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24 July 2021

Eric L. Ray, Esquire  
271 West Short Street  
Suite 401  
Lexington, Kentucky 40507

RE: ***Commonwealth v. Bradley Burns***  
*Fayette Circuit Court #21-CR-00475*

Dear Attorney Ray:

Following is a report of psychological assessment results in the above-styled case, pursuant to three examinations conducted in April 2021 via the Zoom conferencing application at your offices in Lexington, Kentucky.

**EVALUATION MEASURES EMPLOYED**

The following psychological testing measures were employed in your client's evaluation, in addition to clinical and forensic interviewing and a review of currently available legal and clinical documentation:

- *Beck Anxiety Inventory (BAI)*
- *Beck Depression Inventory (BDI-II)*
- *Beck Hopelessness Scale (BHS)*
- *Cognitive Capacity Screening Examination (CCS)*
- *Miller Forensic Assessment of Symptoms Test (M-FAST)*

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## DESCRIPTION OF EXAMINATION AND RESULTS

Mr. Bradley Burns was initially examined on 05 April 2021. Informed of the limitations of confidentiality regarding forensic mental health assessment, he agreed to participate in this evaluation subsequent to an explanation of its nature and purpose.

Presenting for this examination as a 33-year-old, casually attired Caucasian male displaying a full range of affect, Mr. Burns was polite, cooperative, and responsive. His speech was moderately pressured with constant delusional interjections. Psychomotor functioning rested within grossly normal limits. No overt indicia of physical distress were noted. Your client denied that he was experiencing any feelings, plans, or intent to harm either himself or anyone else.

Mr. Burns stated that he had consumed breakfast and lunch prior to this early afternoon appointment. He indicated that he had slept for approximately seven of the preceding 24 hours and noted that he had been given sleep medication to take “as needed” but was not doing so. Additional medications were identified as Lithium and Risperdal; however, your client asserted that he did not “see any reason” to take these.

Claiming that he—while wearing contact lenses—possessed adequate vision and hearing, Mr. Burns confirmed that he was not suffering from any acute physical condition that would interfere with the assessment process.

The **CCS** was administered in order to screen for the presence of cognitive deficits. Mr. Burns’s substandard raw score of 25 out of a possible 30 points on this measure did not depict him as significantly impaired with respect to such functions as concentration, orientation, short-term memory, or calculation.

The **M-FAST** was employed as a means of screening for the accuracy and consistency of any claimed symptoms of major mental illness. Mr. Burns’s raw score of 1 out of a possible 25 points on this measure did not depict him as fabricating or exaggerating any form of psychiatric disturbance.

**BDI-II** testing was utilized to screen for the presence of current and recent symptoms of depression. Mr. Burns’s raw score of 2 out of a possible 63 points fell within the normal range of affective experience, and the following verbatim item response was noted: “I don’t have any thoughts of killing myself.”

**BHS** testing addressed Mr. Burns’s perspective on future life events. His raw score of 0 out of a possible 20 points fell within the normal range of affective experience.

**BAI** testing was administered to assess Mr. Burns’s reporting of current and recent symptoms of anxiety. His raw score of 0 out of a possible 63 points fell within the normal range of affective experience.

In the course of this initial meeting, Mr. Burns asserted, for example, that he:

- was working with the National Security Agency (NSA);
- had warned government personnel about submarines that were carrying uranium, with government officials following up on this warning by scanning maritime traffic with x-ray technology;
- had tried to jump over a fence at Central Intelligence Agency (CIA) headquarters in order to warn them about a national security threat that he had identified in the course of his work with the Center for Internet Security (CIS);
- was seeking a diplomatic passport for his intelligence community activities;
- believed that local police officers were putting sugar in his gas tank;
- was running an intelligence team that was monitoring security issues nationwide;
- was training other individuals in government security matters;
- was experiencing difficulty in his attempts to convince the state police that he was a federal agent; and
- was conducting computer tracking of persons who were not supposed to know that he existed.

Mr. Burns was subsequently examined on 23 April 2021. Informed again of the limitations of confidentiality regarding forensic mental health assessment, he agreed once more to participate in this evaluation subsequent to an explanation of its nature and purpose.

Presenting for this examination as a 33-year-old, casually attired Caucasian male displaying a full range of affect, Mr. Burns was polite, cooperative, and responsive. His speech was even more pressured, again with constant delusional interjections. Psychomotor functioning rested within grossly normal limits. No overt indicia of physical distress were noted. Your client denied that he was experiencing any feelings, plans, or intent to harm either himself or anyone else.

Mr. Burns stated that he had consumed breakfast prior to this early afternoon appointment. He indicated that he had slept for approximately five to six of the preceding 24 hours and noted again that he had been given sleep medication—which he now identified as Trazodone (actually an antidepressant and sedative)—but was not doing so. Your client noted that he was taking his prescribed Lithium, but that he did not see why he would need to take his prescribed Risperdal since he knew when it was that he might be “turning psycho.”

Claiming that he—while wearing contact lenses—possessed adequate vision and hearing, Mr. Burns confirmed that he was not suffering from any acute physical condition that would interfere with the assessment process.

On this occasion, Mr. Burns asserted that he received an income of hundreds of thousands of dollars per year, and that he was a member of several cross-national intelligence organizations. He claimed to be involved with Julian Assange, with the CIA, with Bitcoin, and with the Netherlands Special Forces. Your client was allowed to reschedule this examination for another date when he maintained that “my brain is full” and added that he hoped this would not “affect the economy.”

Mr. Burns was subsequently examined on 30 April 2021. Informed again of the limitations of confidentiality regarding forensic mental health assessment, he agreed once more to participate in this evaluation subsequent to an explanation of its nature and purpose.

Presenting for this examination as a 33-year-old, casually attired Caucasian male, Mr. Burns repeatedly denied that he was experiencing any feelings, plans, or intent to harm either himself or anyone else. Your client’s speech was now severely pressured with delusion interjections that concerned such notions as his having “millions of dollars,” his being “abducted and held for ransom,” and his being assaulted by military personnel.

Mr. Burns stated that he had consumed breakfast prior to this early afternoon appointment. He indicated that he had slept for approximately seven of the preceding 24 hours and denied that he was taking any form of medication.

Claiming that he—while wearing contact lenses—possessed adequate vision and hearing, Mr. Burns confirmed that he was not suffering from any acute physical condition that would interfere with the assessment process.

On this occasion, Mr. Burns was aware of counsel’s name and stated that counsel had come to represent him “because I’ve hired him before.” Aware that was charged with “Terroristic Threatening,” your client defined “guilty” as “you did it,” defined “innocent” as “you *didn’t* do it,” and defined “convicted” as “the charge stuck.”

Mr. Burns maintained that the only reason he was being charged was because “the Feds” owed him \$10 million and that this was their way of evading that obligation. He noted that this would lead to “tampering” charges being made against the state police because of their own role in this deception. Your client initially identified the date in question as 03 April 2021, but then changed this to 01 March 2021, with his home as the location in question.

When asked what could happen if he were convicted of “Terroristic Threatening,” Mr. Burns replied that he did not believe this was possible, in light of the “tons of money” that he was owed. He did state that the sentence generally associated with such a charge would be “one to five years.” Your client insisted, however, that this was not possible in his own case, given his “agency work” and the “fraud” in not allowing him to be paid millions of dollars.

Mr. Burns's attempt to describe the role of a "judge" was complicated by his attempt to explain that there were differences between what local judges did and what "Brett Kavanaugh" did. Your client proved incapable of conveying such distinctions coherently, but took this opportunity to describe how it was that he had taken legal matters to the Supreme Court of the United States himself.

Describing the "jury" as "a collection of people from the public who decide your fate," Mr. Burns added that he knew this because he was the "Chief Prosecutor of the CIA." Asked to describe the role of the "prosecutor," your client claimed to possess "ten thousand phones" before alleging that the prosecutor in his own case was someone who was "already federally recorded" as being involved in "murder."

Mr. Burns embarked at this juncture on a one-sided discussion regarding his drinking beer in Fort Knox at 19 years of age. Your client then observed that those who might bring a case against him would be "hanging themselves" legally, and that this would reach "mainstream TV" in "30 minutes."

Claiming to have met with counsel on approximately three or four separate occasions, Mr. Burns added that he had also "talked to him on the phone plenty of times." He could not determine how it was that counsel and he might undertake to assist one another. Your client added that "I don't trust anybody," that he was a "secular scientist," and that he was not "crazy," as others kept saying, as "this is affecting international business."

Mr. Burns further asserted that he had been imprisoned 19 times, that as a result "half a million dollars" had been stolen, and that "CIA forensic psychiatrists say there's nothing wrong with me." He concluded regarding his current legal situation that "I don't even know who's friend or foe," that "the computers have literally a hundred documents," that despite others' fraudulent assertions "I'm not crazy," and that as a result he was ready to "move to Russia; I know where everything is," such that "this would be the end of the Roman Empire."

This presentation is consistent with the contents of records subsequently obtained from Eastern State Hospital—approximately 4,000 pages altogether, for which discharge summaries alone amount to 130 pages. During the period of April 2007 to December 2020, your client was admitted to that facility perhaps 17 times, and regularly diagnosed with Bipolar Disorder, with frequent specification of psychotic features. An additional over 500 pages of accompanying outpatient clinical documentation further establishes the presence of manic episodes, delusions, and psychotic ideation, and repeatedly asserts that your client may actually be diagnosable with Schizoaffective Disorder.

## CONCLUSIONS

Mr. Burns presented upon repeated contact with prominent symptoms of major mental illness, most likely reflecting either Bipolar Disorder or Schizoaffective Disorder. Your client passed a test designed to screen for the presence of Malingering.

In light of his inadequate grasp of the nature and potential consequences of these proceedings, and in further consideration of his demonstrated inability to participate rationally in his own defense, Mr. Burns was not competent to stand trial at the time of the above-noted contacts.

Although consistent adherence to a regimen of medically indicated psychiatric medication—selected, administered, and monitored on an outpatient basis—might assist in any efforts to enable Mr. Burns to attain competency within the statutorily defined foreseeable future, the prognosis for success in this regard appears poor, given the long-term intractability of his chronic and exhaustively documented mental condition.

Please contact me at your convenience if you have any additional questions, if supplemental records become available for review, or if further assessment appears warranted.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Drogin', with a long horizontal line extending to the right.

Eric Y. Drogin, J.D., Ph.D., ABPP  
Licensed Clinical Psychologist