SM Exhibit K
RESTRICTED DUTY

THIS DESIGNATION TO BE RE-EVALUATED IN ACCORDANCE WITH MEMBER'S MEDICAL DISABILITY

INSTRUCTIONS: District Surgeon will prepare this report in duplicate and the member concerned shall deliver both copies to the Medical Section, Restricted Duty Office, #346 Broadway, 9th Floor, on the date he is assigned to restricted duty.

NAME: Adrian Scholz
RANK: PO
SHIELD: 12943
COMMAND: 81 PCT

DATE REPORTED SICK
DATE OF DISABILITY
DIAGNOSIS

TIME: DATE: TIME: DATE:

FIREARMS REMOVED: YES NO
LINE OF DUTY:

DATE REMOVED: 4/13/09
NON LINE OF DUTY:

APPROVED TO OPERATE DEPT. VEHICLE: YES NO

INDICATE RECOMMENDED RESTRICTIONS

LIMITED USE OF EYES ARMS LEGS BACK
LABORIOUS STAIR

LIMITED AMOUNT OF STANDING WALKING WORK CLIMBING

OTHER RESTRICTIONS: (IF OTHER THAN ALL TOURS) - REASON

DATE TO BE RE-EVALUATED AT THE MEDICAL SECTION:

REMARKS:

Reporting Surgeon's Signature & District-Date

D000296
POLICE DEPARTMENT
CITY OF NEW YORK

4/14/09
(Date)

From: Catherine Lamstein, Psy.D., Psychological Evaluation Section

To: Firearms Removal/Restoration Desk, Medical Division

Subject: REMOVAL OF FIREARMS FROM A MEMBER OF THE DEPARTMENT

1. I hereby request the removal of firearms from:

   Title: PO
   Name: Adrian Schenck
   Shield: 12943
   Command: 81P

for the purpose of psychological evaluation. This person will be placed on Restricted Duty assignment pending the results of this evaluation.

2. For your information.

   Catherine Lamstein, Psy.D.
   Psychologist - Level I
   Psychological Evaluation Section

   [Signature]

D000297
Shield/ID Card Removal Log #

POLICE DEPARTMENT
CITY OF NEW YORK

4/14/09
Date

From: Supervisor, Medical Division

To: Supervisor, Shield/ID Card Unit

Subject: REMOVAL OF SHIELD, FULL DUTY IDENTIFICATION CARD AND FIREARMS

1. The following member of the service was placed in a NO FIREARMS STATUS on 4/13/09. Please issue a No Firearms identification card. The member’s Shield and Full Duty identification card were removed and will be forwarded for safekeeping.

2. It is requested that upon issuing the No Firearms identification card, the Supervisor, Shield/ID Card Unit complete the endorsement below and fax it to the Firearms Removal Desk at 718-760-7621.

Supervisor’s Rank/Name/Tax #

1ST ENDORSEMENT

Supervisor, Shield/ID Card Unit to Commanding Officer, Medical Division. On Date the above member was issued a No Firearms identification card.

Supervisor
Shield/ID Card Unit

“B” Shield/ID Card Restoration Log #