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“you know, the old adage of ‘be careful what you ask for you might get it’, you know, I’m trying to get away from that.”

Mr. Hinckley continued that he has no intention of doing a tour with a band but if he is a member of a band that wants to go to a studio and record he would want to do that because he is part of the band. He added that if the same band said they were going to go on tour or be on “Saturday Night Live,” then he would have to “exit the band.” Mr. Hinckley reemphasized to me his belief that his depression is in remission even though he has had some stressors including Ms. N and the Dear John letter. He reported he continues to take Zoloft because he had some anxiety in the past and he continues to take Risperdal as prescribed. He also takes medication for high blood pressure, arthritis, and he has had physical therapy for his foot. He said that he goes to the rec center in Williamsburg but doesn’t do much except walk. Mr. Hinckley also told me that he has not had any suicidal thoughts since he made “the last attempt in 1982.” I asked about any symptoms of his narcissistic personality disorder and what he thought they might be, and he responded “a sense of entitlement, grandiosity, drawing attention to yourself, lack of empathy, as ‘the main things’.” He then added, “I know you get on the stand and don’t say that my narcissism is attenuated or whatever term they want to use, but it’s greatly reduced now.” He added that he is not going to say that it is “totally gone” because he thinks “everybody’s got some narcissism.” He also told me that he believes he shows “more empathy now than he did years ago” and that is “probably because of the home visits that have made me more human.” Mr. Hinckley also added that his attention to his cats shows the improvement in his empathy.

Mr. Hinckley acknowledged that he has been deceptive in the past and that he does not discount the assumption of deception as a risk factor. He stated that it was deception when he was to go to the movies but did not as an example, but he is “trying not to be deceptive” and if something comes up that he wants to do and he feels it needs to be brought to the attention of the treatment team he will do so. He acknowledged that he did not try to reach VJ Hyde when he changed the itinerary to go to Mr. Tracy’s home instead of to the photographer’s home and he should have. But, on another occasion when he wanted to have coffee at the invitation of Ms.L and could not reach VJ, he did not go there.

With regard to living with his mother, Mr. Hinckley said he intends to live in the house with her “as long as she is mobile and sharp in the mind as she is now.” He went on to say that if she develops “what my father had”, then he would not be able to continue to live there, and at some point he would basically be on his own. He said that he has talked with Mr. Weiss and that if his mother’s home became unavailable, they would find a condo or an apartment in Williamsburg that would be paid for by his family when that time comes. He then went on to say that, even though he “might be wrong,” when his mother passes, his brother and sister are going to sell the house and they have said they would pay for a condo or apartment for him. I asked Mr.

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Hinckley specifically about the previous back-up plan being "D.C.," and he responded that in the event he had transitioned enough to Williamsburg and his mother became infirmed or died a D.C. plan would come into place or begin to come into place. He added, however, that they are hoping that he will be living there long enough and supporting himself completely on his own such that when his mother passes he could "just stay down there and keep living the way I live." I told Mr. Hinckley that I was asking these questions about his expected living situation because I do not want there to be the situation where he suddenly would not be adequately supported in Williamsburg and would have to return to the hospital as the fall back position, rather than possibly being homeless or living in a shelter or something like that, and he responded "I know."

I asked Mr. Hinckley if there was anything else he could think of that I had not asked him or that he feels is important for me to know about him, what has happened over the previous couple years, or the plans should the Hospital's recommendation be granted by the court, and he initially responded by saying that I "always ask a lot of questions" and he could not think of an area we had not discussed. He added that he hoped that I take with me that with this phase he thinks he and his team have tried to do things differently and have "really stepped it up to do what the judge asked" and hopefully end these "same itineraries over and over." He concluded by telling me he thinks he has transitioned a lot more to the communities and he has shown with everything he is doing that he can "lead a good life and provide for his mother which is very important," as well as "prove the judge right" in whatever he gives him. He said he believes the difference with this phase is that he has "worked very hard" and he "now has a team that knows what they are doing, likes to work hard, knows what we're going after, and we're getting better." We concluded the examination with Mr. Hinckley responding that he did not have any questions for me.

Mental Status Examination

On mental status examination, John Hinckley, Jr., is a 59-year-old Caucasian male who appears slightly younger than his stated age. He is appropriately dressed and groomed at both examination appointments. He is alert, cooperative, and in no acute distress. Mr. Hinckley demonstrates adequate eye contact, and his speech is appropriate in rate and volume. His affect is less constricted than in past examinations, with increases in intensity when discussing his failures to adhere to itineraries. His mood is euthymic and appropriate to the situation. His attention span is appropriate without evidence of distraction or deficits in short or long term memory. He denies hallucinations currently and in the past and does not appear to be influenced by internal stimuli. He denies delusional thoughts currently and for the past several years and does not demonstrate paranoid or grandiose thinking. His thought content does demonstrate his sense of entitlement, frustrations with being "scrutinized," and his belief of being treated