



**Fax Transmittal Form To Report
Abuse/Abandonment/Neglect/Exploitation***
Fax Number: 1-800-914-0004

Reporter Information (required for professionally mandated reporters of child abuse, abandonment and/or neglect; F.S. Chap.39)

Your Last Name: Fitton Your First Name: Thomas Today's Date: Oct 17, 2003
M.I.: J.

Your Occupation: President Your Agency: Judicial Watch, Inc. Fax #: (202) 646-5199 Phone #: (202) 646-5172

Address: Street # 501 Street: School Street City: Washington, DC Zip Code: 20024 County: n/a State: n/a

Do you want a response verifying receipt of this fax? Yes No

Address where the victim is currently located: Home Telephone Number: 727-586-4432 Work Telephone Number: 727-586-4432

Street #: 6774 Street: 102nd Ave., North City: Pinellas Park Zip Code: 33782 County: Pinellas State: FL

Victim(s) — (if the victim is a child, please list **other children in the home**; if the victim is an adult, describe disability and how he/she is impaired in the ability to care for or protect self in the "description of Incident section")

| Last Name | First Name | DOB | SEX | RACE | SSN | Is this person a victim? |
|-------------|-------------------|------------|-----|------|------------|---|
| (1) Schiavo | Theresa ("Terri") | 12/03/1963 | F | C | ██████████ | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| (2) | | | | | | Yes No |
| (3) | | | | | | Yes No |
| (4) | | | | | | Yes No |
| (5) | | | | | | Yes No |

Person(s) responsible for alleged abuse, abandonment, neglect or exploitation

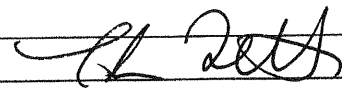
| NAME | DOB | SEX | RACE | SSN | RELATIONSHIP** |
|------------------------|------------|-----|------|------------|----------------|
| (1) Michael R. Schiavo | 04/03/1963 | M | C | ██████████ | Husband |
| (2) | | | | | |
| (3) | | | | | |

Description Of Incident

Please include what happened, when and where incident occurred, frequency of occurrence, description of injuries/threat of harm.

What happened? Thirteen years ago Terri Sciavo suffered brain damage from a sudden collapse. She receives her food and water by means of a feeding tube. Terri's other bodily functions are stable. She responds to voices, and is capable of smiling, laughing and crying. She vocalizes as well.

Terri's husband, Michael Schiavo, has denied her any rehabilitation treatment since 1993. On Wednesday, October 15, 2003, Michael Schiavo directed that Terri's feeding tube be disconnected, subjecting her to starvation and dehydration that will result in an agonizing death in approximately 10 to 14 days.



Thomas Fitton
President
Judicial Watch, Inc.

When did the incident occur? Wednesday, October 15, 2003

Where did the incident occur? Hospice Woodside, Pinellas Park, FL

Description of injuries/threat of harm: Starvation & Dehydration resulting in death

FOR ADULT VICTIMS ONLY: Description of disability & how victim is impaired in the ability to care for or protect self

The victim is brain damaged and unable to feed and hydrate herself.

Who else might be aware of the abuse/abandonment/neglect/exploitation of the victim?

| Name | Relationship to the victim | Address | Home Phone | Work Phone |
|-------------------------|----------------------------|------------|------------|------------|
| Robert & Mary Schindler | Parents | [REDACTED] | [REDACTED] | |
| | | [REDACTED] | | |
| | | [REDACTED] | | |

*Please read instructions in the *Information Packet for Professionally Mandated Reporters*

**Relationship of Person(s) responsible for alleged abuse, abandonment, neglect or exploitation to the victim

The Department of Children & Families is committed to working in partnership with local communities to ensure safety, well-being and self-sufficiency for the people we serve.