cash, Credit Cards, or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

APPLICANT/PATIENT INFORMATION: (REQUIRED) Patient's Name Change Address Change

NAME (First, M.I., Last) *Michael W. Batke* Male Female

SOCIAL SECURITY NUMBER *363-02-2820* PATIENT REGISTRY ID NUMBER *PT67097-11101* DATE OF BIRTH *3/6/1976*

MAILING ADDRESS *15744 White Oak Drive* PHONE NUMBER *(586) 415-1248*

CITY *Fraser* STATE *MI* ZIP CODE *48026* ALTERNATE PHONE NUMBER *()*

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # *B320603887172* Other

PRIMARY CAREGIVER: (IF APPLICABLE) Add/Change Caregiver Address Change

Caregiver's Name Change

NAME (First, M.I., Last) *Robert E Tuttle* Male Female

SOCIAL SECURITY NUMBER *375-80-4276* CAREGIVER REGISTRY ID NUMBER *C* DATE OF BIRTH *5/6/76*

Only list the caregiver number if the caregiver is already registered with this patient.

MAILING ADDRESS *2619 Grandview* TELEPHONE NUMBER *(248) 762-1597*

CITY *Waterford* STATE *MI* ZIP CODE *48329* ALTERNATE PHONE NUMBER *()*

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # *T340745189346* Other

Section C: PERSON ALLOWED TO POSSESS PATIENT'S MARIJUANA PLANTS: (REQUIRED)

APPLICANT/PATIENT PRIMARY CAREGIVER (Caregiver Attestation & photo ID Required)

If neither or both boxes are checked, plant possession will default to the Applicant/Patient.

Section D: CERTIFYING PHYSICIAN INFORMATION: (REQUIRED)

PHYSICIAN'S NAME *Joanne Wesley MD* MAILING ADDRESS *32730 Northwestern Hwy Farmington Hills, MI 48334* TELEPHONE NUMBER *(248) 747-0836*

ATTESTATION, SIGNATURE, & DATE: (REQUIRED)

By signing below, I attest that the information I have entered on this renewal application is true and accurate:

X Michael W. Batke *10-13-11*
Signature of Applicant/Patient Date

CLERK OF PROBATE COURT

I hereby certify the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Professions.

DLARA/MMP-020 (4/11)

Department of Licensing and Regulatory Affairs
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Physician Certification

Please complete all of the information required.

This does not constitute a prescription for marijuana. You may contact the Michigan Medical Marijuana Program at (517) 373-0395 if you have any questions or concerns.
PLEASE TYPE OR PRINT LEGIBLY

Name (First, M.I., Last) Joanne Wesley SELECT ONE: M.D. D.O.

MAILING ADDRESS 32730 Northwestern Hwy REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER 4301093540

CITY Farmington Hills STATE MI ZIP CODE 48334 TELEPHONE NUMBER (248) 747-0835

I certify that Michael W. Batke 3-6-1976 has been diagnosed with
Patient's Name (REQUIRED) Date of Birth

the following debilitating medical condition (check appropriate boxes)

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Hepatitis C
- Amyotrophic Lateral Sclerosis
- Crohn's Disease
- Agitation of Alzheimer's Disease
- Nail Patella

- OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marijuana.
- Cachexia or Wasting Syndrome
 - Severe and Chronic Pain
 - Severe Nausea
 - Seizures (Including but not limited to those characteristic of Epilepsy)
 - Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of Multiple Sclerosis.)

Physician's Comments: (Please Type or Print Legibly)

I hereby certify that I am a physician licensed to practice medicine in Michigan. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marijuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify, I will notify the department in writing.

Joanne Wesley M.D.
Physician's Signature We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing and Regulatory Affairs, Bureau of Health Professions. 10-13-11
Date

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:

Eughenia Jones (248) 747-0835 194 a
(Name - Please Print) (Telephone Number)

*

MICHIGAN

OPERATOR LICENSE
B 320 603 887 172

EXPIRES
03-06-2013

MICHAEL WILLIAM BATKE
15744 WHITE OAK
FRASER, MI 48026-5098

Date of birth Sex **Height** **Eyes** **Lic Type** **Endorsements**
03-06-1976 M 603 HAZ O NONE

Restrictions: Corrective Lens

Michael W. Batke

X043164

See back for medical information, anatomical photo

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MEDICAL MARIJUANA PROGRAM

Registry Number: P167097-111101

Name: MICHAEL W BATKE

Address: 15744 WHITE OAK DRIVE
FRASER, MI 48026

DOB: 03/06/1976

Issued: 10/08/2010

Expires: 11/01/2011

Authorized to Possess Plants: YES

Photo Available

P

STATE OF MICHIGAN LIVINGHAM COUNTY

I certify that the foregoing is a true copy of the original on file in the office of the Michigan Department of Community Health, Bureau of Licensing & Regulatory Affairs, Bureau of Health Professions.

DLARA/MMP-030 (4/11)

Department of Licensing and Regulatory Affairs
Michigan Medical Marihuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Caregiver Attestation

INSTRUCTIONS: The person wishing to be a qualifying patient's primary caregiver must complete this Attestation in its entirety in order to comply with the requirements of the Michigan Medical Marihuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, Robert Tuttle, do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

Michael W Batke
PATIENT'S NAME (PRINTED)

I further certify that the below statements are true:

- o I am at least 21 years of age
- o I have never been convicted of a felony offense involving illegal drugs
- o I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- o I am a caregiver for no more than 5 qualifying patients
- o I have submitted a copy of my photo ID to my qualifying patient to submit with this renewal application

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS			TELEPHONE NUMBER
<u>2619 Grand View Blvd</u>			<u>(248) 762-1597</u>
CITY	STATE	ZIP CODE	ALTERNATE PHONE NUMBER
<u>Waterford</u>	<u>MI</u>	<u>48329</u>	<u>()</u>
SOCIAL SECURITY NUMBER			DATE OF BIRTH
<u>375-80-4276</u>			<u>5/6/76</u>

OTHER NAMES USED BY PRIMARY CAREGIVER -including maiden names for females:
(REQUIRED, IF APPLICABLE) Attach a separate page if more space required

(First, M.I., Last)

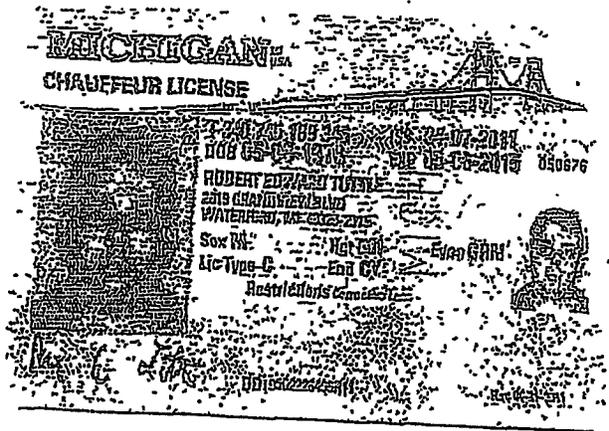
(First, M.I., Last)

(First, M.I., Last)

I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Michael W Batke
Signature of Primary Caregiver
STATE OF MICHIGAN - INGHAM COUNTY
Date 10-18-11

This certifies that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Professions.



CLERK OF COURTS - BIRMINGHAM COUNTY

This copy of the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

PHYSICIAN'S STATEMENT State Records Batke

Certification of Medicinal Need for use of Marijuana:

I certify that: Michael Batke was evaluated by me, Joanne Wesley MD, for one or more medical conditions in reference to his/her need for medicinal marihuana (cannabis) qualifying with valid diagnosis for use under Michigan Law. The patient's medical record and history were reviewed. Objective test results from medical testing facilities and specialists were reviewed. It is my professional medical opinion that the above named patient may benefit from the use of medicinal marihuana, I approve his/her use of marijuana for medicinal purposes as defined by State of Michigan law. I will continue to monitor his/her medical condition(s) and to provide advice on his/her progress at least annually. I have discussed the potential risks and contradictions of marihuana (cannabis) with the patient. I have informed my patient not to use marijuana with alcohol and certain medications. I have ordered this patient not to drive motor vehicles, operate watercraft, aircraft, and heavy machinery or engage in any activity that requires alertness while using the medicinal marijuana.

This is a medicinal certification of need for medical marijuana and is not a formal prescription for marijuana. It is a statement of my professional medical opinion. This opinion is rendered as a consultant with expertise in General Medicine and not in the capacity of his/her primary care provider, I repeat that this recommendation is in no way to be interpreted as a prescription as defined under Federal Law. It is a recommendation that adopts the legal provisions of Michigan Health and Safety Code and is only meant to used or applied under the Michigan Law. Under Federal Law cannabis is a scheduled drug and under Federal Law the sale, possession and cultivation of marihuana is illegal.

Time period covered: 12 months

Signed: Joanne Wesley MD

License #: 4301093540

Date of Statement: 10 : 13 : 2011

I have read and understand the above physician's statement. I have been informed of the privacy laws (HIPPA) and of the penalties under Michigan law for misrepresentation or fraudulence in presenting myself and my medical record for the examining physician. I have been advised on safe and prudent use of medicinal marijuana (cannabis).

Patient signature: [Signature] Date: 10 : 13 : 2011

Witness: [Signature] Date: 10 : 13 : 2011

STATE OF MICHIGAN - INGRAM COUNTY
This certification is a true and correct copy of the original as filed in the office of the
Secretary of Licensing & Regulatory Affairs
Bureau of Health Professions.

771499-STATE OF MI MMM PROGRAM A3N Y00

JPMorgan Chase

TINA BATKE 11-88
MICHAEL BATKE
15724 WHITE OAK DR.
FRASER, MI 48025

1995

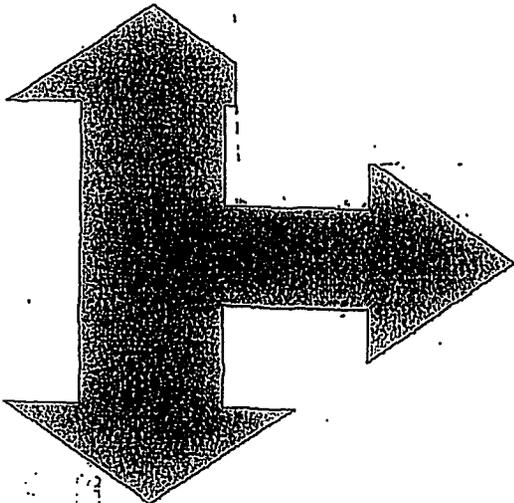
7677432724

October 18, 2011

Pay State of Michigan - MMMP \$ 100.00
to the order of One hundred ~~no~~

METRO Warren, MI 48092
(313) METRO CU
www.metrocu.com
P167097-111101 *Michael Batke*
⑆ 272477432⑆ 045623703⑆ 1995

BUSINESS DATE
10/24/2011
REFERENCE NO.
11978
SEQ W/I REFNO
0013
CHECK AMOUNT
\$100.00



STATE RECORDS DIVISION
199 a

State Records Batke

DCH/MP-010 (Rev. 3/10)
 Michigan Department of Community Health
 Michigan Medical Marijuana Registry
 P.O. Box 30083
 Lansing, MI 48909
 www.michigan.gov/dch

FOR OFFICIAL USE ONLY
 SEP 2 State Records Batke
 DCH
 Bureau of Health Professions
 MMMP

APPLICATION FORM FOR
 REGISTRY IDENTIFICATION CARD

INSTRUCTIONS: Please complete all required information to comply with the registration requirements of the Michigan Medical Marijuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan—MMMP. We do not accept Cash, Credit Cards, or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

Section 1: APPLICANT/PATIENT INFORMATION (REQUIRED)

NAME (First, M.I., Last) Michael W. Batke Male Female
 SOCIAL SECURITY NUMBER 363-02-2820 DATE OF BIRTH 3/06/1976
 MAILING ADDRESS 15744 White Oak Drive PHONE NUMBER (580) 530-3231
 CITY Fraser STATE MI ZIP CODE 48026 ALTERNATE PHONE NUMBER

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:
 MI Driver's License or MI ID Card # B320603887172 Other

Section 2: PHYSICIAN'S INFORMATION (REQUIRED)

NAME (First, M.I., Last) Male Female
 SOCIAL SECURITY NUMBER Female
 DATE OF BIRTH
 MAILING ADDRESS
 TELEPHONE NUMBER
 CITY STATE ZIP CODE ALTERNATE PHONE NUMBER

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:
 MI Driver's License or MI ID Card # Other

Section 3: PERSONS REQUIRED TO REGISTER (PATIENTS, GUARDIAN, AND NEXT OF KIN) (REQUIRED)

SECTION 3: APPLICANT/PATIENT OR PRIMARY CAREGIVER (Caregiver Attention & photo ID Required)

Section 4: PHYSICIAN'S INFORMATION (REQUIRED)

PHYSICIAN'S NAME Newman Kopald MAILING ADDRESS 7125 Orchard Lake Rd. Ste. 300 W. Bloomfield TELEPHONE NUMBER (248) 747-0836

I understand that according to the Michigan Medical Marijuana Act, the Department shall verify to law enforcement personnel whether my registry ID card is valid using my registration number only.

By checking this box, I additionally authorize the release of my name and date of birth to law enforcement, to confirm identity, only if law enforcement has provided the Michigan Medical Marijuana Program with my valid registration number

By signing below, I attest that the information I have entered on this application is true and accurate:

Michael Batke
 Signature of Applicant/Patient 9-21-10

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH
 I hereby certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs, Bureau of Health Professions.

Michigan Department of Community
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

State Records Batke

Physician Certification

THIS TO BE COMPLETED IN ITS ENTIRETY BY THE PHYSICIAN. Please complete all of the information required on this form.

[Redacted patient information]

Name (First, M.I., Last) Newman Kopald SELECT ONE: M.D. D.O.

MAILING ADDRESS 7125 Orchard Lake Rd. Ste. 300 REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER R-4241 5101 004241
CITY West Bloomfield STATE MI ZIP CODE 48322 TELEPHONE NUMBER (48) 747-0836

I certify that Michael W. Batke Patient's Name (REQUIRED) 03-08-76 Date of Birth has been diagnosed with

and is currently undergoing treatment for the following debilitating medical condition (check appropriate boxes):

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Hepatitis C
- Amyotrophic Lateral Sclerosis
- Crohn's Disease
- Agitation of Alzheimer's Disease
- Nail Patella
- OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marijuana.
 - Cachexia or Wasting Syndrome
 - Severe and Chronic Pain
 - Severe Nausea
 - Seizures (including but not limited to those characteristic of Epilepsy.)
 - Severe and Persistent Muscle Spasms (including but not limited to those characteristic of Multiple Sclerosis.)

Physician's Comments: (Please Type or Print Legibly)
SCAR ON ABDOMEN - PAIN
1980 - 1989

I hereby certify that I am a physician licensed to practice medicine in Michigan. I have responsibility for the care and treatment for the above-named patient. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marijuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Newman Kopald, MD Physician's Signature 09-21-10 Date

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:
Eugenia Jones (248) 747-0836
(Name - Please Print) (Telephone Number)

THIS IS THE OFFICIAL RECORD OF THE
MICHIGAN DEPARTMENT OF COMMUNITY
HEALTH AND HUMAN SERVICES
LANSING, MICHIGAN 48909
The information appearing is a true copy of
the original on file in the office of the
Department of Community & Regulatory Affairs
LANSING, MICHIGAN 48909

MICHIGAN

OPERATOR LICENSE
B 320 603 887 172

EXPIRES
03-06-2013

MICHAEL WILLIAM BATKE
15744 WHITE OAK
FRASER, MI 48026-5098

Date of Birth Sex Hight Eyes Lic Type Endorsements
03-06-1976 M 604 HAZ 0 NONE

Restrictions: Corrective Lens

Michael W. Batke

See back for medical information, mechanical pit

X043164

STATE OF MICHIGAN LANSING COUNTY

We certify that the foregoing is a true copy of
your original record in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

PHYSICIAN'S STATEMENT State Records Batke

Certification of Medicinal Need for use of Marijuana:

I certify that: Michael Batke was evaluated by me, Newman Kopald, D.O., for one or more medical conditions in reference to his/her need for medicinal marihuana (cannabis) qualifying with valid diagnosis for use under Michigan Law. The patient's medical record and history were reviewed. Objective test results from medical testing facilities and specialists were reviewed. It is my professional medical opinion that the above named patient may benefit from the use of medicinal marihuana, I approve his/her use of marijuana for medicinal purposes as defined by State of Michigan law. I will continue to monitor his/her medical condition(s) and to provide advice on his/her progress at least annually. I have discussed the potential risks and contradictions of marihuana (cannabis) with the patient. I have informed my patient not to use marijuana with alcohol and certain medications. I have ordered this patient not to drive motor vehicles, operate watercraft, aircraft, and heavy machinery or engage in any activity that requires alertness while using the medicinal marijuana.

This is a medicinal certification of need for medical marijuana and is not a formal prescription for marijuana. It is a statement of my professional medical opinion. This opinion is rendered as a consultant with expertise in General Medicine and not in the capacity of his/her primary care provider. I repeat that this recommendation is in no way to be interpreted as a prescription as defined under Federal Law. It is a recommendation that adopts the legal provisions of Michigan Health and Safety Code and is only meant to be used or applied under the Michigan Law. Under Federal Law cannabis is a scheduled drug and under Federal Law the sale, possession and cultivation of marihuana is illegal.

Time period covered: 12 months

Signed: Newman M. Kopald, D.O. License #: R-4241

Date of Statement: 09 : 21 : 2010

I have read and understand the above physician's statement. I have been informed of the privacy laws (HIPPA) and of the penalties under Michigan law for misrepresentation or fraudulence in presenting myself and my medical record for the examining physician. I have been advised on safe and prudent use of medicinal marijuana (cannabis).

Patient signature: Michael W. Batke Date: 09 : 21 : 2010

Witness: [Signature] Date: 09 : 21 : 2010

STATE OF MICHIGAN - INGHAM COUNTY

I certify the foregoing is a true copy of the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professionals.

MICHAEL BATKE 11-99
MICHAEL BATKE
15744 WHITE OAK DR.
FRASER, MI 48026

State Records Batke

9-22-10

Pay State of Michigan \$ 100.00
to the order of One hundred and no/100 Dollars



Warren, MI 48092
(877) METRO-CU
www.metroconnect.org

Drivers License 8320603887172

Michael Batke

272477432

045663703 1902

NDCH 1960532-1 09/24/2010
1902 - \$100.00
MICHAEL BATKE
MMMF - 70090 75099 9527

STATE OF MICHIGAN INGHAM COUNTY

This document is a true copy of
the original file of the
Department of Licensing & Regulatory Affairs
Bureau of Motor Vehicles.

DL2RA/MMMP-050 (Rev. 4/11)
Department of Licensing and Regulatory Affairs
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmmp

FOR OFFICIAL USE ONLY

REC'D

State Records Colon

JUN 22 2011

DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
REGULATORY DIVISION - MMMP

CHANGE FORM

\$1 Required

Check or Money Order Made Payable to State of Michigan—MMMP

For the patient's protection, use this form to submit any changes to your current registration. Follow the instruction page for information on how to complete this form correctly and submit the appropriate documents.

PLEASE TYPE OR PRINT LEGIBLY

Section A. PATIENT INFORMATION: (REQUIRED) Patient's Name Change Address Change

NAME (First, M.I., Last)

Frank R. Colon II

Male

Female

SOCIAL SECURITY NUMBER

374 -96 -5425

DATE OF BIRTH

07/30/1985

MAILING ADDRESS

1335 Lochaven Ct Apt 2

TELEPHONE NUMBER

(248) 342-5957

CITY
Waterford

STATE
MI

ZIP CODE
48327

ALTERNATE PHONE NUMBER
()

Section B. CHANGES REGARDING PRIMARY CAREGIVER: (IF APPLICABLE)

Add/Change Caregiver (Caregiver Attestation & Photo ID Required)

Caregiver's Address Change

No Change in Caregiver

Caregiver's Name Change

Remove Caregiver

NAME (First, M.I., Last)

Robert E. Tuttle

Male

Female

SOCIAL SECURITY NUMBER

3 - - 375-80-4276

DATE OF BIRTH

5/16/76

MAILING ADDRESS

2619 Grandview Blvd

TELEPHONE NUMBER

(248) 762-1597

CITY
Waterford

STATE
MI

ZIP CODE
48329

ALTERNATE PHONE NUMBER
()

Section C. PERSON ALLOWED TO POSSESS PATIENT'S MARIJUANA PLANTS: (REQUIRED)

NO CHANGE IN PERSON ALLOWED TO POSSESS PLANTS

CHANGE TO PATIENT

CHANGE TO NEW CAREGIVER (New caregiver's information must be completed above.)

CHANGE FROM PATIENT TO CURRENT CAREGIVER -- Name of Current Caregiver: _____

If new Caregiver is added and no box is checked above, plant possession will default to the Applicant/Patient.

Section D. CHANGE IN PARENT OR LEGAL GUARDIAN WHO IS ALLOWED TO POSSESS MARIJUANA FOR MINOR PATIENT: (REQUIRED FOR MINORS ONLY) Parent or Legal Guardian's Name Change

New Legal Guardianship papers and Declaration of Person Responsible for a Minor Required

NAME (First, M.I., Last)

Male

Female

SOCIAL SECURITY NUMBER

DATE OF BIRTH

MAILING ADDRESS

TELEPHONE NUMBER

CITY

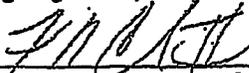
STATE
MI

ZIP CODE

ALTERNATE PHONE NUMBER

PATIENT'S ATTESTATION, SIGNATURE, & DATE: (REQUIRED BELOW)

By signing below, I attest that the information I have entered on this change form is true and accurate:



6-19-11

Signature of Patient or, for a Minor, Signature of Parent/Legal Guardian

Date

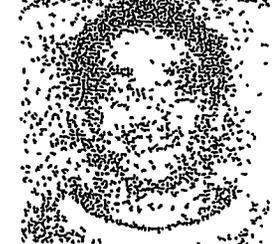
STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

OPERATOR LICENSE
C 450 261 738 597

EXPIRES
07-30-2014

FRANK RICARDO COLON II
1335 LOHAVEN CT APT 2
WATERFORD, MI 48327-4207



Date of birth **Sex** **Height** **Eyes** **Lic Type** **Endorsements**
07-30-1985 **M** **507** **BRO O** **NONE**

Restrictions: NONE

Frank Colon

Y182R10

See back for medical information, anatomical gift

CAMMACK COUNTY

We certify that the foregoing is a true and correct copy of the original on file in the office of the Department of Licensing & Regulatory Affairs.
206 a

State Records Colon

Michigan Department of Community Health
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, Robert Tuttle, do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

Frank R Colon II
PATIENT'S NAME (PRINTED)

I further certify that:

- I am at least 21 years of age
- I have never been convicted of a felony offense involving illegal drugs
- I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- I am a caregiver for no more than 5 patients
- I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH: (REQUIRED)

SOCIAL SECURITY NUMBER

375-80-4276

DATE OF BIRTH

5/6/76

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS

2619 Grandview Blvd

TELEPHONE NUMBER

(248) 762-1597

CITY

Waterford

STATE

MI

ZIP CODE

48329

ALTERNATE PHONE NUMBER

()

OTHER NAMES USED, including maiden names for females: (REQUIRED, IF APPLICABLE)

Attach a separate page if more space required.

(First, M.I., Last)

(First, M.I., Last)

(First, M.I., Last)

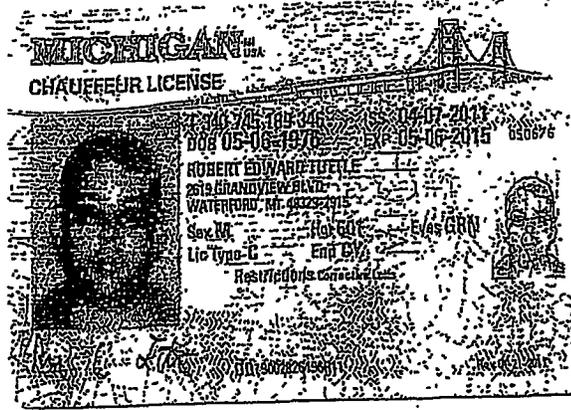
I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Mrs E Tuttle
Signature of Primary Caregiver

6-19-11
Date

STATE OF MICHIGAN-INGHAM COUNTY

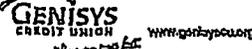
We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs



STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

771499-STATE OF MI MIMM PROGRAM A3N Y00

ROBERT E TUTTLE TERI TUTTLE 2519 GRANDVIEW BLVD WATERFORD, MI 48329-2015	01-11	1056
	<u>6-19-11</u>	740302214 02
Pay to the Order of <u>State of Michigan - MIMM</u>	<u>10.00</u>	
<u>ten dollars</u>	<u>00</u>	Dollars
		
For <u>C & change</u>	<u>Teri Tuttle</u>	
⑆ 2724839056 2147352418⑆0205E		

JPMorganChase

BUSINESS DATE	06/22/2011
REFERENCE NO.	31302
SEQ W/I REFNO	0002
CHECK AMOUNT	\$10.00

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

DLARA/MMP-400 (4/11)

Department of Licensing and Regulatory Affairs
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

FOR OFFICIAL USE ONLY
RECEIVED
SEP 30 2011
LICENSING - REGULATORY AFFAIRS
PROCESSING
FOR MMP

NOV

**RENEWAL APPLICATION FORM FOR
REGISTRY IDENTIFICATION CARD**

INSTRUCTIONS: Please complete all required information to comply with the renewal registration requirements of the Michigan Medical Marijuana Registry. Attach readable copies of photo ID(s) and your registration fee. The registration fee for this application is \$100.00 or \$25.00 if the patient is enrolled in Medicaid or receiving SSI or SSD (copies of qualifying documentation must be attached). Enclose your check or money order made payable to State of Michigan—MMMP. We do not accept Cash, Credit Cards, or Debit Cards.

PLEASE TYPE OR PRINT LEGIBLY

A PATIENT INFORMATION REQUIRED

NAME (First, M.I., Last) Frank R Colon II		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
SOCIAL SECURITY NUMBER 374-96-5425	PATIENT REGISTRY ID NUMBER P167095-11101	DATE OF BIRTH 7/30/1985
MAILING ADDRESS 1335 Loehaven Ct Apt 2		PHONE NUMBER (248) 342-5957
CITY Waterford	STATE MI	ZIP CODE 48327
		ALTERNATE PHONE NUMBER ()

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # C450261738597 Other

B CAREGIVER INFORMATION REQUIRED

NAME (First, M.I., Last) XXXXXXXXXX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
SOCIAL SECURITY NUMBER XXXXXXXXXX	CAREGIVER REGISTRY ID NUMBER C	DATE OF BIRTH XXXXXXXXXX
Only list the caregiver number if the caregiver is already registered with this patient.		
MAILING ADDRESS XXXXXXXXXX		TELEPHONE NUMBER XXXXXXXXXX
CITY XXXXXXXXXX	STATE XXXXXXXXXX	ZIP CODE XXXXXXXXXX
		ALTERNATE PHONE NUMBER ()

Photo Identification: A clear photocopy of one of the following must be attached. Please check appropriate box:

MI Driver's License or MI ID Card # ~~XXXXXXXXXX~~ Other

C POSSESSION OF MARIJUANA REQUIRED

APPLICANT/PATIENT PRIMARY CAREGIVER (Caregiver Attestation & photo ID Required)
If neither or both boxes are checked, plant possession will default to the Applicant/Patient.

D PHYSICIAN INFORMATION REQUIRED

PHYSICIAN'S NAME XXXXXXXXXX	MAILING ADDRESS MI 48 XXXXXXXXXX 36
---	--

E SIGNATURE AND DATE REQUIRED

By signing below, I attest that the information I have entered on this renewal application is true and accurate:
Signature of Applicant/Patient: [Signature] Date: 8/30/11
STATE OF MICHIGAN-INDIAN COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

Physician Certification

[Redacted] Please

This does not constitute a prescription for marihuana. You may contact the Michigan Medical Marijuana Program at (517) 373-0395 if you have any questions or concerns.
PLEASE TYPE OR PRINT LEGIBLY

PHYSICIAN INFORMATION: (REQUIRED)

Name (First, M.I., Last) Seymour N. Gywiak SELECT ONE: M.D. D.O.

MAILING ADDRESS 32730 Northwestern Hwy. REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER 5504

CITY Farmington Hills STATE MI ZIP CODE 48334 TELEPHONE NUMBER (248) 747-0836

PHYSICIAN'S STATEMENT: (REQUIRED)

I certify that Frank R. Colon II 7-30-1985 has been diagnosed with Patient's Name (REQUIRED) Date of Birth

the following debilitating medical condition (check appropriate boxes):

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Hepatitis C
- Amyotrophic Lateral Sclerosis
- Crohn's Disease
- Agitation of Alzheimer's Disease
- Nail Patella

Anxiety
Stress
Insomnia

- OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marihuana.
- Cachexia or Wasting Syndrome
- Severe and Chronic Pain
- Severe Nausea
- Seizures (Including but not limited to those characteristic of Epilepsy.)
- Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of Multiple Sclerosis)

Physician's Comments: (Please Type or Print Legibly)

Renewal Chronic Back Pain, Shoulders

CERTIFICATION, SIGNATURE, & DATE: (REQUIRED)

I hereby certify that I am a physician licensed to practice medicine in Michigan. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marihuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marihuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Physician's Signature [Signature] Date 8-30-11

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:

Evghenia Jenes We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs (248) 747-0836 (Name - Please Print) (Telephone Number)

MICHIGAN

OPERATOR LICENSE
C 450 261 738 597

FRANK RICARDO COLON II
1335 LOHAVEN CT APT 2
WATERFORD, MI 48327-4207

EXPIRES 07-30-2014



Date of birth Sex Height Eyes Lic Type Endorsements
07-30-1985 M 507 BRO 0 NONE

Restrictions: NONE

H. Colon

See back for medical information, anatomical pt

Y182R10

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MEDICAL MARIHUANA PROGRAM

Registry Number: **P167095-111101**

Name: **FRANK R COLON, II**

Address: **1335 LOHAVEN CT APT 2
WATERFORD, MI 48327**

DOB: **07/30/1985**

Issued: **10/08/2010**

Expires: **11/01/2011**

Authorized to Possess Plants: **YES**

No Photo Available




MEDICAL MARIHUANA PROGRAM
PATIENT CAREGIVER INFORMATION

NO CAREGIVER

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

PHYSICIAN'S STATEMENT

State Records Colon

Certification of Medicinal Need for use of Marijuana:

I certify that: Frank Colon II was evaluated by me, Seymour Cywiak, D.O., for one or more medical conditions in reference to his/her need for medicinal marihuana (cannabis) qualifying with valid diagnosis for use under Michigan Law. The patient's medical record and history were reviewed. Objective test results from medical testing facilities and specialists were reviewed. It is my professional medical opinion that the above named patient may benefit from the use of medicinal marihuana, I approve his/her use of marijuana for medicinal purposes as defined by State of Michigan law. I will continue to monitor his/her medical condition(s) and to provide advice on his/her progress at least annually. I have discussed the potential risks and contradictions of marihuana (cannabis) with the patient. I have informed my patient not to use marijuana with alcohol and certain medications. I have ordered this patient not to drive motor vehicles, operate watercraft, aircraft, and heavy machinery or engage in any activity that requires alertness while using the medicinal marijuana.

This is a medicinal certification of need for medical marijuana and is not a formal prescription for marijuana. It is a statement of my professional medical opinion. This opinion is rendered as a consultant with expertise in General Medicine and not in the capacity of his/her primary care provider. I repeat that this recommendation is in no way to be interpreted as a prescription as defined under Federal Law. It is a recommendation that adopts the legal provisions of Michigan Health and Safety Code and is only meant to used or applied under the Michigan Law. Under Federal Law cannabis is a scheduled drug and under Federal Law the sale, possession and cultivation of marihuana is illegal.

Time period covered: 12 months

Signed: _____



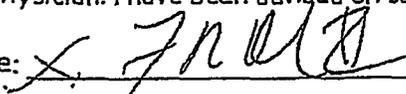
License #: R-5504

Date of Statement: _____

8 : 30 : 11

I have read and understand the above physician's statement. I have been informed of the privacy laws (HIPPA) and of the penalties under Michigan law for misrepresentation or fraudulence in presenting myself and my medical record for the examining physician. I have been advised on safe and prudent use of medicinal marijuana (cannabis).

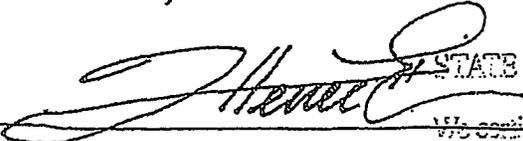
Patient signature: _____



Date: _____

8 : 30 : 11

Witness: _____



STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions

Date: 8 : 30 : 11

771499-STATE OF MI MMM PROGRAM A3N Y00

JPMorganChase

THE FRONT OF THE DOCUMENT HAS A MICROPRINT ALIGNED BOX AND THIS MICROPRINT, ASSURANCE OF THESE FEATURES WILL INDICATE A COPY.
ISSUING AGENCY

CVS/pharmacy **MoneyGram** Money Orders
INTERNATIONAL MONEY ORDER

09/28/2011

6884500345
MONEY ORDER

PAY TO THE ORDER OF State of Michigan - MI RR
PAY ONLY THIS AMOUNT

ONE HUNDRED DOLLARS 00 CENTS

PURCHASER, SIGN IN FOR DRAWER / COMPADOR, FIRMA DEL LIBRADOR
RECUERDA, SI DEBES TIRAR A LA SUCESORÍA, DEBE HACERLO EN EL REVERSE DEL DOCUMENTO

20 Box 30083 Lansing, MI 48909 27249053828038
MONEY ORDER ADDRESS / GIFT CERTIFICATE RECIPIENT

Payable Through
South Fork Bank
South Fork, N.A.
Anthony, Alaska

ISSUER/DRAWER:
MONEYGRAM PATENT SYSTEMS, INC.
TO AUTHENTICATE PLA CHECK
WWW.AUTHENTICATEPLA.COM

68845003458 45003458 90

BUSINESS DATE
09/30/2011
REFERENCE NO.
51015
SEQ W/I REFNO
0015
CHECK AMOUNT
\$100.00

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs

Department of State, Lansing, Michigan

Michigan Department of Community Health
Michigan Medical Marijuana Registry
P.O. Box 30083
Lansing, MI 48909
www.michigan.gov/mmp

Physician Certification

complete all of the information required on this form. Sign the form and keep a copy
The patient must submit this certification along with his/her application for a Michigan Medical Marijuana
Registry identification card. This does not constitute a prescription for marijuana. You may contact the Michigan
Medical Marijuana Program at (517) 373-0395 if you have any questions or concerns.
PLEASE TYPE OR PRINT LEGIBLY

PHYSICIAN INFORMATION (REQUIRED)

Name (First, M.I., Last) Newman Kopald SELECT ONE: M.D. D.O.

MAILING ADDRESS 7125 Orchard Lake Rd. Ste. 300 REQUIRED: MICHIGAN PHYSICIAN LICENSE NUMBER R-4241 5101004241

CITY West Bloomfield STATE MI ZIP CODE 48322 TELEPHONE NUMBER (248) 747-0836

PHYSICIAN'S STATEMENT (REQUIRED)

I certify that Frank A Colon II 7-30-1935 has been diagnosed with
Patient's Name (REQUIRED) Date of Birth

and is currently undergoing treatment for the following debilitating medical condition (check appropriate boxes):

- Cancer
- Glaucoma
- HIV or AIDS Positive
- Hepatitis C
- Amyotrophic Lateral Sclerosis
- Crohn's Disease
- Agitation of Alzheimer's Disease
- Nail Patella
- OR a medical condition or treatment that produces, for this patient, one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of medical marijuana.
- Cachexia or Wasting Syndrome
- Severe and Chronic Pain
- Severe Nausea
- Seizures (Including but not limited to those characteristic of Epilepsy.)
- Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of Multiple Sclerosis.)

Physician's Comments: (Please Type or Print Legibly)
AT 4/10/05, ANK 47-
SPRAIN of the lower spine / Pelvis
No history of the patient's general health to have
Muscle Spasms, Anxiety, Depression & Painful

CERTIFICATION SIGNATURE (REQUIRED)

I hereby certify that I am a physician licensed to practice medicine in Michigan. I have responsibility for the care and treatment for the above-named patient. It is my professional opinion that the applicant has been diagnosed with a debilitating medical condition as indicated above. The medical use of marijuana is likely to be palliative or provide therapeutic benefits for the symptoms or effects of applicant's condition. This is not a prescription for the use of medical marijuana. Additionally, if the patient ceases to suffer from the above identified debilitating condition, I hereby certify I will notify the department in writing.

Newman Kopald D.O. 9-17-2010
Physician's Signature Date

Provide the name and telephone number of contact person at the physician's office to verify validity of certification:
Eughenia Jones (248) 747-0836
(Name - Please Print) (Telephone Number)

STATE OF MICHIGAN - LINGHAM COUNTY

I do certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions



OPERATOR LICENSE
C 450 261 738 597

EXPIRES
07-30-2014

FRANK RICARDO COLON II
1335 LOCHAVEN CT APT 2
WATERFORD, MI 48327-4207



Date of Birth Sex Height Eyes Lic Type Endorsements
07-30-1985 M 507 BRN D NONE

Restrictions: NONE

See back for medical
information, and for weight

Y182R10

STATE OF MICHIGAN INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

POSTAL MONEY State Records Colon

Serial Number: 18998218304

Year, Month, Day: 2010-09-21

Post Office: 483870

U.S. Dollars and Cents: \$100.00

Amount: ONE HUNDRED DOLLARS & 00c

Pay to: State of MI - NMMP

Address: P.O. Box 30083
Lansing MI 48909

Memo: Frank R. Colon # 0004
1335 Lochaven Ct Apt 2
Waterford MI 48327

02008 United States Postal Service, All Rights Reserved.

SEE REVERSE WARNING - NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS

18998218304

NDCH 1960538-1 09/24/2010
 18998218304 - \$100.00
 FRANK COLON
 NMMP - 70090 75099 9527

STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original or file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.

PHYSICIAN'S STATEMENT State Records Colon

Certification of Medicinal Need for use of Marijuana:

I certify that: Frank R Colon II was evaluated by me, Newman Kopald, D.O., for one or more medical conditions in reference to his/her need for medicinal marihuana (cannabis) qualifying with valid diagnosis for use under Michigan Law. The patient's medical record and history were reviewed. Objective test results from medical testing facilities and specialists were reviewed. It is my professional medical opinion that the above named patient may benefit from the use of medicinal marihuana, I approve his/her use of marijuana for medicinal purposes as defined by State of Michigan law. I will continue to monitor his/her medical condition(s) and to provide advice on his/her progress at least annually. I have discussed the potential risks and contradictions of marihuana (cannabis) with the patient. I have informed my patient not to use marijuana with alcohol and certain medications. I have ordered this patient not to drive motor vehicles, operate watercraft, aircraft, and heavy machinery or engage in any activity that requires alertness while using the medicinal marijuana.

This is a medicinal certification of need for medical marijuana and is not a formal prescription for marijuana. It is a statement of my professional medical opinion. This opinion is rendered as a consultant with expertise in General Medicine and not in the capacity of his/her primary care provider. I repeat that this recommendation is in no way to be interpreted as a prescription as defined under Federal Law. It is a recommendation that adopts the legal provisions of Michigan Health and Safety Code and is only meant to used or applied under the Michigan Law. Under Federal Law cannabis is a scheduled drug and under Federal Law the sale, possession and cultivation of marihuana is illegal.

Time period covered: 12 months

Signed: Newman M. Kopald

License #:R-4241

Date of Statement: 09 : 17 : 2010

I have read and understand the above physician's statement. I have been informed of the privacy laws (HIPPA) and of the penalties under Michigan law for misrepresentation or fraudulence in presenting myself and my medical record for the examining physician. I have been advised on safe and prudent use of medicinal marijuana (cannabis).

Patient signature: Frank R Colon II Date: 09 : 17 : 2010

Witness: Nicole Watt Date: 09 : 17 : 2010

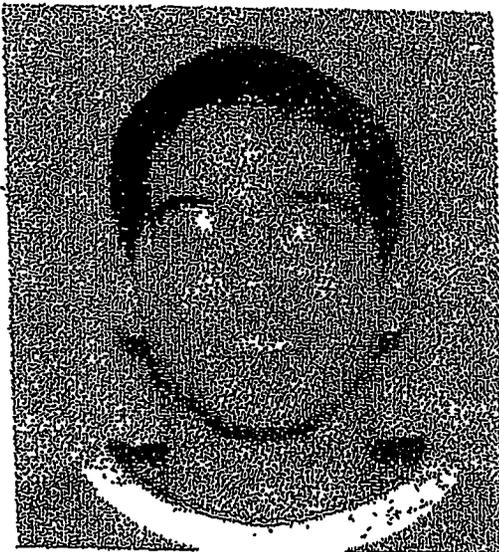
STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs
Division of Health Professions

OPERATOR LICENSE
C 450 261 738 597

EXPIRES
07-30-2014

FRANK RICARDO COLON II
1335 LOHAVEN CT APT 2
WATERFORD, MI 48327-4207



Date of birth	Sex	Height	Eyes	Lic Type	Endorsements
07-30-1985	M	507	BRO	O	NONE

Restrictions: NONE

Y152R10

See back for medical
information, anatomical gift

STATE OF MICHIGAN-INGHAM COUNTY

221
p
We certify that the foregoing is a true copy of
original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

State Records Colon

Caregiver Attestation

INSTRUCTIONS: Please complete all required information in order to comply with the requirements of the Michigan Medical Marijuana Registry.

PLEASE TYPE OR PRINT LEGIBLY

DECLARATION: (REQUIRED)

I, Robert Tuttle, do hereby declare:
CAREGIVER'S NAME (PRINTED)

that I am willing and able to serve as the primary caregiver for:

Frank R Colon II
PATIENT'S NAME (PRINTED)

I further certify that:

- o I am at least 21 years of age
- o I have never been convicted of a felony offense involving illegal drugs
- o I understand that my caregiver registration will become null and void if I am convicted of a felony offense involving illegal drugs
- o I am a caregiver for no more than 5 patients
- o I have submitted a copy of my photo ID to my qualifying patient to submit with this application

SOCIAL SECURITY NUMBER & DATE OF BIRTH: (REQUIRED)

SOCIAL SECURITY NUMBER

375-80-4276

DATE OF BIRTH

5/6/76

PRIMARY CAREGIVER INFORMATION: (REQUIRED)

MAILING ADDRESS

2619 Grandview Blvd

TELEPHONE NUMBER

(248) 762-1597

CITY

Waterford

STATE

MI

ZIP CODE

48329

ALTERNATE PHONE NUMBER

()

OTHER NAMES USED including maiden names for females: (REQUIRED, IF APPLICABLE)

Attach a separate page if more space required

(First, M.I., Last)

(First, M.I., Last)

(First, M.I., Last)

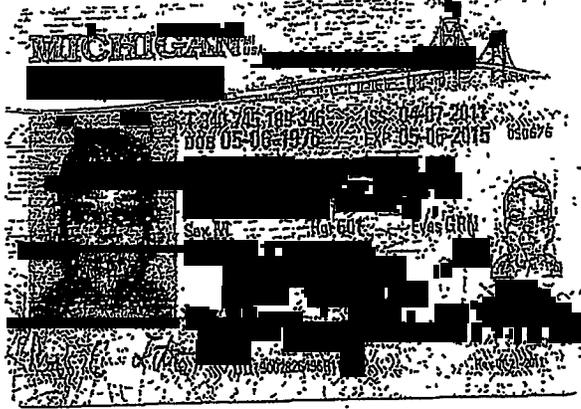
I understand that it is necessary to secure a criminal conviction history as part of the screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial recordkeeping organization to verify if I have been convicted of any felony offenses involving illegal drugs. The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Mr E Tuttle
Signature of Primary Caregiver

6-19-11
Date

STATE OF MICHIGAN-INGHAM COUNTY

I certify that the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions



STATE OF MICHIGAN-INGHAM COUNTY

We certify that the foregoing is a true copy of
the original on file in the office of the
Department of Licensing & Regulatory Affairs
Bureau of Health Professions.

771499-STATE OF MI MMM PROGRAM A3N Y00

ROBERT TUTTLE 01-11 TERI TUTTLE 4519 GRANDVIEW BLVD TETERFORD, MI 48329-2916	1056 744442721 03
	Date <u>6-19-11</u>
Pay to the Order of <u>State of Michigan - MMP</u> \$ <u>10.00</u>	
<u>ten dollars</u> <u>00</u> Dollars <input type="checkbox"/> <input checked="" type="checkbox"/>	
GENISYS CREDIT UNION <small>www.genisyscu.org</small>	
For <u>C.B. charge</u> <u>Mu E. Tuttle</u>	
⑆ 272483905⑆ 2349362418⑆ 0205E	

JPMorganChase 

BUSINESS DATE 06/22/2011
REFERENCE NO. 31302
SEQ W/1 REFNO 0002
CHECK AMOUNT \$10.00

STATE OF MICHIGAN LINGHAM COUNTY

This copy of the foregoing is a true copy of the original on file in the office of the Department of Licensing & Regulatory Affairs Bureau of Health Professions.



Summary of Records

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H. HILFINGER
DIRECTOR

June 1, 2012

Daniel J. M. Schouman
1060 East West Maple
Walled Lake, Michigan 48390

VIA CERTIFIED MAIL

RE: Subpoena to Produce Information

Dear Mr. Schouman:

The Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Professions, Regulatory Division was served with a subpoena on or May 17, 2012, ordering the information below to be produced on or before Friday, June 8, 2012.

The subpoena, indicated by you to have been signed by Judge Warren, ordered the Department to produce:

"A certified copy of all medical marihuana records held by the state for: (1) Robert Tuttle, D.O.B. 05/06/1976; (2) Michael W. Batke, D.O.B. 03/06/1976; (3) Paul A. Albarran, D.O.B. 07/23/1992; and (4) Frank R. Colon, II, D.O.B. 07/30/1985".

A search of all issued registrations for qualifying patients and registered primary caregivers has found the information below. This information is reasonably believed to be complete and accurate through the search dates of April 6, 2009 through March 31, 2012, the date the subpoena was signed.

ROBERT TUTTLE, DOB 05/06/1976

A valid patient application was received from Robert E. Tuttle on December 1, 2009. The application was approved on December 15, 2009. Patient Registry Identification #P115540-110101 was issued to Robert E. Tuttle. The registry identification card expired on January 1, 2011.

A valid Change Form was received from Robert E. Tuttle on January 19, 2010. The Change Form requested to Add a caregiver. The Change Form request was processed and registry identification cards were issued.

A valid Change Form was received from Robert E. Tuttle on April 15, 2010. The Change Form requested to remove his designated caregiver. The Change Form was processed and notice was sent to the caregiver that his registry status was Inactive and that his registry identification card for Robert Tuttle was Null and Void.

An incomplete renewal application was received from Robert E. Tuttle on December 15, 2010. A Notice of Denial was sent to Robert E. Tuttle. A valid renewal application was received from Robert E. Tuttle on January 14, 2011. The renewal application was approved and Patient Registry Identification #P115540-120101 was issued to Robert E. Tuttle. The registry identification card expired on January 1, 2012.

A valid renewal application was received from Robert E. Tuttle on January 5, 2012. The renewal application was approved and Patient Registry Identification #P115540-130101 was issued to Robert E. Tuttle. The registry identification card expires on January 1, 2013.

A valid application was received from a qualifying patient on July 7, 2010, designating Robert E. Tuttle as his primary caregiver. The application was approved on or about July 21, 2010. Mr. Tuttle was issued Caregiver Registry Identification #C115540-XXXXXX. The designated caregiver registry status remained active as long as the qualifying registered patient's registration was active or continued to designate this primary caregiver. The patient's registry card expired August 1, 2011.

A valid Change Form was received from a registered patient on November 24, 2010. The Change Form requested to Add/Change a caregiver and designated Robert E. Tuttle as the primary caregiver. Caregiver Registry Identification #C115540-XXXXXX was issued to Robert E. Tuttle. The designated caregiver status remained active as long as the qualifying registered patient's registration was active or continued to designate Robert E. Tuttle as the primary caregiver. Another valid Change Form was received from this registered patient on April 25, 2011. The Change Form requested to remove Robert E. Tuttle as the primary caregiver and designated a different primary caregiver. Notice was sent to Robert E. Tuttle that his caregiver status for this patient was Inactive and that his caregiver registry identification card was Null and Void.

A valid Change Form was received from Frank R. Colon, II, a registered patient, on June 22, 2011. The Change Form requested to Add/Change a caregiver and designated Robert E. Tuttle as the primary caregiver. Caregiver Registry Identification #C115540-167095 was issued to Robert E. Tuttle. The designated caregiver registry status remained active as long as the qualifying registered patient's registration was active or continued to designate this primary caregiver. The patient's registry card expired November 1, 2011.

A valid Change Form was received from Paul A. Albarran, a registered patient, on August 15, 2011. The Change Form requested to Add/Change a caregiver and designated Robert E. Tuttle as the primary caregiver. Caregiver Registry Identification #C115540-201909 was issued to Robert E. Tuttle. The designated caregiver registry status remained active as long as the qualifying registered patient's registration was active or continued to designate this primary caregiver. A request to withdraw from the Medical Marijuana Registry Program was received from Paul A. Albarran on December 6, 2011. The request to withdraw was processed and notice was sent to Robert E. Tuttle that his caregiver status for Paul A. Albarran was Inactive and that his caregiver registry identification card for Paul A. Albarran was Null and Void.

A renewal application was received from Michael W. Batke on October 24, 2011, designating Robert E. Tuttle as his primary caregiver. The application was approved and Robert E. Tuttle was issued Caregiver Registry Identification #C115540-167097. The designated caregiver registry status remains active as long as the qualifying registered patient's registration is active or continues to designate Robert E. Tuttle as his primary caregiver. The patient's registry card expires November 1, 2012.

MICHAEL W. BATKE, DOB 03/06/1976

A valid patient application was received from Michael W. Batke on September 24, 2010. The application was approved on October 8, 2010 and Patient Registry Identification #P167097-111101 was issued to Michael W. Batke. The registry identification card expired on November 1, 2011.

A renewal application was received from Michael W. Batke on October 24, 2011, designating Robert E. Tuttle as his primary caregiver. The application was approved and Patient Registry Identification #P167097-121101 was issued. The patient's registry card expires November 1, 2012.

PAUL A. ALBARRAN, DOB 07/23/1992

A valid patient application was received from Paul A. Albarran on February 2, 2011. The application was approved on February 24, 2011 and Patient Registry Identification #P201909-120301 was issued to Paul A. Albarran.

A valid Change Form was received from Paul A. Albarran on August 15, 2011. The Change Form requested to Add/Change a caregiver and designated Robert E. Tuttle as the primary caregiver. The Change Form request was processed and registry identification cards were issued. A request to withdraw from the Medical Marijuana Registry Program was received from Paul A. Albarran on December 6, 2011. The request to withdraw was processed and notices were sent to Paul A. Albarran and his designated caregiver that their statuses were Inactive and their registry identification cards were Null and Void.

FRANK R. COLON, II, DOB 07/30/1985

A valid patient application was received from Frank R. Colon, II, on September 24, 2010. The application was approved on October 8, 2010 and Patient Registry Identification #P167095-111101 was issued. The registry identification card expired on November 1, 2011.

A valid Change Form was received from Frank R. Colon, II, on June 22, 2011. The Change Form requested to Add/Change a caregiver and designated Robert E. Tuttle as the primary caregiver. The Change Form request was processed and registry identification cards were issued.

A valid renewal application was received from Frank R. Colon, II, on September 30, 2011. The renewal was approved and Patient Registry Identification #P167095-121101 was issued to Frank R. Colon, II. The registry identification card expires on November 1, 2012.

Copies of the approval letters sent with the registry identification card(s) and the registry identification card(s) are not retained in the master file.

I certify that the attached documents are true copies taken from the master file maintained by the Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Professions, Medical Marijuana Program.

If you have any further questions, please contact me at 517-373-4992.

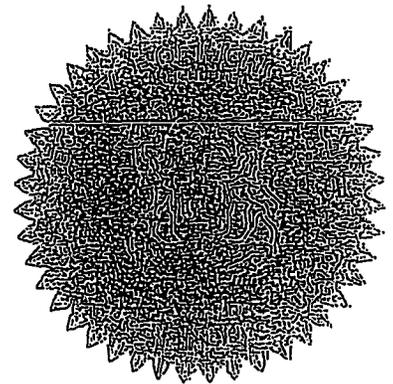
Regards,



Celeste Clarkson, Compliance Section Manager
Health Regulatory Division, Bureau of Health Professions
P.O. Box 30083
Lansing, Michigan 48909
Telephone: 517.373.4992

Attachments

cc: files



STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

THE PEOPLE OF THE STATE OF MICHIGAN,
Plaintiff,

VS.

ROBERT EDWARD TUTTLE
63-12-089475-01

Defendant(s),



Case No. CR 2012-241272-FH

FIRST AMENDED

General Information

Witness Lists

GENERAL INFORMATION

IN THE NAME AND BY AUTHORITY OF THE PEOPLE OF THE STATE OF MICHIGAN:
JESSICA R. COOPER, Prosecuting Attorney for the County of Oakland, who prosecutes for and on behalf of the People of the State of Michigan, appears before the Court and informs the Court that in Oakland County, Michigan, Defendant(s), on or about

CT. 1: JANUARY 18, 2012
CT. 2: JANUARY 21, 2012
CT. 3-7: JANUARY 23, 2012

COUNT 1 CONTROLLED SUBSTANCE - DELIVERY/MANUFACTURE MARIJUANA

did deliver the controlled substance marijuana; Contrary to the statute in such case made and provided and against the peace and dignity of the People of the State of Michigan. MCL 333.7401(2)(d)(iii); MSA 14.15(7401). [333.74012D3]. [Sentencing Guideline Category Controlled Substance F]

FELONY: 4 Years and/or \$20,000.00. Unless sentenced to more than 1 year in prison, the court shall impose license sanctions pursuant to MCL 333.7408a.

COUNT 2 CONTROLLED SUBSTANCE - DELIVERY/MANUFACTURE MARIJUANA

did deliver the controlled substance marijuana; Contrary to the statute in such case made and provided and against the peace and dignity of the People of the State of Michigan. MCL 333.7401(2)(d)(iii); MSA 14.15(7401). [333.74012D3]. [Sentencing Guideline Category Controlled Substance F]

FELONY: 4 Years and/or \$20,000.00. Unless sentenced to more than 1 year in prison, the court shall impose license sanctions pursuant to MCL 333.7408a.

COUNT 3 CONTROLLED SUBSTANCE - DELIVERY/MANUFACTURE MARIJUANA

did deliver the controlled substance marijuana; Contrary to the statute in such case made and provided and against the peace and dignity of the People of the State of Michigan. MCL 333.7401(2)(d)(iii); MSA 14.15(7401). [333.74012D3]. [Sentencing Guideline Category Controlled Substance F]

FELONY: 4 Years and/or \$20,000.00. Unless sentenced to more than 1 year in prison, the court shall impose license sanctions pursuant to MCL 333.7408a.

COUNT 4 CONTROLLED SUBSTANCE - DELIVERY/MANUFACTURE MARIJUANA

did possess with the intent to deliver the controlled substance marijuana; Contrary to the statute in such case made and provided and against the peace and dignity of the People of the State of Michigan. MCL 333.7401(2)(d)(iii); MSA 14.15(7401). [333.74012D3]. [Sentencing Guideline Category Controlled Substance F]

- 5 class
9 yr

FELONY: 4 Years and/or \$20,000.00. Unless sentenced to more than 1 year in prison, the court shall impose license sanctions pursuant to MCL 333.7408a.

COUNT 5 POSSESSION OF A FIREARM IN THE COMMISSION OF A FELONY

did carry or have in his possession a firearm, to-wit: a handgun and/or rifle, at the time he committed or attempted to commit a felony, to-wit: Controlled Substance – Delivery/Manufacture Marijuana; Contrary to the statute in such case made and provided and against the peace and dignity of the People of the State of Michigan. MCL 750.227b; MSA 28.424(2). [750.227B-A].

FELONY: 2 Years consecutively with and preceding any term of imprisonment imposed for the felony or attempted felony conviction.

COUNT 6 CONTROLLED SUBSTANCE – DELIVERY/MANUFACTURE 5-45 KILOGRAMS OF MARIJUANA

did manufacture 20 marijuana plants or more, but less than 200 plants; contrary to MCL 333.7401(2)(d)(ii). [333.74012D11]

This = 0 class
7 yr

COUNT 7 POSSESSION OF A FIREARM IN THE COMMISSION OF A FELONY

did carry or have in his possession a firearm, to-wit: a handgun and/or rifle, at the time he committed or attempted to commit a felony, to-wit: Controlled Substance – Delivery/Manufacture 5-45 Kilograms of Marijuana; Contrary to the statute in such case made and provided and against the peace and dignity of the People of the State of Michigan. MCL 750.227b; MSA 28.424(2). [750.227B-A].

FELONY: 2 Years consecutively with and preceding any term of imprisonment imposed for the felony or attempted felony conviction.

JESSICA R. COOPER
PROSECUTING ATTORNEY

By: _____
Assistant Prosecuting Attorney

WITNESS LIST PURSUANT TO MCL 767.40a(1)

Pursuant to MCL 767.40a(1), Defendant is hereby notified that the following are witnesses who might be called at trial and res gestae witnesses known to the Prosecuting Attorney or investigating law enforcement officers:

DET. M. PANKEY, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. S. HOWDEN, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. M. FERGUSON, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. S. RICHTER, C/O OAKLAND COUNTY SHERIFF'S DEPT.
OFC. BOWEN, C/O OAKLAND COUNTY SHERIFF'S DEPT.
SGT. JENNINGS, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. K. BEARER, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. H. WILSON, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. R. LUDD, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. J. DOTY, C/O OAKLAND COUNTY SHERIFF'S DEPT.
D/SGT. MILES, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DWAYNE LALONDE, C/O OAKLAND COUNTY SHERIFF'S DEPT.
TYLER BEAUCHAMP, C/O OAKLAND COUNTY SHERIFF'S DEPT.
TERI TUTTLE, C/O OAKLAND COUNTY SHERIFF'S DEPT.
REP. TO/FROM OCSO CRIME LAB, C/O OAKLAND COUNTY SHERIFF'S DEPT.
REP. OF OCSO CRIME LAB
(DT) RE: TOXICOLOGY REPORT

TRIAL WITNESS LIST PURSUANT TO MCL 767.40a(3)

Pursuant to MCL 767.40a(3), Defendant is hereby notified that the following are witnesses that at the time of filing the general information of Prosecuting Attorney intends to produce at trial in this cause:

DET. M. PANKEY, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. S. HOWDEN, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. M. FERGUSON, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. R. LUDD, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DET. J. DOTY, C/O OAKLAND COUNTY SHERIFF'S DEPT.
DWAYNE LALONDE, C/O OAKLAND COUNTY SHERIFF'S DEPT.
REP. OF OCSO CRIME LAB, RACHEL TOPACIO
(DT) RE: TOXICOLOGY REPORT #12-0050

Defendant is further notified hereby that the Prosecuting Attorney expressly reserves the right to add or delete witnesses he intends to call at trial, pursuant to MCL 767.40a(4)

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

PEOPLE OF THE STATE OF MICHIGAN,

Plaintiff,

Case No.: 2012-241272-FH

Hon.: Michael Warren

v.

ROBERT TUTTLE

Defendant.

SHANNON O'BRIEN
Assistant Prosecutor – Oakland County
1200 N. Telegraph Road
Pontiac, MI 48341
(248) 858-0656

DANIEL J. M. SCHOUMAN (P55958)
Attorney for Defendant
1060 E. West Maple
Walled Lake, MI 48390
(248) 669-9830

**BRIEF IN SUPPORT OF MOTION TO DISMISS AND REQUEST FOR
EVIDENTIARY HEARING PURSUANT TO SECTION 4 AND 8 OF THE
MICHIGAN MEDICAL MARIJUANA ACT**

NOW COMES the defendant, Robert Tuttle, by and through his attorneys, Schouman and Schiano, and for his Brief in Support of his Motion to Dismiss and Request for Evidentiary Hearing pursuant to the Michigan Medical Marijuana Act, MCL 333.26421 *et seq.* (the Act) states as follows:

Mr. Tuttle is charged with four counts of Manufacture/Delivery of Marijuana (MCL 333.7401(2)(d)(iii)); one count of Manufacture/Delivery 20 – 200 Marijuana Plants (MCL 333.7401(2)(d)(ii)); and 2 counts of Felony Firearm (MCL 750.227b). These charges were issued despite Mr. Tuttle being a medical marijuana patient and caregiver. (EXHIBIT A). As a patient and caregiver, Mr. Tuttle has broad immunity from this criminal prosecution pursuant to section 4 (MCL 333.26424) of the Act. Said immunity requires the immediate dismissal of at least counts IV and V of the First Amended Information. (EXHIBIT B).

With respect to the remaining counts, Mr. Tuttle is entitled to an affirmative defense and an evidentiary hearing pursuant to Section 8 (MCL 333.26428) of the Act. For the reasons more fully stated below and in accordance with the recent Supreme Court decision in *People v. Kolanek*, 142695, 142712, 142850 (MISC) (May 31, 2012) (EXHIBIT C) all of the remaining charges against the defendant should be dismissed at an evidentiary hearing because the defendant satisfies the requirements of Section 7 and 8 of the Act.

ARGUMENT

I. Counts IV And V Must Be Dismissed Under Section 4 Of The Act (MCL 333.26424).

Recently, Michigan's Supreme Court overruled the Court of Appeals with respect to the interpretation of the Act. In *People v. Kolanek*¹ the Court reaffirmed that Section 4 (MCL 333.26424) of the Act grants qualifying patients who hold registry identification cards broad immunity from criminal prosecution, civil penalties, and disciplinary actions. Section 4 provides in part:

A qualifying patient who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for the medical use of marihuana in accordance with this act, provided that the qualifying patient possesses an amount of marihuana that does not exceed 2.5 ounces of usable marihuana, and, if the qualifying patient has not specified that a primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility. Any incidental amount of seeds, stalks, and unusable roots shall also be allowed under state law and shall not be included in this amount.²

¹ *People v. Kolanek* is attached hereto as Exhibit C.

² MCL 333.26424(a).

Brief Supporting Motion to Dismiss

According to the certified records from the State of Michigan, Mr. Tuttle, at all relevant times hereto, was a qualified patient who had been issued and possessed a registry identification card. (EXHIBIT A). As such he is immune from prosecution with respect to counts IV, and V. Specifically, count IV, is a prosecution for the defendant allegedly having 38 grams of loose marijuana somewhere at or near his home in Waterford. (EXHIBIT D). The prosecution made this clear in her brief submitted to the district court judge which said:

The basis for the offense charged in count IV is that approximately 38 grams of loose marijuana seized from Defendant's home was possessed with an intent to deliver it to others. (EXHIBIT D).

Yet, as a patient and/or a caregiver, Mr. Tuttle is entitled under Section 4 to possess 2.5 ounces of loose marijuana. Moreover, as a caregiver, he can deliver up to 2.5 ounces at a time to his patients. Obviously, 38 grams is well shy of the 2.5 ounces that he was allowed to legally possess and/or deliver under Section 4 of the Act. As such, count IV must be dismissed.

Based on count IV, the prosecution added a felony firearm charge as count V.³ However, if the underlying felony count is dismissed, the felony firearm charge that is related thereto cannot survive. Thus, both counts IV and V should be dismissed pursuant to Section 4 of the Act.

³ There is also a second felony firearm charge that has been added as count VII. Said charge related to the growing of the marijuana plants. See Exhibit D where the prosecutor makes this clear. Thus, the count V felony firearm charge relates to the loose marijuana that is charged as count IV. Moreover, the count V felony firearm charge cannot relate to counts I-III as those occurred at the Meijer store in Waterford and no evidence of a gun being anywhere near the Meijer store was ever proffered.

II. The Remaining Counts Should Be Dismissed Following An Evidentiary Hearing pursuant to Section 8 of the Act, (MCL 333.26428).

Our Supreme Court's recent decision in *People v. Kolanek* has clarified the legislative intent of section 8 (MCL 333.26428) of the Act. The Court determined that said section provides an affirmative defense to charges involving marijuana for its medical use. In fact, it held that when section 4 defenses were not available, section 8 defenses were still available so long as the requirements of section 7 and 8 of the Act have been followed. Section 8 states in relevant part:

(a) Except as provided in [MCL 333.26427], a patient and a patient's primary caregiver, if any, may assert the medical purpose for using marihuana as a defense to any prosecution involving marihuana, and this defense shall be presumed valid where the evidence shows that:

(1) A physician has stated that, in the physician's professional opinion, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship, [30] the patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition;

(2) The patient and the patient's primary caregiver, if any, were collectively in possession of a quantity of marihuana that was not more than was reasonably necessary to ensure the uninterrupted availability of marihuana for the purpose of treating or alleviating the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition; and

(3) The patient and the patient's primary caregiver, if any, were engaged in the acquisition, possession, cultivation, manufacture, use, delivery, transfer, or transportation of marihuana or paraphernalia relating to the use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition.

(b) A person may assert the medical purpose for using marihuana in a motion to dismiss, and the charges shall be dismissed following an

evidentiary hearing where the person shows the elements listed in subsection (a).

In layman's terms, section 8 simply requires:

1. Your physician to make a determination that marijuana is beneficial for your debilitating medical condition. This usually occurs when a physician signs off on Michigan's approved form.
2. You to possess and/or grow an amount of marijuana that is reasonable to ensure all your patients have an uninterrupted supply to assist with their condition.
3. That the marijuana in question was to help patients with their condition.

Prior to the decision in *People v. Kolanek*, the patients or caregivers who were not in strict compliance with the requirements of section 4 of the Act were barred by many courts from asserting the Section 8 affirmative defense.

However, our Supreme Court has now made it clear that such decisions were contrary to the intent and plain language of the Act. In fact, the Supreme Court declared:

Accordingly, we hold that to establish the elements of the affirmative defense in § 8, a defendant need not establish the elements of § 4. Any defendant, regardless of registration status, who possesses more than 2.5 ounces of usable marijuana or 12 plants not kept in an enclosed, locked facility may satisfy the affirmative defense under § 8. As long as the defendant can establish the elements of the § 8 defense and none of the circumstances in § 7(b) exists, that defendant is entitled to the dismissal of criminal charges.

As such, our Supreme Court has determined that you do not have to register with the State of Michigan to be a patient or a caregiver. Nor, are you strictly limited to 2.5 ounces of usable marijuana or 12 plants per patient. In fact, the only additional requirement to assert a section 8 defense (besides compliance with said section) is to establish that the defendant was not violating the restrictions set forth in section 7 of the Act.

Section 7 (MCL 333.26427) makes sure that a patient or caregiver does not utilize marijuana if the person is going to be doing any of the following:

- (1) Undertake any task under the influence of marihuana, when doing so would constitute negligence or professional malpractice.
- (2) Possess marihuana, or otherwise engage in the medical use of marihuana:
 - (A) in a school bus; or
 - (B) on the grounds of any preschool or primary or secondary school;
 - (C) in any correctional facility.
- (3) Smoke marihuana:
 - (A) on any form of public transportation; or (B) in any public place.
- (4) Operate, navigate, or be in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of marihuana.
- (5) Use marihuana if that person does not have a serious or debilitating medical condition.⁴

In this case, the section 7 concerns are not present. First, the use of marijuana is not even at issue. So all of the restrictions pertaining to being under the influence of marijuana are absent. Second, the prosecution has no option but to admit that

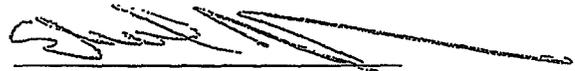
⁴ MCL 333.26427

there was no possession of marijuana on a school bus, or at school, or in a jail or prison. Accordingly, section 7 is not a bar to the affirmative defense set forth in section 8 of the Act.

As such, the facts of this case only need to satisfy the three prong test set forth in section 8. If the defendant establishes the three prongs, this case in its entirety must be dismissed. At an evidentiary hearing, the defense will establish that Mr. Tuttle distributed marijuana to an individual who was a medical marijuana patient. The defense will also establish that the marijuana plants in question were being grown for use by patients and only a reasonable amount of marijuana was being grown to keep the defendant's patients with an uninterrupted supply.

Wherefore, defendant, Robert Tuttle, respectfully requests that this honorable court dismiss counts IV and V and that it schedule an evidentiary hearing to determine if the remaining counts should be dismissed in accordance with section 8 of the Act.

Respectfully submitted,



Daniel J. M. Schouman
Attorney for Robert Tuttle

Dated: June 28, 2012

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF OAKLAND

PEOPLE OF THE STATE OF MICHIGAN,

Plaintiff,

Case No.: 2012-241272-FH

Hon.: Michael Warren

v.

ROBERT TUTTLE

Defendant.

SHANNON O'BRIEN
Assistant Prosecutor – Oakland County
1200 N. Telegraph Road
Pontiac, MI 48341
(248) 858-0656

DANIEL J. M. SCHOUMAN (P55958)
Attorney for Defendant
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SUPPLEMENTAL BRIEF IN SUPPORT OF MOTION TO DISMISS PURSUANT
TO SECTION 4 OF THE MICHIGAN MEDICAL MARIJUANA ACT

NOW COMES the defendant, Robert Tuttle, by and through his attorneys,
Schouman and Schiano, and for his Supplemental Brief in Support of his Motion to
Dismiss pursuant to the Michigan Medical Marijuana Act, MCL 333.26421 *et seq.* (the
Act) states as follows:

On July 11, 2012 defendant's motion to dismiss was argued. Per the Court's
request, this brief is to supplement defendant's position that Counts IV through VII of the
first amended information must be dismissed as a matter of law.¹

Counts IV through VII are based on the defendant allegedly possessing marijuana
and marijuana plants. Specifically, Count IV pertains to defendant allegedly possessing
38 grams of loose marijuana somewhere at or near his home in Waterford. Count V is a
felony firearm charge based on the 38 grams of loose marijuana. Count VI pertains to the

¹ The First Amended Information was attached to defendant's Brief as Exhibit B.

Supplemental Brief Supporting Dismissal

defendant allegedly growing 33 marijuana plants in his garage and shed. And Count VII is the felony firearm charge based on the marijuana plants.

Defendant relies on his uncontested status as a medical marijuana patient and caregiver in support of his position that Counts IV through VII must be dismissed as a matter of law. As a patient and a caregiver, the defendant is afforded broad immunity from criminal prosecution in accordance with Section 4 (MCL 333.26424) of the Act. In fact, based on his status as a caregiver and the amount of marijuana relating to Counts IV and VI, the defendant is presumed to have been engaged in the medical use of marijuana at the time his home was raided by the Oakland County Sheriff's Department.

The prosecution does not dispute that the defendant was in compliance with the technical requirements of section 4 of the Act with respect to Counts IV and VI of the amended Information (proper quantity of marijuana kept in an enclosed, locked facility). However, the prosecution argues that the presumption set forth in Section 4 of the Act (the marijuana was for medical purposes) is rebutted in accordance with Section 4(d)(2) (MCL 333.26424(d)(2) of the Act.

Section 4(d)(2) states:

The presumption may be rebutted by evidence that conduct related to marijuana was not for the purpose of alleviating the qualifying patient's debilitating medical condition or symptoms associated with the debilitating medical condition, in accordance with this act.

The prosecution relies on the alleged activity of the defendant with respect to Counts I through III as her basis for rebutting the presumption. In Counts I through III the defendant is alleged to have delivered marijuana to a confidential informant. However, at exam, the uncontested evidence established that the confidential informant was also a

medical marijuana patient. As such, the defendant allegedly delivered marijuana to another medical marijuana patient. Thus, the issue for the court to determine is whether or not delivery of marijuana from the defendant to a medical marijuana patient (who is not the defendant's patient) unequivocally rebuts the Section 4 presumption that the defendant was engaged in the medical use of marijuana.

To the best of this scrivener's knowledge, there is no case law on point with respect to this issue. However, the defendant believes that delivery of marijuana to a medical marijuana patient cannot as a matter of law rebut this presumption. The intent of the Act is to allow delivery of marijuana to medical marijuana patients and that is exactly what happened in Counts I through III. Therefore, the defendant contends that in order to rebut the presumption in this case, the prosecution would have to show that the defendant delivered the marijuana to an individual who was not a medical marijuana patient. As the prosecution cannot establish the same, Counts IV through VII should be dismissed as the presumption is not adequately rebutted.

Finally, the prosecutor argues that since the defendant was not in compliance with Section 4 of the Act with respect to Counts I through III then he cannot be afforded the protection of Section 4 of the Act with respect to Counts IV through VII. This argument overlooks the fact that each and every Count of the complaint is a separate and distinct charge that must be proven individually. Counts I through VII do not make up a singular criminal act. They are seven different allegations. Nowhere in the Act does it state that Section 4 defenses are inapplicable if a defendant must rely on Section 8 defenses for some of his pending counts. In fact, such a position is contrary to our Supreme Court's

Supplemental Brief Supporting Dismissal

ruling in *People v. Kolanek*² which held that Section 4 and 8 defenses are separate and distinct. As such, if the defendant was properly acting with respect to Counts IV through VII, said Counts must be dismissed regardless of his conduct in Counts I through III.

For the reasons set forth above and in defendant's motion and brief, together with the oral arguments already heard on this matter, the defendant respectfully requests that Counts IV through VII be dismissed.

Respectfully submitted,



Daniel J. M. Schouman
Attorney for Robert Tuttle

Dated: July 13, 2012

PROOF OF SERVICE
The undersigned certifies that the foregoing instrument was served on the parties to the above cause and to each of the attorneys of record herein at their respective addresses disclosed on the pleadings on 7-13-12
By: U.S. Mail FAX
 Hand Delivered Overnight Courier
 Certified Mail Other
Signature 

² The case is attached to defendant's brief in support of his motion as Exhibit C.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
RAE RAMSDELL
DIRECTOR

STEVEN H. HILFINGER
DIRECTOR

MEMORANDUM

TO: Licensed Medical Doctors and Osteopathic Physicians

FROM: Rae Ramsdell, Director *RR*
Bureau of Health Professions

DATE: January 13, 2012

SUBJECT: Certification for the Medical Use of Marijuana by Michigan Physicians – A Statement by the Michigan Board of Medicine and the Michigan Board of Osteopathic Medicine and Surgery

The Bureau of Health Professions in the Michigan Department of Licensing and Regulatory Affairs is responsible for the Michigan Medical Marijuana Program (MMMP) as a result of the Michigan Medical Marijuana ballot proposal that was passed by voters in November 2008.

Since the inception of the MMMP, there has been uncertainty among physicians and patients alike regarding what constitutes an established physician-patient relationship. In an effort to provide clarification, the Bureau of Health Professions formally requested that the Michigan Boards of Medicine and Osteopathic Medicine and Surgery provide written expectations defining what constitutes a bona fide physician-patient relationship.

Attached for your information is a document titled "Statement of the Board of Medicine and Board of Osteopathic Medicine and Surgery Regarding Certification for Medical Use of Marijuana by Michigan Physicians." While the standards of conduct contained in this document are the same standards that would be anticipated in any physician-patient relationship, the Boards of Medicine and Osteopathic Medicine and Surgery felt that their expectations needed to be clarified since Medical Marijuana physician certifications are quite different from other types of medical certifications a physician may routinely complete.

In addition to mailing this statement to all medical doctors and osteopathic physicians who hold Michigan licensure, it will also be posted on the Bureau of Health Professions' website at www.michigan.gov/healthlicense.

Please feel free to contact me at (517) 373-8068 with any concerns or questions you may have.

Attachment

**Statement of the Board of Medicine and Board of Osteopathic Medicine
and Surgery Regarding Certification for Medical Use of Marihuana
by Michigan Physicians**

The Bureau of Health Professions (BHP) located in the Department of Licensing and Regulatory Affairs is charged with protecting the health, safety and welfare of the people of Michigan. The BHP administers boards for each licensed health profession in Michigan. The boards are charged by statute with establishing standards for education and training, issuing licenses and identifying the standard of care that is expected of those regulated by the law.

In November 2008 the majority of the voters in Michigan approved the Michigan Medical Marihuana Act (MMA) by ballot initiative to protect persons with specific medical conditions from penalties under state law so that they may use marihuana for medical purposes without fear of prosecution. Marihuana remains a Schedule I controlled substance under federal law. The Department and the Boards of Medicine and Osteopathic Medicine and Surgery in Michigan have taken no position on the suitability of marihuana in the treatment of medical disorders.

The MMA is intended to apply to patients with complex, chronic, serious and debilitating medical conditions. It is expected that such patients would require careful and complete evaluation and regular follow-up. The Boards believe that they have an obligation to ensure that members of the public receive proper medical evaluation and advice meeting generally accepted standards of care when seeking certification for use of marihuana for medical purposes.

Both the Department and the Boards are troubled by reports and advertisements of physicians scheduling patient evaluations in clinically inappropriate or inadequate settings and/or within timeframes that do not enable a full and adequate medical assessment to be done. In some instances physicians have conducted certifying evaluations solely through Internet interactions, which are clearly inadequate and inappropriate for the examination of patients for certification for marihuana use. The Boards are concerned that in such instances the public may not be receiving an adequate level of evaluation and treatment as specified by the Public Health Code.

The MMA states:

A physician shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Michigan board of medicine, the Michigan board of osteopathic medicine and surgery, or any other business or occupational or professional licensing board or bureau, solely for providing written certifications, in the course of a bona fide physician-patient relationship and after the physician has completed a full assessment of the qualifying patient's medical history, or for otherwise

stating that, in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the serious or debilitating medical condition, provided that nothing shall prevent a professional licensing board from sanctioning a physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions. MCL 333.26424 (4)(f)

The standard of care that applies when certifying individuals as candidates for use of medical marijuana is the same as that expected in any other situation in which an individual is being evaluated for medical services. A special standard, higher or lower, is not called for in certifying patients for use of marijuana.

Experts in the field agree with this opinion. Among the advisory recommendations issued by the American Society of Addiction Medicine in September 2010 are the following statements:

Physicians... in the gatekeeping role have an obligation to help licensing authorities assure that physicians who choose to discuss the medical use of cannabis and cannabis-based products with patients:

Adhere to the established professional tenets of proper patient care including:

- History and good faith examination of the patient
- Development of a treatment plan with objectives
- Provision of informed consent, including discussion of risks, side effects and potential benefits
- Periodic review of the treatment's efficacy
- Consultation, as necessary; and
- Proper record keeping that supports the decision to recommend the use of cannabis

Have a bona fide physician-patient relationship with the patient, i.e., should have a pre-existing and ongoing relationship with the patient as a treating physician;

Ensure that the issuance of 'recommendations' is not a disproportionately large (or even exclusive) aspect of their practice;

Have adequate training in identifying substance abuse and addiction.

The Board of Medicine and the Board of Osteopathic Medicine and Surgery has adopted the following statement to clarify the standard of care applicable to the evaluation of an individual for the purpose of certification to use marihuana for any medical condition:

Generally accepted components of a full medical evaluation to determine suitability and appropriateness for recommending treatment of any kind, including certification for medical marihuana, include:

- a hands-on physician patient encounter
- full assessment and recording of patient's medical history
- relevant physical examination
- review of prior records of relevant examinations, treatments and treatment response including substance abuse history
- receipt and review of relevant diagnostic test results
- discussion of advantages, disadvantages, alternatives, potential adverse effects and expected response to treatment
- development of plan of care with state goals of therapy
- monitoring of the response to treatment and possible adverse effects
- creation and maintenance of patient records documenting the information above
- communication with patient's primary care physician when applicable

The Boards expect that these medical encounters would be completed at permanent locations that enable the patient to return for follow-up, consultation or assistance as needed.

A physician failing to meet generally accepted standards of practice when certifying a patient to use marihuana for a medical condition may be found to be practicing below the acceptable standard of care and therefore may be subject to disciplinary action.

PEOPLE OF THE STATE OF MICHIGAN, Plaintiff-Appellee,
v.
ARCHIE DARREL KIEL, Defendant-Appellant.
No. 301427
Court of Appeals of Michigan
July 17, 2012

UNPUBLISHED

Kalkaska Circuit Court LC No. 09-003161-FH

Before: Fitzgerald, P.J., and Wilder and Murray, JJ.

PER CURIAM.

Defendant appeals as of right from his jury trial conviction of manufacturing a controlled substance, MCL 333.7401(2)(d)(iii). Defendant was acquitted by the jury of one count of perjury in a court proceeding, MCL 750.422.^[1] Defendant was sentenced by the circuit court to serve five months in jail, with credit for two days served and 90 days to be suspended upon full payment of all court-ordered fees. Defendant was also ordered to pay a fine of \$5, 000, and his driver's license was suspended for a period of one year, with defendant eligible for a restricted license after 60 days. We reverse and remand for a new trial.

I

During a routine aerial surveillance, the Traverse Narcotics Team sighted several marijuana plants growing on defendant's property. Ground crews arrived at defendant's property and found 66 to 69^[2] plants growing in three separate locations: in the front yard, in the basement, and outside on a deck. After defendant produced medical marijuana cards for three people (himself, Heath Ehl, and Genevieve Geyer), the officers concluded that defendant was entitled as a medical marijuana caregiver to have only 36 plants. The officers seized approximately 30 plants, leaving 36 behind. Defendant was subsequently charged with manufacturing a controlled substance, MCL 333.7401(2)(d)(ii) (20-199 marijuana plants), but the jury convicted defendant of the lesser-included offense of manufacturing a controlled substance, MCL 333.7401(2)(d)(iii) (less than 20 plants).

In a pretrial motion, defendant sought dismissal of the marijuana charge based on the affirmative defenses located under § 4 and/or § 8 of the Michigan Medical Marijuana Act ("MMMA"), MCL 333.26421 *et seq.* After conducting an evidentiary hearing, the trial court denied defendant's motion to dismiss. The trial court found that defendant was a medical marijuana caregiver, that defendant had four^[3] patients at the time of the raid, that the statute permitted a caregiver to have 12 plants per patient, and that defendant exceeded the statutorily permitted amount of 48 plants by having 66 or 67 plants at the time of the raid. The trial court rejected defendant's claim that he was allowed to provide marijuana to a fifth patient, Dorothy Hublick, on the basis of its finding that defendant failed to prove that Hublick had filed an application with the Michigan Department of Community Health's Medical Marijuana Registry Program ("MMRP") before the raid.^[4] The trial court further held that the marijuana growing in defendant's front yard was not in a "secure" enclosure as required by § 4. Having found that defendant had more than the permissible amount of marijuana plants and that some of the marijuana was not in a secure facility, the trial court denied defendant's motion to dismiss.

II

Defendant first argues that under § 4, MCL 333.26424, and § 8, MCL 333.26428, of the MMMA he was entitled to present an affirmative defense as to all of the marijuana plants on his property. We disagree that defendant was entitled to assert a § 4 defense at trial, but we agree that he was entitled to assert a defense under § 8. We review questions of statutory interpretation de novo. *People v Feezel*, 486 Mich. 184, 205; 783 N.W.2d 67 (2010).

Section 4 of the MMMA provides, in relevant part, as follows:

(a) A qualifying patient who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for the medical use of marihuana in accordance with this act, provided that the qualifying patient possesses an amount of marihuana that does not exceed 2.5 ounces of usable marihuana, and, if the qualifying patient has not specified that a primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility. Any incidental amount of seeds, stalks, and unusable roots shall also be allowed under state law and shall not be included in this amount.

(b) A primary caregiver who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom he or she is connected through the department's registration process with the medical use of marihuana in accordance with this act, provided that the primary caregiver possesses an amount of marihuana that does not exceed:

(1) 2.5 ounces of usable marihuana for each qualifying patient to whom he or she is connected through the department's registration process; and

(2) for each registered qualifying patient who has specified that the primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility; and

(3) any incidental amount of seeds, stalks, and unusable roots.

(d) There shall be a presumption that a qualifying patient or primary caregiver is engaged in the medical use of marihuana in accordance with this act if the qualifying patient or primary caregiver:

(1) is in possession of a registry identification card; and

(2) is in possession of an amount of marihuana that does not exceed the amount allowed under this act. The presumption may be rebutted by evidence that conduct related to marihuana was not for the purpose of alleviating the qualifying patient's debilitating medical condition or symptoms associated with the debilitating medical condition, in accordance with this act. [MCL 333.26424.]

Section 8 of the MMMA provides, in pertinent part, as follows:

(a) Except as provided in section 7, a patient and a patient's primary caregiver, if any, may assert the medical purpose for using marihuana as a defense to any prosecution involving marihuana, and this defense shall be presumed valid where the evidence shows that:

(1) A physician has stated that, in the physician's professional opinion, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship, the patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition;

(2) The patient and the patient's primary caregiver, if any, were collectively in possession of a quantity of marihuana that was not more than was reasonably necessary to ensure the uninterrupted availability of marihuana for the purpose of treating or alleviating the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition; and

(3) The patient and the patient's primary caregiver, if any, were engaged in the acquisition, possession, cultivation, manufacture, use, delivery, transfer, or transportation of marihuana or paraphernalia relating to the use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition.

(b) A person may assert the medical purpose for using marihuana in a motion to dismiss, and the charges shall be dismissed following an evidentiary hearing where the person shows the elements listed in subsection (a).

(c) If a patient or a patient's primary caregiver demonstrates the patient's medical purpose for using marihuana pursuant to this section, the patient and the patient's primary caregiver shall not be subject to the following for the patient's medical use of marihuana:

(1) disciplinary action by a business or occupational or professional licensing board or bureau; or

(2) forfeiture of any interest in or right to property. [MCL 333.26428.]

Our Supreme Court has recently clarified the interaction between the § 4 and the § 8 defenses. Before the Supreme Court's decision in *People v Kolanek*, ___ Mich. __; ___ N.W.2d ___ (Docket No. 142695, decided May 31, 2012), our Court had issued conflicting opinions regarding the interplay between § 4 and § 8. In *People v King*, 291 Mich.App. 503; 804 N.W.2d 911 (2011) rev'd *Kolanek*, Mich., this Court stated that a defendant must meet the requirements of § 4 in order to invoke a § 8 defense. This was counter to this Court's earlier pronouncement in *People v Redden*, 290 Mich.App. 65; 799 N.W.2d 184 (2010), where this Court stated that § 4 and § 8 were completely separate, such that one need not meet the requirements of § 4 in order to assert a § 8 defense. The Supreme Court in *Kolanek* resolved this conflict when it affirmed the view held by the *Redden* Court that "to establish the elements of the affirmative defense in § 8, a defendant need not establish the elements of § 4." *Kolanek*, ___ Mich. at ___ (slip op at 19). The Supreme Court explained that

[t]he stricter requirements of § 4 are intended to encourage patients to register with the state and comply with the act in order to avoid arrest and the initiation of charges and obtain protection for other rights and privileges. If registered patients choose not to abide by the stricter requirements of § 4, they will not be able to claim this broad immunity, but will be forced to assert the affirmative defense under § 8, just like unregistered patients. [*Id.* (slip op at 19), citing *Redden*, 290 Mich.App. at 81.]

The *Kolanek* Court further explained that a § 8 defense must be asserted in a pretrial motion. *Kolanek*, ___ Mich. at ___ (slip op at 27).

Thus, if a defendant raises a § 8 defense, there are no material questions of fact, and the defendant shows the elements listed in subsection (a), then the defendant is entitled to dismissal of the charges following the evidentiary hearing. Alternatively, if a defendant establishes a prima facie case for this affirmative defense by presenting evidence on all the elements listed in subsection (a) but material questions of fact exist, then dismissal of the charges is not appropriate and the defense must be submitted to the jury. . . . Finally, if there are no material questions of fact and the defendant has not shown the elements listed in subsection (a), the defendant is not entitled to dismissal of the charges and the

defendant cannot assert § 8(a) as a defense at trial. [*Id.* (slip op at 28-29) (quotations and footnote omitted).]

In the instant case, the trial court correctly concluded that defendant failed to establish the requirements under § 4. Subsection (b)(2) permits a caregiver to have no more than 12 plants "for each *registered* qualifying patient." Defendant admitted that he only had his, Geyer's and Ehl's cards at the time of the raid. Thus, defendant could only have possessed 36 plants in order to successfully assert a § 4 defense. Defendant argued at the hearing that pursuant to § 9 of the MMMA, two other patients (Dusty Kiel and Hublick) should have counted as registered qualified patients as well. We disagree. Section 9 of the MMMA provides that

[I]f the department fails to issue a valid registry identification card in response to a valid application or renewal submitted pursuant to this act within 20 days of its submission, the registry identification card shall be deemed granted, and a copy of the registry identification application or renewal shall be deemed a valid registry identification card.

Because the evidence shows that Dusty's ID was issued on September 8, 2009, and Hublick's ID was issued on September 28, 2009 (in other words, *after* the raid), in order for Dusty and Hublick to have been registered qualified patients at the time of the August 13, 2009, raid, they must have submitted their applications 20 days prior to the raid, or by July 24, 2009. The evidence fails to establish that either Dusty or Hublick applied by this date.

Dusty testified at the hearing that he could not recall exactly when he submitted his application to the state but thought it might have been "somewhere in the end of July." He also admitted that he did not have a copy of his registry identification application. There was no evidence introduced at the hearing regarding when Hublick submitted her application to the state.^[5] As a result, defendant was only able to establish that he was a caregiver for three registered qualified patients as of August 13, 2009, and defendant's possession of 66 or 67 plants exceeded the § 4 allotted amount of 36. Thus, the trial court correctly determined that defendant could not invoke the § 4 affirmative defense.^[6]

Even though defendant was not permitted to assert a § 4 affirmative defense, under *Kolanek*, a defendant's ability to assert a § 8 defense is not dependent upon meeting the requirements under § 4. *Kolanek*, ___ Mich. at ___ (slip op at 19). Applying *Kolanek* here, then, we conclude from our review of the record that defendant established a prima facie case for a § 8 defense and that there were questions of fact regarding that defense, such that while defendant was not entitled to dismissal, he was entitled to raise the § 8 defense at trial. *Id.* (slip op at 28-29).

The elements to be established in a § 8 defense are as follows:

- (1) "[a] physician has stated that, in the physician's professional opinion, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana, "
- (2) the defendant did not possess an amount of marijuana that was more than "reasonably necessary for this purpose" and
- (3) the defendant's use was "to treat or alleviate the patient's serious or debilitating medical condition or symptoms" [*Id.* (slip op at 33).]

At the evidentiary hearing, defendant testified that he was not only a medical marijuana user, but he was also a medical marijuana caregiver for himself, plus four other people. To support his testimony regarding the first element and third element, he offered into evidence various medical marijuana IDs of himself, Hublick, Geyer, Ehl, and his son, Dusty. Defendant also submitted two caregiver attestations, one each for Hublick and Dusty that were each dated July 24, 2009. The fact that these individuals were registered with the state as medical marijuana users is prima facie evidence of the first and third elements. However, because Dusty and Hublick were registered after the date of the raid, there remains a question of fact for resolution by a jury as to whether they were "patients" as of the time of the raid. Furthermore, there is a question of fact regarding whether the amount that defendant possessed was "more than reasonably necessary" to support whomever he was providing marijuana. Therefore, the trial court appropriately denied defendant's motion to dismiss, but defendant was entitled to present an affirmative defense based on § 8. *Id.* (slip op at 28-29).

III

Next, defendant argues that the trial court erred by refusing to read a proposed jury instruction offered by defense counsel. We agree.

Claims of instructional error are reviewed de novo. *People v Kowalski*, 489 Mich. 488, 501; 802 N.W.2d 608 (2011). Generally, jury instructions must fairly present the issues to be tried and sufficiently protect a defendant's rights. *People v Aldrich*, 246 Mich.App. 101, 124; 631 N.W.2d 67 (2005). "The instructions must include all elements of the charged offenses and any material issues, defenses, and theories if supported by the evidence." *People v McGhee*, 268 Mich.App. 600, 606; 709 N.W.2d 595 (2005).

The trial court gave the following jury instruction regarding the MMMA affirmative defense:

Now, we have a state statute regarding the medical use of marijuana which provides as follows: A qualifying patient or caregiver may assert the medical purpose for using or manufacturing marijuana as a defense to any prosecution involving marijuana. And this defense shall be presumed valid where the evidence shows that the statute provides that there shall be a presumption that a qualifying patient or caregiver is engaged in the medical use of marijuana in accordance with this act if the qualifying patient or caregiver, one, is in possession of a registry identification card, and two, is in possession of an amount of marijuana that does not exceed the amount allowed under this act.

Now, the presumption may be rebutted by evidence that conduct related to marijuana was not for the purpose of alleviating the qualifying patient's debilitating medical condition or symptoms associated with the debilitating medical condition in accordance with this act.

A qualifying patient or caregiver who has been issued and possesses a registry identification card shall not be subject to prosecution for the medical use of marijuana and 12 marijuana plants kept in an enclosed locked facility. . . .

While this instruction matches the requirements under § 4, the trial court erred in giving this instruction to the jury because, as discussed, *supra*, defendant was entitled to assert a § 8 affirmative defense at trial.

IV

As clarified by our Supreme Court, § 4 applies only to *registered* qualifying patients, while § 8 provides an affirmative defense to "patients" generally. *Kolonek*, Mich. at (slip op at 19). Because the jury was not properly instructed concerning the applicable affirmative defense, defendant is entitled to a new trial. Having concluded that the instructional error warrants reversal, we decline to address defendant's remaining claim of error.

Reversed and remanded for a new trial. We do not retain jurisdiction.

Notes:

[1] The perjury charge arose out of defendant's testimony at a pretrial evidentiary hearing.

[2] At the pretrial hearing, the stated quantity was 66 or 67 plants, but at trial, one of the detectives testified that there were 69 plants present.

[3] In addition to the three people defendant had medical marijuana cards for, the trial court also determined that defendant could supply marijuana to Dusty Kiel, defendant's son.

[4] While defendant acknowledged that even with a fifth patient, under § 4 of the MMMA, he would only be allowed to have 60 plants, he also asserted that many of his 66 or 67 plants were "unrooted" and, therefore, did not qualify as "plants" under the MMMA. Thus, defendant claims that counting only "rooted" plants, he had less than what he asserts is the allowable number of 60 plants.

[5] We note that since copies of the actual applications submitted by Dusty and Hublick were not admitted as evidence, it is mere speculation that the applications were timely submitted in this case, or that Dusty and Hublick actually specified defendant as their primary caregiver. Moreover, the § 9 presumption applies only for "valid" applications. Thus, in order to make a prima facie case regarding this presumption, there must be evidence that the patient's application was not rejected during this 20-day period. This evidence can only come from the patient who, unlike the proposed caregiver, is the only person who would be notified of defects in the application.

[6] We further note that even if defendant is correct and only "rooted" plants should be counted for purposes of § 4, defendant still possessed in excess of the permitted 36 plants. Defendant claimed that he had 21 "unrooted" plants, so he had either 45 or 46 "rooted" plants.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

DIRECTOR'S OFFICE

MICHIGAN MEDICAL MARIHUANA

(By authority conferred on the director of the department of licensing and regulatory affairs by section 5 of initiated law 1 of 2008, MCL 333.26425 and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1 and 2011-4, MCL 330.3101, MCL 445.2001, MCL 445.2011 and 445.2030)

R 333.101 Definitions.

Rule 1. As used in these rules:

(1) "Act" means the Michigan medical marihuana act, Initiated Law 1 of 2008, MCL 333.26421 to 333.26430.

(2) "Applicant" means a qualifying patient applying for a medical marihuana registry identification card on a form provided by the department of licensing and regulatory affairs.

(3) "Code" means 1978 PA 368, MCL 333.1101 to 333.25211.

(4) "Conviction" or "convicted" means a criminal conviction of an offense by a guilty verdict from a judge or jury, plea of guilty, or plea of no contest.

(5) "Debilitating medical condition" means 1 or more of the following:

(a) Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail patella, or the treatment of these conditions.

(b) A chronic or debilitating disease or medical condition or its treatment that produces, for a specific patient, 1 or more of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including but not limited to those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.

(c) Any other medical condition or treatment for a medical condition approved by the department pursuant to a petition submitted under R 333.133.

(6) "Department" means the department of licensing and regulatory affairs.

(7) "Enclosed, locked facility" means a closet, room, or other comparable, stationary, and fully enclosed area equipped with secured locks or other

functioning security devices that permit access only by a registered primary caregiver or registered qualifying patient. Marihuana plants grown outdoors are considered to be in an enclosed, locked facility if they are not visible to the unaided eye from an adjacent property when viewed by an individual at ground level or from a permanent structure and are grown within a stationary structure that is enclosed on all sides, except for the base, by chain-link fencing, wooden slats, or a similar material that prevents access by the general public and that is anchored, attached, or affixed to the ground; located on land that is owned, leased, or rented by either the registered qualifying patient or a person designated through the departmental registration process as the primary caregiver for the registered qualifying patient or patients for whom the marihuana plants are grown; and

equipped with functioning locks or other security devices that restrict access to only the registered qualifying patient or the registered primary caregiver who owns, leases, or rents the property on which the structure is located. Enclosed, locked facility includes a motor vehicle if both of the following conditions are met:

(a) The vehicle is being used temporarily to transport living marihuana plants from 1 location to another with the intent to permanently retain those plants at the second location.

(b) An individual is not inside the vehicle unless he or she is either the registered qualifying patient to whom the living marihuana plants belong or the individual designated through the departmental registration process as the primary caregiver for the registered qualifying patient.

(8) "Marihuana" means that term as defined in section 7106 of the code.

(9) "Medicaid health plan" means the medical assistance program managed by the department.

(10) "Medical use" means the acquisition, possession, cultivation, manufacture, use, internal possession, delivery, transfer, or transportation of marihuana or paraphernalia relating to the administration of marihuana to treat or alleviate a registered qualifying patient's debilitating medical condition or symptoms associated with the debilitating medical condition.

(11) "Paraphernalia" means any item defined as "drug paraphernalia" pursuant to section 7451 of the code.

(12) "Parent or legal guardian" means the custodial parent or legal guardian with responsibility for health care decisions for a qualifying patient who is under 18 years of age.

(13) "Petition" means a written request for the department to add new medical conditions or treatments to the list of debilitating medical conditions under R 333.101(5).

(14) "Physician" means an individual licensed as a physician under part 170 or 175 of the code. For purposes of the act, neither a physician assistant nor a nurse practitioner is authorized to sign the statement attesting to the patient's debilitating medical condition.

(15) "Primary caregiver" or "caregiver" means a person who is at least 21 years old and who has agreed to assist with a patient's medical use of marihuana and who has not been convicted of any felony within the past 10 years and has never been convicted of a felony involving illegal drugs or a felony that is an assaultive crime as defined in section 9a of chapter X of the code of criminal procedure, 1927 PA 175, MCL 770.9a.

(16) "Public place" means a place open to the public.

(17) "Qualifying patient" or "patient" means a person who has been diagnosed by a physician as having a debilitating medical condition.

(18) "Registry identification card" means a document issued by the department that identifies a person as a registered qualifying patient or registered primary caregiver.

(19) "Supplemental Security Income" means the monthly benefit assistance program administered by the federal government for persons who are age 65 or older, or blind, or disabled and who have limited income and financial resources.

(20) "Usable marihuana" means the dried leaves and flowers of the marihuana plant, and any mixture or preparation thereof, but does not include the seeds, stalks, and roots of the plant.

(21) "Visiting qualifying patient" means a patient who is not a resident of this state or who has been a resident of this state for less than 30 days.

(22) "Written certification" means a document signed by a physician stating all of the following:

(a) The patient's debilitating medical condition.

(b) The physician has completed a full assessment of the patient's medical history and current medical condition, including a relevant, in-person, medical evaluation.

(c) In the physician's professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition.

(23) Terms defined in the act have the same meanings when used in these rules.

History: 2009 AACCS; 2013 AACCS.

R 333.103 New registration application; qualifying patient and primary caregiver.

Rule 3. A qualifying patient applying for a registry identification card shall comply with all of the following:

(a) Submit a completed application on a form provided by the department, together with the requisite fee. The completed application shall include all of the following:

(i) Name, address, and date of birth of the qualifying patient. The address for the qualifying patient shall be a physical address located in this state. A qualifying patient who is homeless shall not be required to provide a physical address.

(ii) Name, address, and telephone number of the qualifying patient's physician.

(iii) The name, address, and date of birth of the patient's primary caregiver, if applicable. A qualifying patient may designate 1 primary caregiver to assist with his or her medical use of marihuana.

(iv) A designation of whether the qualifying patient or the patient's primary caregiver, if applicable, will be allowed to possess marihuana plants for the qualifying patient's medical use.

(v) An attestation by the primary caregiver named on the application that he or she agrees to serve as the patient's primary caregiver.

(vi) A primary caregiver shall authorize the department to use the information provided on the application to secure his or her criminal conviction history to determine if he or she has been convicted of any of the following:

(A) Any felony within the past 10 years.

(B) A felony involving illegal drugs

(C) A felony that is an assaultive crime as defined in section 9a of chapter X of the code of criminal procedure, 1927 PA 175, MCL 770.9a.

(b) Submit proof of Michigan residency. For the purposes of this subdivision, an applicant shall be considered to have proved legal residency in this state if he or she provides the department with either of the following:

(i) A copy of a valid, lawfully obtained Michigan driver license issued under the Michigan vehicle code, 1949 PA 300, MCL 257.1 to 257.923, or an official state personal identification card issued under 1972 PA 222, MCL 28.291 to 28.300.

- (ii) A copy of a valid Michigan voter registration.
- (c) Submit photographic identification of both the qualifying patient and the patient's primary caregiver, if applicable. If the qualifying patient is under the age of 18 and does not have photographic identification, no photographic identification is required. Photocopies of the following shall be considered acceptable forms of identification:
 - (i) Current driver's license or identification card, with photo, issued by a state.
 - (ii) Identification card with photo issued by a federal, state, or government agency.
 - (iii) Current military identification card.
 - (iv) Current passport.
 - (v) Current student identification card with photo.
 - (vi) Native American tribal identification with photo
 - (vii) Permanent resident card or alien registration receipt card.
- (d) Submit a written certification, as defined in R 333.101(22), signed by a licensed physician. If the qualifying patient is under the age of 18, written certifications from 2 physicians are required.
- (e) If the qualifying patient is under the age of 18, submit a declaration of person responsible form.

History: 2009 AACS; 2013 AACS.

R 333.105 Declaration of person responsible form.

Rule 5. A declaration of person responsible form is required for any qualifying patient who is under the age of 18. The form shall include all of the following:

- (a) A statement that the qualifying patient's physician has explained to the patient and the patient's parent or legal guardian the potential risks and benefits of the medical use of marihuana.
- (b) Consent of the qualifying patient's parent or legal guardian to allow the qualifying patient's medical use of marihuana.
- (c) Consent of the qualifying patient's parent or legal guardian to serve as the patient's primary caregiver and to control the acquisition, dosage, and frequency of use of the marihuana by the patient.

History: 2009 AACS.

R 333.107 Incomplete application.

Rule 7. If an applicant fails to provide the information required under R 333.103 or R 333.105, as applicable, the application shall be denied. The department shall notify the applicant of the information that is missing in the event the applicant wishes to reapply. An applicant may reapply at any time.

History: 2009 AACS.

R 333.109 Verification of information.

Rule 9. The department shall verify the information contained in an application and the accompanying documentation, which may include, but is not limited to, the following:

(a) Contacting each applicant by telephone or by mail. If proof of identity cannot be determined with reasonable reliability, the department may require the production of additional identification materials.

(b) Contacting the parent or legal guardian of a qualifying patient who is under the age of 18.

(c) Verifying that a physician is licensed to practice in the state.

(d) Contacting the certifying physician directly to confirm the validity of the written certification.

History: 2009 AACCS.

R 333.111 Fees; reduced fees; renewal.

Rule 11. (1) The fee for a new or renewal application is \$100.00, unless a qualifying patient can demonstrate his or her current enrollment in the Medicaid health plan or receipt of current Supplemental Security Income benefits, in which case the application fee is \$25.00. To qualify for a reduced fee, an applicant shall satisfy either of the following requirements:

(a) Submit a copy of the qualifying patient's current Medicaid health plan enrollment statement.

(b) Submit a copy of the qualifying patient's current monthly Supplemental Security Income benefit card, showing dates of coverage.

(2) The department shall deny the application of a qualifying patient who submits a reduced fee for which he or she is not eligible and shall notify the qualifying patient of the application denial. A qualifying patient may resubmit the correct fee with his or her qualifying documentation at any time.

(3) The fee for a revised or duplicate copy of the registration identification card for the qualifying patient or the primary caregiver is \$10.00. If a duplicate card is requested, the qualifying patient or primary caregiver shall submit to the department the fee with a statement attesting to the loss or destruction of the card.

History: 2009 AACCS.

R 333.113 Registration approval; denial.

Rule 13. (1) Pursuant to section 6(c) of the act, the department shall approve or deny an application within 15 business days of receiving a completed application and the requisite fee.

(2) If an application is approved, within 5 business days of approving the application, the department shall issue a registry identification card to the registered qualifying patient and the registered primary caregiver, if applicable. The registry identification card shall include all of the following:

(a) The name, address, and date of birth of the registered qualifying patient.

(b) If the registered qualifying patient has designated a primary caregiver, the name, address, and date of birth of the registered primary caregiver.

(c) The issue date and expiration date of the registry identification card.

(d) A random identification number.

(e) A clear designation showing whether the registered primary caregiver or the registered qualifying patient will be authorized to possess marijuana plants for the registered qualifying patient's medical use. The designation shall be determined based solely on the registered qualifying patient's preference.

(3) When a registered qualifying patient has designated a primary caregiver, the department shall issue a registry identification card to the registered primary caregiver. The registered primary caregiver's registry identification card shall contain the information specified in subrule (2) of this rule.

(4) The department shall deny an application for any of the following:

(a) The applicant did not provide the physician's written certification.

(b) The department determines that any information provided by the applicant was falsified.

(c) An applicant fails to provide a physical address located in this state. This subdivision shall not apply if the applicant is homeless.

(d) The applicant failed to meet the requirements of R 333.107.

(5) If the department denies an application, the department shall mail the applicant a denial letter within 15 business days of receipt of the completed application. The denial letter shall be sent by certified mail to the address listed on the application form and shall state the reasons for denial and when the applicant may reapply.

(6) Denial of a registry identification card shall be considered a final department action, subject to judicial review.

History: 2009 AACCS; 2013 AACCS.

Rule 333.115 Primary caregiver; number of qualified patients; compensation.

Rule 15. (1) The department shall issue a registry identification card to the primary caregiver, if any, who is named in a qualifying patient's approved application. A registered primary caregiver may assist not more than 5 qualifying patients with their medical use of marijuana.

(2) A registered primary caregiver may receive compensation for costs associated with assisting a registered qualifying patient in the medical use of marijuana. Any such compensation shall not constitute the sale of a controlled substance.

History: 2009 AACCS.

R 333.117 Biennial renewal; expiration of registry identification card; fee.

Rule 17. (1) Pursuant to section 6 (e) of the act, MCL 333.26426(e), a registry identification card shall be renewed on a biennial basis to maintain active status as a registered qualifying patient or a registered primary caregiver.

(2) A registry identification card shall expire on the first day of the month 2 years following issuance of the card.

(3) An applicant for renewal of a registry identification card shall submit an application and information as provided in R 333.103.

(4) If an applicant fails to comply with subrules (1) and (3) of this rule by the expiration date on the registry identification card, the registry identification card shall be considered null and void and of no further effect. The applicant may submit a new application to the department.

(5) The department shall verify the renewal application information in the same manner as specified in R 333.109.

History: 2009 AACCS; 2013 AACCS.

R 333.119 Changes in status; notifications; requirements.

Rule 19. (1) In order to update registry information for a qualifying patient or primary caregiver, the registered qualifying patient, registered primary caregiver, or registered qualifying patient's parent or legal guardian, as applicable, is responsible for notifying the department of a change in any of the following:

- (a) The registered qualifying patient's name.
- (b) The registered qualifying patient's address.
- (c) The registered qualifying patient's primary caregiver.
- (d) The registered qualifying patient's legal guardian.

(2) The department may notify a registered primary caregiver by certified mail at the address of record within 14 days of any changes in status including, but not limited to, both of the following:

(a) The registered qualifying patient's termination of the individual's status as primary caregiver or designation of another individual as the registered primary caregiver.

(b) The end of eligibility for the registered qualifying patient to hold a registry identification card.

(3) If the department is notified by a registered qualifying patient that the registered primary caregiver for the patient has changed, the department may notify the initial primary caregiver by certified mail at the address of record that the caregiver's registry identification card is null and void and of no effect.

(4) If a registered qualifying patient's certifying physician notifies the department in writing that the patient has ceased to suffer from a debilitating medical condition, the department shall notify the patient within 14 days of receipt of the written notification that the patient's registry identification card is null and void and of no effect.

History: 2009 AACCS.

R 333.121 Confidentiality.

Rule 21. (1) Except as provided in subrules (2) and (3) of this rule, Michigan medical marihuana program information shall be confidential and not subject to disclosure in any form or manner. Program information includes, but is not limited to, all of the following:

- (a) Applications and supporting information submitted by qualifying patients.
- (b) Information related to a qualifying patient's primary caregiver.
- (c) Names and other identifying information of registry identification cardholders.
- (d) Names and other identifying information of pending applicants and their primary caregivers.

(2) Names and other identifying information made confidential under subrule (1) of this rule may only be accessed or released to authorized employees or contractors of the department as necessary to perform official duties of the department pursuant to the act, including the production of any reports of non-identifying aggregate data or statistics.

(3) The department shall verify upon a request by law enforcement personnel whether a registry identification card is valid, without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card.

(4) The department may release information to other persons only upon receipt of a properly executed release of information signed by all individuals with legal authority to waive confidentiality regarding that information, whether a registered qualifying patient, a qualifying patient's parent or legal guardian, or a qualifying patient's registered primary caregiver. The release of information shall specify what information the department is authorized to release and to whom.

(5) Violation of these confidentiality rules may subject an individual to the penalties provided for under section 6(h)(4) of the act.

History: 2009 AACCS; 2013 AACCS.

Rule 333.123 Complaints.

Rule 23. The department shall refer criminal complaints against a registered qualifying patient or registered primary caregiver to the appropriate state or local authorities.

History: 2009 AACCS.

R 333.125 Revocation; nullification.

Rule 25. (1) A registered qualifying patient or registered primary caregiver who has been convicted of selling marihuana to someone who is not allowed to use marihuana for medical purposes under the act, shall have his or her registry identification card revoked and may be found guilty of a felony punishable by imprisonment for not more than 2 years or a fine of not more than \$2,000.00, or both, in addition to any other penalties for the distribution of marihuana.

(2) A registry identification card that is later determined to be based on fraudulent information is null and void and of no effect.

(3) Any person who has been convicted of any felony within the past 10 years, a felony involving illegal drugs, or a felony that is an assaultive crime as defined in section 9a of chapter X of the code of criminal procedure, 1927 PA 175, MCL 770.9a shall not serve as a qualifying patient's primary caregiver under the act.

(4) The department shall send written notice by certified mail to a registered qualifying patient or the patient's registered primary caregiver of either of the following:

- (a) An intent to revoke or nullify a registry identification card.
- (b) That a primary caregiver no longer qualifies for approval under the act based on the caregiver's conviction of a felony specified in subrule (3) of this rule.
- (5) The notice referenced in subrule (4) of this rule shall include the right to request a contested case hearing. If the request for hearing is not filed with the department within 21 days from the date the notice was mailed by the department, the right to request a contested case hearing shall be waived.

History: 2009 AACCS; 2013 AACCS.

R 333.127 Management of medical marihuana.

Rule 27. (1) A qualifying patient who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for the medical use of marihuana in accordance with the act, if the qualifying patient possesses an amount of marihuana that does not exceed the following:

- (a) Two and one-half (2.5) ounces of usable marihuana.
- (b) If the qualifying patient has not specified that a primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility.
- (c) Any incidental amount of seeds, stalks, and unusable roots.

(2) A primary caregiver who has been issued and possesses a registry identification card shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau, for assisting a qualifying patient to whom he or she is connected through the department's registration process with the medical use of marihuana in accordance with the act, if the primary caregiver possesses an amount of marihuana that does not exceed the following:

- (a) Two and one-half (2.5) ounces of usable marihuana for each registered qualifying patient to whom he or she is connected through the department's registration process.
- (b) For each registered qualifying patient who has specified that the primary caregiver will be allowed under state law to cultivate marihuana for the qualifying patient, 12 marihuana plants kept in an enclosed, locked facility.
- (c) Any incidental amount of seeds, stalks, and unusable roots.

(3) An individual may simultaneously be registered as a qualifying patient and as a primary caregiver.

(4) The privilege from arrest under subrule (1) of this rule applies only if the qualifying patient presents both his or her registry identification card and a valid driver license or government-issued identification card that bears a photographic image of the qualifying patient.

(5) The privilege from arrest under subrule (2) of this rule applies only if the primary caregiver presents both his or her registry identification card and a valid driver license or government-issued identification card that bears a photographic image of the primary caregiver.

History: 2009 AACCS; 2013 AACCS.

Rule 333.131 Review panel for reviewing petitions for additional medical conditions or treatments.

Rule 31. (1) The department shall appoint a panel of not more than 15 members to review petitions to add medical conditions or treatments to the list of debilitating medical conditions under R 333.101 (5). A majority of the panel members shall be licensed physicians, and the panel shall provide recommendations to the department regarding whether the petitions should be approved or denied.

(2) Members of the review panel shall include, but not be limited to, the Michigan chief medical executive and 7 appointed members of the advisory committee on pain and symptom management as described in MCL 333.16204a. The 7 review panel members from the advisory committee on pain and symptom management shall include 4 licensed physicians and 3 non-physicians.

(3) The department shall provide staff support to the review panel to assist with the scheduling of meetings, conference calls, dissemination of petition-related materials, and to perform other administrative duties related to the performance of the panel's review.

(4) A quorum of the review panel shall concur with the recommendation in order to be considered an official recommendation of the panel. For the purposes of this subrule, a majority of the members appointed and serving on the review panel constitutes a quorum.

History: 2009 AACCS.

Rule 333.133 Petition to add qualifying diseases or medical conditions; review panel; recommendations.

Rule 33. (1) The department shall accept a written petition from any person requesting that a particular medical condition or treatment be included in the list of debilitating medical conditions under R 333.101.

(2) The department shall submit the written petition to the review panel. Within 60 days of receipt of the petition, the panel shall make a recommendation to the department regarding approval or denial of the petition.

(3) Upon receipt of a recommendation from the review panel, the department shall do all of the following:

(a) Post the panel's recommendations on the department's website for public comment for a period of 60 days.

(b) Give notice of a public hearing not less than 10 days before the date of the hearing.

(c) Hold a public hearing within the 60-day time period that the recommendation from the panel is posted on the department's website.

(4) After a public hearing, the department shall forward comments made during the hearing to the panel for review. If, based on a review of the comments, the panel determines that substantive changes should be made to its initial recommendation, the

petition shall be denied, the department shall provide the petitioner with a copy of the initial recommendation and an explanation of the substantive changes, and the petitioner may resubmit the petition to the department at any time. If no changes are made to the initial recommendation or the changes are minor and do not affect the general content of the recommendation, the department shall forward the recommendation to the department director for a final determination on the petition.

(5) Within 180 days of the date the petition is filed with the department, the department director shall make a final determination on the petition. The approval or denial of the petition shall be considered a final department action subject to judicial review under the act.

(6) If the petition is approved, the department shall create a document verifying the addition of the new medical condition or treatment to the list of debilitating medical conditions identified under R 333.101. Until such time as these rules are amended to officially recognize the medical condition as a qualifying debilitating medical condition, the department shall develop a policy that allows the new medical condition to be used as a qualifier for a registry identification card.

History: 2009 AACCS.

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COA Case Number: 312364

MSC Case Number: 148971

PEOPLE OF MI V ROBERT TUTTLE

1	PEOPLE OF MI	PL-AE	PRS	(74276) NAVA TANYA PROSECUTOR-APPELLATE DIVISION 1200 NORTH TELEGRAPH RD PONTIAC MI 48341 (248) 858-0686
2	TUTTLE ROBERT	DF-AT	RET	(55958) SCHOUMAN DANIEL J M 1060 E WEST MAPLE COMMERCE TOWNSHIP MI 48390 (248) 669-9830

COA Status: Case Concluded; File Open MSC Status: Pending on Application

Case Flags: Criminal Interlocutory; Electronic Record

Submit With Cases:

312308 PEOPLE OF MI V RICHARD LEE HARTWICK (Case Concluded; File Open)

09/10/2012 1 App For Leave to Appeal - Criminal
Proof of Service Date: 09/10/2012
Check #: 1688
Fee: \$375.00
Receipt #: 3123641
Receipt Mailed: 09/19/2012
Register of Actions: Y
Answer Due: 10/01/2012
Attorney: 55958 - SCHOUMAN DANIEL J M

08/21/2012 2 Order Appealed From
From: OAKLAND CIRCUIT COURT
Case Number: 2012-241272-FH
Trial Court Judge: 47372 WARREN MICHAEL D JR
Nature of Case:
Motion to Quash Information Denied MMA
Motion in Limine Granted MMA

09/04/2012 3 Steno Certificate - Tr Request Received
Date: 08/29/2012
Reporter: 8535 - ZERMAN DEBORAH
Hearings:
07/11/2012
08/20/2012

09/12/2012 4 Proof of Service - Generic
Date: 09/10/2012

Court of Appeals Register of Actions

For Party: 2 TUTTLE ROBERT DF-AT

Attorney: 55958 - SCHOUMAN DANIEL J M

Comments: Proof of serving copy of application on oakland county prosecutors office.

- 09/19/2012 5 Notice of Filing Transcript
Date: 09/17/2012
Reporter: 8535 - ZERMAN DEBORAH
Hearings:
07/11/2012
08/20/2012
- 09/20/2012 6 Transcript Reminder Postcard
Comments: 7/11/12 & 8/20/12 Transcripts
- 10/01/2012 8 Transcript Filed By Party
Date: 10/01/2012
Reporter: 8535 - ZERMAN DEBORAH
Filed By Attorney: 55958 - SCHOUMAN DANIEL J M
Hearings:
07/11/2012
08/20/2012
- 10/08/2012 10 Answer - Application
Proof of Service Date: 10/08/2012
Event No: 1 App For Leave to Appeal - Criminal
For Party: 1 PEOPLE OF MI PL-AE
Filed By Attorney: 74276 - NAVA TANYA
- 10/09/2012 9 Submitted On Motion Docket
Event: 1 App For Leave to Appeal - Criminal
District: T
Item #: 4
- 10/11/2012 12 Order: Application - Deny
View document in PDF format
Event: 1 App For Leave to Appeal - Criminal
Panel: PMD,KJ,DAS
Attorney: 55958 - SCHOUMAN DANIEL J M
Comments: Denied for failure to persuade.
- 10/29/2012 13 Motion: Reconsideration of Order
Proof of Service Date: 10/26/2012
Check #: 1728
Fee: \$100.00
Receipt #: 3123642
Filed By Attorney: 55958 - SCHOUMAN DANIEL J M
For Party: 2 TUTTLE ROBERT DF-AT
Answer Due: 11/09/2012
- 11/13/2012 14 Submitted On Reconsideration Docket
Event: 13 Reconsideration of Order
District: T
Item #: 1
- 11/21/2012 15 Order: Reconsideration - Deny - Appeal Remains Closed
View document in PDF format
Event: 13 Reconsideration of Order
Panel: PMD,KJ,DAS
Attorney: 55958 - SCHOUMAN DANIEL J M
- 12/19/2012 16 SCT: Application for Leave to SCT

Court of Appeals Register of Actions

Supreme Court No: 146392
Notice Date: 01/15/2013
Fee: Paid
Check No: 40735
For Party: 2
Attorney: 55958 - SCHOUMAN DANIEL J M

- 01/07/2013 17 SCt: Miscellaneous Filing
Filing Date: 01/07/2013
For Party: 1 PEOPLE OF MI PL-AE
Filed By Attorney: 74276 - NAVA TANYA
Comments: copy of COA brief in lieu of answer
- 01/10/2013 18 SCt: Trial Court Record Received
1 files
- 01/14/2013 19 Supreme Court - File Sent To
File Location: Z
Comments: 1 FILE SENT TO RECORDS CLERK
- 01/16/2013 20 SCt: COA File - Received
- 04/01/2013 21 SCt Order: Remand as Leave Granted
View document in PDF format
- 04/02/2013 22 Supreme Court - File Ret`d By - Re-Open as on Leave Granted
- 04/04/2013 23 Correspondence Sent
For Party: 2 TUTTLE ROBERT DF-AT
Attorney: 55958 - SCHOUMAN DANIEL J M
Comments: Chf Clk Advise COA File Reopened; AT Brief Due 4/29/13; Address Specific Issues In MSC Order
- 04/05/2013 26 Record Request
- 04/05/2013 27 Email Contact
Comments: Requested record from Oakland County
- 04/11/2013 29 Electronic Record Filed
- 04/26/2013 30 Brief: Appellant
Proof of Service Date: 04/26/2013
Oral Argument Requested: Y
Timely Filed: Y
Filed By Attorney: 55958 - SCHOUMAN DANIEL J M
For Party: 2 TUTTLE ROBERT DF-AT
Comments: Timely per correspondence in event 23
- 05/02/2013 31 Stips: Extend Time - AE Brief
Extend Until: 06/28/2013
Filed By Attorney: 39288 - GRDEN THOMAS R
For Party: 1 PEOPLE OF MI PL-AE
- 05/30/2013 32 Brief: Appellee
Proof of Service Date: 05/30/2013
Oral Argument Requested: Y
Timely Filed: Y
Filed By Attorney: 74276 - NAVA TANYA
For Party: 1 PEOPLE OF MI PL-AE
- 05/31/2013 33 Noticed
Record: FILED
- 06/26/2013 36 Brief: Supplemental Auth`y
Proof of Service Date: 06/26/2013
Filed By Attorney: 74276 - NAVA TANYA
For Party: 1 PEOPLE OF MI PL-AE

Court of Appeals Register of Actions

10/08/2013 40 Submitted on Case Call District: D
Item #: 11
Panel: HWS,DHS,KJ

01/30/2014 42 Opinion - Authored - Published
View document in PDF format
View document in PDF format
Pages: 13
Panel: HWS,DHS,KJ
Author: HWS
Result: Affirmed In Part; Reversed In Part

01/30/2014 43 Opinion - Concurring
View document in PDF format
View document in PDF format
Pages: 1
Author: KJ

03/25/2014 46 SCt: Application for Leave to SCt
Supreme Court No: 148971
Notice Date: 04/22/2014
Fee: Paid
Check No: 43405
For Party: 2
Attorney: 55958 - SCHOUMAN DANIEL J M

03/26/2014 47 Supreme Court - File Sent To
File Location: Z
Comments: sc#148971 *E-record

03/26/2014 48 SCt: COA and TCt Received
1 files

05/27/2014 49 Michigan Appeals Reports Publication
304 Mich App 72

06/11/2014 51 SCt Order: Application - Grant
View document in PDF format

Case Listing Complete