

**Jeffrey A. Sugar, MD**

***Diplomate: American Board of Psychiatry and Neurology  
In both General and Child and Adolescent Psychiatry, 1991***

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**DECLARATION OF JEFFREY A. SUGAR, M.D.**

I, Jeffrey A. Sugar, M.D. declare as follows:

1. I am a physician licensed to practice medicine in the State of California. I have personal knowledge of all of the following facts, and if called to testify in court, could and would testify competently to these facts.
2. I am a psychiatrist, Board certified by the American Board of Psychiatry and Neurology both in General Psychiatry and in Child and Adolescent Psychiatry. I received my BA degree from New College in Sarasota, Florida in 1976 and my M.D. degree from University of California, San Francisco School of Medicine in 1984. I completed a psychiatric internship and residency at Harbor-UCLA Medical Center in 1987 and a fellowship in child psychiatry at UCLA in 1989. I am presently Assistant Clinical Professor of Psychiatry at U.S.C. and at U.C.L.A. I am a past president of the Southern California Society of Child and Adolescent Psychiatry.
3. I have been retained by \_\_\_\_\_,  
the attorneys for \_\_\_\_\_ in the case of  
\_\_\_\_\_ v. \_\_\_\_\_. I have been asked  
to evaluate the emotional damages sustained by \_\_\_\_\_ as set  
forth in the complaint filed in this case.
4. To properly assess the psychiatric damages claimed, and to evaluate the causes and extent of these damages, I need to conduct a thorough psychiatric examination of the plaintiff. This examination consists of a clinical psychiatric interview including a personal and social history, educational and work history, medical history, a review of current psychiatric symptoms, and an evaluation of the events that the plaintiff claims

were the cause of the alleged psychiatric damages. The interview also includes a detailed Mental Status Examination. This is the psychiatric equivalent of an internist's Physical Examination and provides a comprehensive view of the plaintiff's *current mental state* including appearance, attitude and behavior, speech, thinking content and process, affect, mood, orientation, immediate, short-term and long-term memory, insight and judgment, abstract thinking and other mental functions.

5. The interview should last approximately three to four hours. Breaks for personal comfort or necessity may be taken as needed. In some cases, because of the complexity of the history or issues, or because of communication problems, the exam might require more time, or for various reasons, the sessions may need to be shortened. In those cases, a second or even a third interview session could be required.
6. The examination normally consists entirely of the clinical interview. No invasive or physical examinations will be performed. On occasion I may ask the examinee or his or her guardian to complete one or more standardized rating scales to help with my assessment. This is purely to help with *my* assessment process and does *not* substitute for psychological testing (see item 7 below).
7. In some cases, the nature of the psychological problems or symptoms will require further exploration or clarification through psychological testing. After the clinical evaluation, if I determine that psychological testing would be helpful, a follow-up appointment with a clinical psychologist may be arranged.

I declare under penalty of perjury that the foregoing is true and correct.

Executed \_\_\_\_\_ 20\_\_\_\_ at El Segundo, California.

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Jeffrey A. Sugar, M.D.