

Superior Court of Justice, Family Court
(Name of court / Nom du tribunal)
at / au 161 Elgin Street, Ottawa, ON K2P 2K1
(Municipality / Municipalité)

HON.
JUSTICE
ENGELKING

Date OCT 17 2018	Applicant(s) / Requéran(t)e(s): <u>KISKA, JONATHAN WILLIAM</u> <input checked="" type="checkbox"/> Present / Comparait
	Counsel / Avocat(e): <u>SMITH, WADE</u> <input checked="" type="checkbox"/> Present / Comparait <input type="checkbox"/> Duty Counsel / Avocat de service
	Respondent(s) / Intimé(e)s: <u>MOORE, DEIRDRE ANN</u> <input checked="" type="checkbox"/> Present / Comparait
	Counsel / Avocat(e): _____ <input type="checkbox"/> Present / Comparait <input type="checkbox"/> Duty Counsel / Avocat de service
<input type="checkbox"/> Order to go in accordance with minutes of settlement or consent filed. / Ordonnance conformément au procès-verbal de l'audience de transaction ou le consentement déposé. <i>Settlement Conference</i>	

The R. shall provide to the A.
expert reports and CV's from the
following:

- 1) Dr. Daniel Saul
- 2) Dr. Yolande Sherbonneau
- 3) Dr. Dirs Jackson
- 4) Dr. Deanna Mercer
- 5) Dr. Peter Kay

~~to~~ by Dec. 31, 2018.
The Respondent shall provide to The A
with say statements for the following

- 1) Dr. Adrienne Matheson
- 2) Dr. Judy Chow

- 3) Douglas King
 - 4) Keren Perry
 - 5) Jessica Poloz
 - 6) Stephen Tremblay
 - 7) Charlie Moore
- by Dec. 31, 2018

The R. shall provide to the A. a letter from Dr. Shelly Huang outlining her involvement w/ the children, including identification of who brought them to the apartments by Dec. 31, 2018.

The R. shall provide a NFP to the A. by Dec. 31, 2018.

The A. shall discuss w/ Dr. Matheson her availability/willness to provide counsel to the children w/in 30 days.

There shall be a continued SC on Jan. 17, 2019 @ 2:00 pm.

The parties shall each afford w/ a draft TSEF on that date.

Costs of the SC reserved to the cause.

Jay King

Questions for Psychiatrists

1. Have you reviewed the attached documents (A-Z) ("Overview") provided by Deirdre Moore?
2. Are you familiar with the cycle of narcissism?
3. Would you please describe your understanding of a narcissist's motivations and behaviours?
4. Are you familiar with the impact that a narcissist could have on their victim?
5. Would you please describe your understanding of the types of symptoms that a victim could display?
6. Do you believe that a victim of a narcissistic partner could develop a mental disorder?
7. Would you please describe your understanding of Brief Psychotic Disorder with known stressors?
8. Is psychosis a symptom of any other mental disorders and, if so, how many?
9. How does a physician ascertain the nature of a patient's disorder when the patient is in a state of psychosis?
10. When was Deirdre Moore first admitted to The Ottawa Hospital (TOH)?
11. Did Kiska ever provide to the physicians/nurses at the TOH any collateral information regarding the cause and/or nature of Moore's condition in 2013 and, if so, would you please describe it?
12. Did the collateral information include details of any marital conflict that occurred for weeks prior to the hospital admittance noted in #10 above?
13. Upon what basis was Moore's initial diagnosis of bi-polar disorder made and how much reliance was placed on Kiska's collateral information?
14. Did Kiska ever provide to the physicians/nurses at the TOH any collateral information regarding the cause and/or nature of Moore's condition in 2014 and, if so, would you please describe it?
15. Did the collateral information include details of any marital conflict that occurred for weeks prior to the hospital admittance?
16. Following your review of Moore's Overview, do you believe that Kiska's collateral information was accurate?
17. In general, how much reliance is placed on collateral information in a psychiatric ward and why?
18. How does the treatment of bi-polar disorder differ from the treatment of brief psychotic disorder with known stressors?
19. Is one of the symptoms of narcissism pathological lying?
20. Is it possible that Deirdre Moore has developed a history of mental illness because she is a victim of a narcissist?

LIST OF DOCUMENTS

- Tab A Idealize, Devalue, Discard: The Dizzying Cycle of Narcissism
- Tab B Narcissism Victim Syndrome, a New Diagnosis?
- Tab C Brief Psychotic Disorder
- Tab D 2013-Feb-24 Excerpt from e-mail thread of argument that spanned several weeks
- Tab E 2013-Feb-25 Excerpt from e-mail thread of argument that spanned several weeks
- Tab F 2013 March Excerpt from CAS file: verbal abuse
- Tab G 2013 March Excerpt from CAS file: awesome mother; no indication of illness
- Tab H 2013 March Excerpt from e-mail thread of ongoing argument
- Tab I 2013 March TOH Psychiatric Consultation
- Tab J 2014 July Excerpt from Consent & Capacity Board Hearing re: collateral information
- Tab K Excerpt from Consent & Capacity Board Hearing re: "flat-lining"
- Tab L Excerpt from Moore's activity journal from December 2013 re: absolutely no "flat-lining"
- Tab M 2014 September Excerpt from e-mail thread of ongoing argument
- Tab N 2015-Sep-26 Excerpt from e-mail thread re: Discovery of False Collateral Information
- Tab O 2015-Oct-01 e-mail to Kiska that Moore will seek divorce on grounds of cruelty
- Tab P 2015 TOH Excerpt from Dr. Kay re: diagnosis—Psychosis NOS
- Tab Q 2015-Oct-19 Excerpt from letter to Dr. Kay noting Moore's intention to divorce Kiska
- Tab R 2015-Nov-09 Notice of Motion from Kiska (which gives her 7 days to defend herself)
- Tab S 2017 letter from Dr. Jackson re: diagnosis—Brief Psychotic Disorder with known stressors
- Tab T Excerpt: "The Influence of Collateral Informants on Psychiatric ... Decisions and ... Care"

----- EMOTIONAL, PSYCHOLOGICAL AND FINANCIAL ABUSE CONTINUES TO THIS DAY -----

- Tab U DivorceMate showing \$7,222/month in support vs. Kiska's cheques of \$1,575/month*
- Tab V Excerpts re: daughter Cate is three years behind in math
- Tab W Letter re: Deirdre is the only responsible parent regarding Cate's tutoring
- Tab X Affidavit from Deirdre's father re: sole custody, non-existent second car
- Tab Y Affidavit from Deirdre's father: "[Kiska] will go for the jugular."
- Tab Z Outline of Concurrent Scam of 2015: Drain Liquid Assets prior to Divorce Proceedings

*Details of how Kiska lied to get support down to \$1,575/month available upon request.

Tab 2 iii 11

Idealize, Devalue, Discard: The Dizzying Cycle of Narcissism

March 25, 2015 • Contributed by Andrea Schneider, LCSW, Narcissism Topic Expert Contributor

The relationship cycle typical of extreme narcissistic abuse generally follows a pattern. Individuals in emotionally abusive relationships experience a dizzying whirlwind that includes three stages: idealization, devaluing, and discarding. This cycle can repeat numerous times, spinning a merry-go-round of emotional vertigo for those caught in such relationships.

In the beginning of a romantic relationship with a person affected by narcissism, an individual may describe the initial infatuation stage as "otherworldly." The emotional high can feel like a drug cocktail as potent as cocaine, heroin, and ecstasy, all rolled into one noxious dose that lasts a few weeks, months, or in some cases a year or slightly more. Targets of narcissistic abuse report feeling as if they have found their soulmate and can't believe their good fortune that this seductive courtesan has elevated them to soaring heights upon a pedestal. "Love bombing" is a phrase describing this stage, in which the narcissistic person may shower the target with praise, courting, intense sex, vacations, promises of a future together, and designation, essentially, as the most special person ever.

Soon the relationship proceeds into a more comfortable rhythm. Perhaps the sex continues at a high intensity or it may begin to wane a bit. Gradually, the target begins to see bright red flags that indicate a problem in this fantastical paradise. The person with narcissism often may begin—subtly, insidiously, and covertly—to devalue his or her significant other. This may happen via putdowns, gaslighting, intermittently lacking emotional or physical intimacy, withdrawing affection, seductive withholding, inexplicably disappearing from contact, or blaming the target for the narcissistic person's issues (projection).

Ultimately, the person with narcissism discards his or her dating partner, who served as a source of narcissistic supply to fuel the ego of the individual with narcissistic issues. When the target asks for compromise, reciprocity, empathy, integrity, honesty, and boundaries (all healthy and valid requests that people with extreme narcissistic qualities generally do not engage in), the person with narcissism may decide that the target has lost his or her luster and is tarnished—no longer the "perfect partner" to fluff the ego feathers. Inevitably, the discarding occurs when the person with narcissism either disappears or orchestrates his or her own abandonment by engaging in some form of egregious emotional abuse. The outcome is often shocking for the survivor, unclear as to how someone that he or she fell so deeply in love with could throw it all away.

In most cases, survivors of narcissism were able to offer empathy, compassion, authenticity, honesty, reciprocity, and compromise during the relationship. People with narcissistic tendencies are drawn to such empathic, deeply feeling people and know that, on some level, they personally are lacking in emotional depth and substance. By being in a relationship with such a nurturing, loving person, the person with narcissism is able to consume that person's authentic love and extract narcissistic supply. Once fed over the course of days, weeks, or months, the person with narcissism is satiated and may grow bored with his or her partner. He or she must secure the supply of another target, usually in short order.

Survivors can heal and move forward with the help of psychotherapy and support in narrating their story and resolving the trauma of emotional abuse. Understanding the dynamics of abuse empowers survivors to lessen any cognitive dissonance remaining as a result of gaslighting and other emotional abuse. Armed with knowledge, survivors understand the relationship cycle they endured and can move forward with enough protective armor such that they can jump off the merry-go-round of emotional abuse and be just fine.

Narcissism Victim Syndrome, A New Diagnosis?

Published Saturday 17 July 2004

By Mary Jo Fay

Do you see a preponderance of middle aged women in your practices with no particular physical disease process, yet a variety of physical and/or emotional complaints, including: insomnia, weight loss or gain, depression, anxiety, phobias, broken bones, lacerations, or bruises? Some may report an overwhelming feeling of emptiness or doom. Others may talk about or attempt suicide.

These patients are frequently rather nervous, with a guilt-ridden, anxious look and effect. They may appear restless, worried, and/or demonstrate a fake laugh that seems to hide something else.

In extreme cases they may describe sudden outbursts of rage with accompanying violence. They may have even been arrested for assault on their spouse. A few of them are men.

Who are these patients and how did they get this way? While there may be many situations with similar symptoms, it is important to recognize these may be "Victims of Narcissists" and they need your help. While narcissism itself has been a diagnosis in the DSM - IV, psychiatry's complete reference, little to nothing has been written in the medical literature surrounding those who live with the narcissist - and the torturous lives they live. And there are many of them out there.

Narcissism is a broad spectrum of behaviors. On a scale of 1 - 10, Healthy Narcissism is a one, and Pathological Narcissism, or Narcissistic Personality Disorder, (NPD) is a 10.

Healthy Narcissism is something we all can use. It's having a healthy self-esteem. It's what makes us pick ourselves up after experiencing failure and going on towards the next goal. It's what gives us the ability to help each other, and to love someone - as we already know how to love ourselves.

Yet, Pathological Narcissism is an ironic twist of this healthy state. Outwardly, it appears that these people love themselves too much - to the exclusion of anyone else. It is as if they are God himself and those around them must recognize their omnipotence, supreme knowledge, and absolute entitlement and power. Rules don't apply to them. They have an unrealistic and overblown sense of self, often without the credentials to match, as well as fantasies of unlimited power, success, and/or brilliance. They are interpersonally exploitive and have absolutely no understanding of empathy or compassion.

They are neither kind nor benevolent gods. And those who live with them end up paying the price.

While there is a range of narcissistic behaviors lying between level 1 and 10 on this scale, one doesn't need to have full-blown NPD to do incredible damage to those in the inner circle.

While victims of Narcissists are generally codependents, most have no idea how they got in this situation, because in the early stages of the relationship the Narcissistic person can be the most charming, Academy Award winning actor or actress (according to the DSM-IV, 50-75% of narcissists are men), of the century.

The early days of the dating is fast, furious, and vastly romantic. Oftentimes marriage proposals come within a few weeks. The "victim" sees the narcissist as the "Perfect Partner". She's never met someone so wonderful in her lifetime and falls head-over-heels in love. The two go on to live happily ever after - or so she thinks - until the "real" partner surfaces. The once wonderful Dr. Jekyll turns into the dangerous Mr. Hyde who quickly instills fear, anxiety, uncertainty, and total confusion to the relationship.

The change can be quick and powerful or slow and insidious.

We are all way too familiar with overt narcissists: those abusive husbands who send thousands of battered women to the emergency room each year. They feel it is their God-given right to beat, abuse, and otherwise threaten their partner in whatever method they deem necessary and no one can tell them otherwise.

Then there is the verbally abusive and controlling narcissist - the one who uses emotional abuse as his weapon of choice. He tells his victim who she can see, what time she needs to be home, and when she can go to bed. Or in the case of Jamie, whose husband makes her recite every day, "I'm only worth 29 cents - the price of a bullet," he erodes her self-worth to nothing to keep her under his control.

Who else could possibly want such a worthless woman as she? With that belief, she will never leave him for good, although she makes many brief attempts to do so. She always returns. The brainwashing that continues day after day is emotionally exhausting, draining, and vastly unhealthy.

Yet almost worse is the "Stealth Narcissist," so sinister and silent in his ability to drive his partner crazy that she doesn't suspect anything bad is happening until it's too late. He is the master of the little digs - "Honey, why on earth would you cook eggs in butter? NO ONE does it that way. What's wrong with you?" Or, "If you'd only do what I say then we'd both be happy."

He issues the "silent treatment" when he is slighted, punishing his family by ignoring them for hours, leaving them wondering what they did "wrong" to make him act this way. He may "forget" birthday or Christmas presents, year after year. He may show up hours late and his partner is just supposed to understand, with no explanation even offered. He may have another woman on the side and feel quite entitled to do so.

Yet, to those outside his inner kingdom he looks like a saint. He probably is president of the Rotary, volunteers at a food bank, and contributes regularly to charity - all to attain the image of being the admired Superman of his community.

No matter which type of narcissist he is, the end result is the same - a slow, insidious, breaking down of the self-esteem of his victims until there's next to nothing left, at which point, the narcissist will frequently throw his partner out in order to look for someone new and full of life to make his next target. Leaving his victim an emotional wreck wondering what she did to destroy their once "perfect" relationship.

The Narcissist himself rarely changes. After all, if you believe you're God-like, you must be perfect. Why should you change your behavior for anyone else? Yet the biggest secret is that deep inside, he loathes himself, and is desperate that no one find out who the "real" person is inside his tough, outer shell.

Victims are not only spouses. They can be coworkers, employees, children, or friends of narcissists. When the narcissist is the victim's mother, it's a difficult spot to be in, as most children (even grown children) find it almost impossible to leave the relationship. And the abuse continues for years.

However, when the narcissist is your patient's boss, coworker, or friend, it may be wise to counsel the victim to seek a new situation elsewhere to best avoid an emotional roller coaster ride that could lead to extreme health issues down the road.

How can you help those with Narcissism Victim Syndrome? First, by asking questions to determine what is going on in their environment. Health care professionals already know the effect that stress has on so many of us, but the added stress of living with a narcissist is rarely understood or recognized by the victims themselves. Knowledge is power and by asking the right questions about their situation, you might be able to help them begin to better recognize their problem and seek help.

You can help them quit being victims, quit blaming themselves for all that's wrong in their relationships, gain knowledge of this disorder, and regain their personal power. Help them to seek counseling from a therapist knowledgeable about narcissism, (not all are, and few fully understand victim issues at all), in order to rebuild their shattered self-esteem and stop looking and acting like a caged animal.

Help them find hope, before years of stuffing their anger due to this abusive treatment, leads them to venting in unhealthy ways, sometimes leading to domestic violence and police intervention. Help them to stop looking like the sick one in the relationship and to start down the road of being a survivor and no longer a victim. Help them escape symptoms of depression that may, in some cases, lead to suicide.

Learn all you can about the "Narcissism Victim Syndrome". You might light a glimmer of hope for someone who's just barely hanging on for dear life.

Written by Mary Jo Fay, RN, MSN, a national speaker, author, columnist and survivor of several narcissistic relationships. Her new book, "When Your Perfect Partner Goes Perfectly Wrong - Loving or Leaving the Narcissist In Your Life" is available at <http://www.helpfromsurvivors.com>

Brief Psychotic Disorder

Definition

A brief psychotic disorder is an uncommon psychiatric condition characterized by sudden and temporary periods of psychotic behavior, such as delusions, hallucinations, and confusion. Symptoms can last as little as a day or as long as a month, but may be severe enough to put the person at increased risk of violent behavior or suicide. A majority of cases present for the first time when an individual is in their 20s or 30s, although onset can occur at any age. Brief psychotic disorder is differentiated by its limited duration and is not triggered by drugs or alcohol abuse. Most often, brief psychotic disorder does not indicate the presence of a chronic mental health condition.

Symptoms

Symptoms of brief psychotic disorder are similar to those of schizophrenia and, in addition to delusions and hallucinations, can include sudden and extreme mood changes, nonsensical or disordered speech, inability to perform normal self-care, social and professional dysfunction, sleep problems, and disorganized or even catatonic behavior. Women are more likely than men to develop brief psychotic disorder, which has been known to develop during or soon after pregnancy. Once symptoms subside and the episode is over, the person's life goes back to normal. Most people who develop brief psychotic disorder experience just a single episode but for some others, stressful situations may trigger more episodes in the future. Although the prognosis for brief psychotic disorder is generally good, an initial psychotic episode may be the first sign of a chronic mental health condition such as schizoaffective disorder, schizophrenia, or a mood disorder with psychotic symptoms. The diagnosis of brief psychotic disorder is generally reevaluated if symptoms persist after a month has passed.

Causes

The cause of brief psychotic disorder is unclear, but major stress or trauma — such as the death of a loved one, assault, or natural disaster — can trigger an episode. As with other conditions on the "schizophrenic spectrum," there may be a genetic, biologic, environmental, or neurological basis to this disorder. Brain abnormalities have been found in people with psychotic disorders; some appear to be present before symptoms first appear, while other abnormalities have been recorded after the onset of symptoms. Brief psychotic disorder tends to run in families and can appear alongside life-threatening conditions, like delirium.

Treatments

Generally, a medical or psychiatric professional will interview the person to rule out any other physical or mental health condition that exists simultaneously or could be causing the symptoms. Antipsychotic medications and, if necessary, antidepressants may be prescribed to help manage symptoms, and the person may need to be supervised at all times to ensure they don't harm themselves or others. Short-term psychotherapy can help a person understand and recover from brief psychotic disorder, manage their medications and learn to cope with stress. Those who fail to seek treatment are more likely to see a future recurrence of brief psychotic disorder with all of the symptoms.

Tab, D, P1
Re: Beach Holiday
Comments + Fight

Deirdre Moore

From: John Kiska, MBA, CMA <jk@johnkiska.com>
Sent: Sunday, February 24, 2013 1:38 PM
To: dmoore@advisorontrack.com
Subject: RE: I really thought it was about money

a few days before
first ever psychotic
break.
JM

Deirdre,

Your right about it not being about the money - in part!

I've been working my ass off to make money and to find ways to build out a business model that makes me / us less dependant on me having to find work. I said to you that the timing was not great - but you knew that. So instead of coming back and trying to find a way that we all could go somewhere you came back with 'its never a good time' and therefore I'm going. What reaction would you expect from me at that point. I'm out there every day doing my best and I don't get the respect to at least have some opportunity to be part of a vacation with my kids.

As for the 'John, why didn't you ever say something along the lines of "It would break my heart if you were at the beach with the kids without me. Please don't go. Let's plan something together this weekend"? Why in the world would you say "Financial bid now extended. Send me a postcard!"?' I was never given the chance. Go read your emails that you were sending (in the middle of the day when I'm trying to work). It was positioned as a done deal. And yet again for the 4th time I was not (am not) in a position to go way on a few days notice. If the trip was planned, or at least the idea of a last-minute vacation planned for this time period and work commitments came up that would have been different. In my opinion there absolutely were no time pressures for you to demand to go away at this very specific point in time. There was flexibility and we could have tried to work something out instead of making a unilateral decision over night.

Yes, it is sad that this has happened between us and its impact on Sean and Cate.

As far as shutting Mary out I don't believe that's all my doing. We have had many discussions and always come back to the same answer together - that Mary in our lives is risky proposition.

As far as shutting out my dad, I think maybe it was he who shut me out. Maybe the apple doesn't fall far from the tree as I'm sure your thinking.

And as far as shutting you out - how the hell do you think I feel?

I will cry my eyes out to see my kids go away without me.

Sure I will take some of the blame for the situation spinning out of control the way it has - yet you seem to have absolved yourself of any responsibility.

I guess you never really sat back for 1 minute and asked yourself how I would feel if you went without me. I would have never, ever, ever done that to you. NEVER! But I don't think that thought really crossed your mind - not at least to the extent of trying to have a discussion.

And if you really want to know about the last 2/3 weeks ... I thought you were pregnant!

← !?!

-----Original Message-----

From: Deirdre Moore [mailto:dmoore@advisorontrack.com]
Sent: Sunday, February 24, 2013 12:36 PM
To: jk@johnkiska.com; jkiska@advisorontrack.com
Subject: I really thought it was about money

Tab D p2

John, given your comments of this morning "You seem to have control of them (the kids) now. I'll take them during my allocated time slot" or something like that, I don't think you're of the mind to receive any discussion from me. So, I've put it in an email in case some part of you feels like receiving any discussion from me later.

As I said, I really thought it was about spending the money for a trip. You may not want to believe that, but on Friday night when you said how "utterly disappointed that you were .. that I would rob you of the experience of seeing Sean and Cate seeing a beach for the first time" my very first reaction was shock—evidenced by my offer to "sell the trip" ... "to not go".

In earlier e-mails, I was scrambling to find ways to reduce the impact of the cost of our trip to our savings. Sean wanting a new teacher (and the current schedule just coincidentally ending March 6) made it easy to find \$600 there. Amanda had no problem with 2 weeks off so there was \$600 there. My skipping Level 3 in French saved \$600 there. Mum wanted to pay for herself. I was trying to find a way for you to not worry about the money. Why was I trying to do that? Because even though:

- Calian got extended (a nice cashflow surprise),
- You WON the CMA contract (which is supposed to go longer than the 3 months originally anticipated),
- I've managed to hang on the MarketWatch a little longer, and
- We made 200K last year and we were able to save 25% of that

.... you have spent the past 2/3 (not sure) weeks not going for runs when there's an opportunity (I know French makes it challenging, but on several occasions I offered to do whatever so you could get out for a run which used to be really, really important), spending Saturday afternoons on the couch and (from my point of view) seeming very stressed.

I was trying to give us all a little break and reduce the cost to help you permit yourself to take a little break.

When you wrote that e-mail on Thursday that said "Financial bid now extended to March 13th. Send me a post card!" my heart sank. I couldn't believe you were choosing work over joining us at the beach (and only "missing" 3 business days that could have easily been made up in flights/flying time). With internet, you could have been available if there was some sort of emergency. I couldn't believe that you chose to accept the work and then ... wish us well on the trip. Isn't that what "send me a postcard" means??

I called my mum on Friday morning and said, "Well, looks like you're coming with us. John just really doesn't want to take any time off right now. It's kind of hard to believe. But I'll try to book somewhere that if he changes his mind he can still come for a few days." Mum asked me "Is there any chance we could go to Disney?" I answered her "Oh I would hope that if we were going to Disney that John would want to be a part of *that*. No, I just want to find a beach somewhere."

John, why didn't you ever say something along the lines of "It would break my heart if you were at the beach with the kids without me. Please don't go. Let's plan something together this weekend"? Why in the world would you say "Financial bid now extended. Send me a postcard!"?

I don't know what to say to you. I suspect you're shutting me out. Just so you know, I am not shutting you out. Despite my little quips about "how hard is it to heat up pancakes and waffles?" I just don't know what to say to you.

It is so sad that this has happened. But I really did think it was all about the money. I don't know exactly why you shut your dad out. I do know why you shut Mary out. I suspect you currently considering shutting me out. That's your call. Sean and Cate will be teenagers soon. I hope they don't get shut out too.

I am sorry this has happened. But I don't see how it is my fault. I feel that whatever you decide to do with our relationship is out of my hands.

Anyways .. this is what I would say if we were speaking.



Xo MM2

Morning Tab E
SCREAM

Deirdre Moore

From: Deirdre Moore <dmoore@advisorontrack.com>
Sent: Monday, February 25, 2013 3:34 PM
To: 'jk@johnkiska.com'
Subject: mistakes

I won't email you at work anymore. The only reason I did was because we weren't talking at home and I was trying to book a holiday for us as close to the transition from one contract to another .. that also coincided with the kids' March break.

I just wanted to point out that your email yesterday had some mistakes in it. For one, you knew that the trip wasn't booked when you wrote "send me a post card". So you did have the opportunity to tell me how you really felt.

Deirdre Moore, CFA
(613) 723 0010 phone
(613) 723 0020 fax

www.advisorontrack.com

engineering :: financial :: success

Xcel trip
or divorce

Verbal Abuse

Interpretation of Verbal Abuse by a Child ★



The Children's Aid Society of Ottawa
La Société de l'aide à l'enfance d'Ottawa

Page _____

Case Notes / Notes évolutives

Case # / # du dossier

Moore Case Surname / Surnom

Deidra Given Name / Prénom

Recording fax / Notes au dossier

Diary

Complete within 24 hours of contact / Rédiger dans les 24 heures du contact

- Adoption Family Services & Child Protection / Services aux familles et protection Foster Care Services / Services aux familles d'accueil
- Outside Placement Resources / Placement externes Support Services / Services d'appui aux familles

Reason for Contact & Information Discussed / Raison du contact et propos discutés

Date & time / Jour & Heure
DMY JMA

Brief Comment / Brefs commentaires

Sign after each contact
Signez après chaque contact

→ March 6/13 Excerpt from 2013 CAS file

9:00am
TCT- [REDACTED] Dawna Gates (Sean's Teacher)

Re: Sean Kiska (6 yrs old)

- Sean on Monday morning -- he had none of his stuff with them. Very unusual for him.

- Parents had a big fight over the weekend. verbal

- [Daddy hit mommy] that's why she is in the hospital. Really loud screaming; hiding in room; he wasn't answering; withdrawal. Very emotional; CAS went to have a home visit.

- Jonathan spoke w Principal - Vice-Principal about over the weekend. Mom hit by [REDACTED].

Case # / # du dossier

Moore

Deirdre Tab 9
Given Name / Prénom

Recording for / Notes au dossier

Complete within 24 hours of contact / Rédiger dans les 24 heures du cont

Adoption Family Services & Child Protection / Services aux familles et protection Foster Care Services / Services aux familles d'accueil
Outside Placement Resources / Placement externes Support Services / Services d'appui aux familles

Reason for Contact & Information Discussed / Raison du contact et propos discutés

Date & time / Jour & Heure
DDMMYY

Re: No 2 Weeks of Bizarre Behaviour
Brief Comment / Brefs commentaires

Sign after each case
Signer après chaque cas

March 4th, 2013 @ 14:26

REF: Judy Chow (physician)

Deirdre was admitted Civic Psychiatry on March 3rd, 2013. Jonathan took Deirdre to emergency.

Dr. Chow unsure of what is going on, this not typical behaviours for Deirdre, very surprising. Deirdre is an awesome mother. There was no indication - Deirdre seen by Dr. Chow last week during (children's) appointments.

Dr. Chow unsure how long being admitted. Wants writer to fax consent before providing more info.

- Dr. Chow stated a thorough assessment needed to determine the why's to this breakdown in someone so young.

Tab H

deirdre_cfa@icloud.com

From: Deirdre Moore <deirdre@cceh.ca>
Sent: July 4, 2017 12:38 AM
To: deirdre@cceh.ca
Subject: FW: FYI ... just to be perfectly clear

From: Deirdre Moore [mailto:dmoore@advisorontrack.com]
Sent: Sunday, March 24, 2013 6:08 PM ←
To: jk@johnkiska.com
Subject: FYI ... just to be perfectly clear

- You are correct that I have not been happy for a long time:
- I have absolutely not been happy not having a Will to protect our children.
 - I have absolutely not been happy not having adequate life insurance to protect you, I or our children.

I went through the process of applying for life insurance with Elyse and you refused to sign the paperwork. I asked you on many occasions to recommend a lawyer to draft a Will and you refused ... suggesting that I "go on line" and make one.

Your stress over money is something that I have learned to manage. It hasn't made me unhappy. Our whole 13 years of marriage has generally been very happy, at least in my mind. However, I can not with a clear conscience allow the irresponsible financial and estate planning with respect to Sean and Cate continue. If you can, that is your choice; however, it is not one that I respect.

I interpret your tone and demands to scrutinize our financials ten minutes after I walk in the door as suggestions, once again, that you are considering a divorce. Your threats don't scare me. Why in the world would I want to spend the rest of my life with someone who has no respect for me or our children?

Deirdre Moore, CFA
(613) 723 0010 phone
(613) 723 0020 fax

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1st 2013 - March - Admission
Tab I p1



The Ottawa Hospital
L'Hôpital d'Ottawa

Psychiatry Consultation

Service Date Mar 03, 2013
Unit/Clinic ED
Attending Dr. UNKNOWN
Visit Type Emergency
Campus OH - Civic Campus

Name/Nom MOORE, DEIRDRE ANN
MRN 2580047-5
DOB/DDN Gender Sep 28, 1965 Female
Admission/Visit Date Mar 03, 2013
Discharge Date

PLEASE RESPECT PATIENT CONFIDENTIALITY Printed copy of the official EOH LHR

Psychiatric Consultation

Civic Campus
1053 Carling Ave, Ottawa, ON K1Y 4E9
Tel: (613)761-4581 Fax: (613)761-4911

Family physician: Dr. J. Chow

Identification:
47 Married woman (John Kiska), 2 children (6 yo and 5 yo), works as a financial consultant from home.

Reason for referral:
Rule out mania/psychosis

History of Presenting Illness:
Information was provided by Ms. Moore's husband, John Kiska, as Ms. Moore was too sedated to be interviewed.

★ Ms Moore's husband says that her bizarre behaviour began 2 weeks ago. She suddenly became obsessed with the idea of taking a last minute vacation with her children. She started sending multiple emails to her husband each day about planning the trip. He presents a large stack of her email which he described as very disorganized and bizarre. She booked a vacation starting on March 6, which he found to be very impulsive for her. She also had uncharacteristic plans to get a live-in nanny, although her husband refuted this because he says it is not necessary since she works from home and they have a housekeeper 25 hours a week. In the past week, she developed plans to start a "mental health company" and started sending inappropriate emails to several people about this business idea, including the teachers of her children. She even went to their school to talk to the Vice Principle about her ideas. Her husband suspects that she was very disorganized when talking to the VP, because it prompted the VP to contact the Children's Aid Society, who made a home visit on Friday during which she was very pressured in her speech.

In the recent days, she has been saying that she is going to "solve the world's problems" and her husband describes her as being grandiose. She plans to write a book called "How I bullied the bully out of my husband" and has sent several emails to people she doesn't know about this book idea. Her husband describes referential thinking and grandiosity on Saturday, when she made an elaborate collage about "J.C.", which are the initial of a man involved in the murder suicide in Stittsville. She told her husband that J.C. really means Jesus Christ and that it means that she was chosen to solve the world's problems. Yesterday in the washroom at home, she coloured with marker over about 20 sanitary napkins while taking pictures of herself. Her husband found this very bizarre and brought them to PES to demonstrate her behaviour. Her husband has observed that she was talking to herself and to dead family members over the past couple of days.

True but not mania
... phh

Her husband denies any illegal, risky or dangerous activity. Despite her lack of sleep since Wednesday, she has been driving a car - she picked her children up from school on Friday.

Tab I p 2



The Ottawa Hospital
L'Hôpital d'Ottawa

Psychiatry Consultation

Service Date Mar 03, 2013
Unit/Clinic ED
Attending Dr. UNKNOWN
Visit Type Emergency
Campus OH - Civic Campus

Name/Nom MOORE, DEIRDRE ANN
MRN 2580047-5
DOB/DDN Gender Sep 28, 1965 Female
Admission/Visit Date Mar 03, 2013
Discharge Date

Printed copy of the official TOH EHR

PLEASE RESPECT PATIENT CONFIDENTIALITY

Her sleep has been very poor – he estimates that she has only slept 5 hours total over the past 5 days. She usually only sleeps 5 hours a night. She spends her nights writing emails, calling people and giving them inappropriate personal information (e.g. children's teachers), making business plans for her mental health company and plans for her book, and planning a vacation. She has not eaten very much in the past few days. She has drank more coffee than usual in the past week. Her husband says she has not drank alcohol since last weekend.

~~She is not aware of any specific trigger,~~ however she was upset by a murder-suicide that happened in Stittsville in January 2013. One night in January, she started crying suddenly and said she was upset about the murder-suicide incident. He denies any recent infection, medications, or medical issues. She has not had her period in the past 2 months but he believes she is at the beginning of menopause.

Her husband has known her for 18 years and says he has never observed similar behaviour. He is also not aware of any depressive episodes in the past. I spoke to Ms. Moore's father, Charlie Moore, who is currently staying at their home. He says that her only episode of mental health issues occurred when she was 15-16 years old. She had difficulty at school and cut her wrists, which prompted a visit to CHEO. She was not admitted but saw a psychiatrist several times at CHEO but never received medication. Mr. Moore and his wife (pt's mother) are not aware of any periods of decreased need for sleep or increased goal directed activity. They are also not aware of any depression in the past.

History of Present Illness:

No psychiatric history.
Chronic insomnia – usually gets 4-5 h/night.

Past Psychiatric History:

Sister – anxiety and depression; unable to work
Dad's side of the family – mental illness suspected (not aware of any diagnoses)

Substance Abuse:

Alcohol – consumes 5-6 drinks on Friday night, but she does not drink on other days of the week. No binge drinking above 6 drinks per day. Her husband denies that she has ever had a drinking problem.

No drug use
No tobacco use

*see Contradiction on page 2
of 2013-May-Discharge Report*

Past Medical History:

None known to husband

Current Medications:

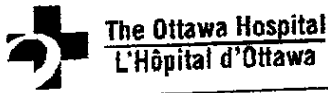
None (according to husband)

Allergies:

None (according to husband)

1254 of 1353
INFORMATION RECORD

Tab I p3



The Ottawa Hospital
L'Hôpital d'Ottawa

Psychiatry Consultation

Service Date Mar 03, 2013
Unit/Clinic ED
Attending Dr. UNKNOWN
Visit Type Emergency
Campus OH - Civic Campus

Name/Nom MOORE, DEIRDRE ANN
MRN 2580047-5
DOB/DDN Gender Sep 28, 1965 Female
Admission/Visit Date Mar 03, 2013
Discharge Date

Printed copy of the official TOB 11R

PLEASE RESPECT PATIENT CONFIDENTIALITY

Family History:
None (according to husband and father)

Social History:

- Married x 18 years
- 2 children - 5 and 6 years of age
- Works at home as a financial planner. Husband works out of the home
- Parents both living (in Ottawa). Sister and brother in law also live in Ottawa

Mental Status Exam:
When I saw Ms. Moore, she was sleeping and could not be wakened (post haldol 5 mg + ativan 2 mg). The psychiatric nurses tell me that prior to haldol and ativan, she was screaming, barking, agitated, and her speech was incomprehensible.

DSM Diagnosis:
Axis I: Manic episode, rule out secondary to medical illness, rule out Bipolar disorder
Axis II: Deferred
Axis III: None known
Axis IV: Caregiver burnout
Axis V: GAF 20

Impression/Risk Assessment:
47 year old woman with no known history of depression, mania or hypomania (and no family history of mental illness) presenting with a ~~1-2 week history of mania with psychotic features.~~

Recommendations:

1. Admit to psychiatry - form 1 for harm to self
2. Full medical work up to rule out medical cause
3. Olanzapine 5-10 mg po q4h prn (max 30 mg/24 hours) and haldol 5 mg po/IM q4h prn (max 20 mg/day) and ativan 1-2 mg po/IM q4h prn (do not use with olanzapine)
4. Contact Family MD tomorrow to get medical history
4. No regular mood stabilizer until pt can be examined.

Mr. Kiska, Ms. Moore's husband, agrees with this plan.

Dictated by:
Melanie Strike, R2

Staff Psychiatrist:
Dr. Kay - agrees with plan.

1250 264253 INFORMATION REPORT

Tab J

Excerpt from
2014 C.F.E.B. hearing

86

1 MS. MOORE: Do you have any other evidence
2 of an assessment? No? Other than that?

3 DR. CHARBONNEAU: And collateral
4 information ---

5 MS. MOORE: What's the collateral
6 information?

7 DR. CHARBONNEAU: What was discussed in
8 the Emergency and what the Doctor in Emergency collected
9 from collateral which was her husband. *

10 MS. MOORE: So "hearsay"?

11 DR. CHARBONNEAU: That would be hearsay.

12 MS. MOORE: Is there any other evidence
13 that shows the assessment that was done?

14 DR. CHARBONNEAU: I don't think I can
15 answer more right now.

16 MS. MOORE: No? There's no more evidence
17 than that? Thank you.

18
19 (SHORT PAUSE)

20
21 MS. MOORE: And that's the evidence for
22 both the Bipolar Affective Disorder and the psychotic
23 features?

24 DR. CHARBONNEAU: Correct.

Tab K
Excerpt from 2014 ~~CE~~
hearing

26

1 available to see Mrs. Moore again in consultation, as
2 required.

3 So then we're in July and August 2013; it
4 appeared that she continued to be on the low side; her mood
5 was low according to her husband; she spent a lot of time
6 in bed; he had to prepare the meals for the kids and that
7 they went on a family vacation trip in Mont Tremblant but
8 apparently she spent a lot of time in bed during that
9 vacation.

10 In September to October she was not as
11 depressed and became physically a bit more active again,
12 went to the gym and started to work; her work consisted of
13 providing -- she might give obviously more information on
14 that, but she worked on contract; she prepared an article
15 that takes her some -- I don't know how many days every
16 quarterly, I think; and she worked from her office in
17 finance.

18 During December she went -- it looks like
19 she became a bit depressed again, her husband describes her
20 being flat-lined and nothing. And he works full-time so he
21 had to get the Christmas tree, the decorations and wrap the
22 gifts but apparently she managed to purchase the gifts.

23 Then in January to February 2014, she became
24 more active again; her energy came back and became more
25 focussed on physical fitness and exercising, a topic or an
26 interest that is always important for Mrs. Moore.

L 0

GoodLife Check-ins by Member
Before Fri, Oct 2, 2015

Member Info

Membership Number:

QH22518157

Barcode :

GL1808150

Member Name :

DEIDRE MOORE

RFid :

Check-in Time

Club No

Club Name

Allowed

12/18/2013 9:27	84	Ottawa Hunt	Y
12/20/2013 12:55	84	Ottawa Hunt	Y
12/23/2013 11:20	84	Ottawa Hunt	Y
12/24/2013 9:37	84	Ottawa Hunt	Y
12/30/2013 11:07	84	Ottawa Hunt	Y
12/31/2013 12:53	84	Ottawa Hunt	Y
1/1/2014 11:28	84	Ottawa Hunt	Y
1/2/2014 12:20	84	Ottawa Hunt	Y
1/3/2014 10:31	84	Ottawa Hunt	Y
1/5/2014 10:53	84	Ottawa Hunt	Y
1/6/2014 9:16	84	Ottawa Hunt	Y
1/7/2014 9:29	84	Ottawa Hunt	Y
1/9/2014 9:23	84	Ottawa Hunt	Y
1/10/2014 9:25	84	Ottawa Hunt	Y
1/15/2014 14:13	84	Ottawa Hunt	Y

flat-lined?

15 check-ins found.

December 2013 Realization

Tab 2 p2

Deirdre Moore

From: Deirdre Moore <dmoore@advisorontrack.com>
Sent: Tuesday, December 03, 2013 2:31 PM
To: 'Kiska, Jonathan'
Subject: RE: hi cookie, how goes the day?

you bet. :)

Deirdre Moore, CFA
(613) 723 0010 phone
(613) 723 0020 fax

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From: Kiska, Jonathan [<mailto:Jonathan.Kiska@cpsc-ccsn.gc.ca>]
Sent: Tuesday, December 03, 2013 2:25 PM
To: 'dmoore@advisorontrack.com'
Subject: RE: hi cookie, how goes the day?

OK ... might try and sneak out for a run when I get home if OK with you.

From: Deirdre Moore [<mailto:dmoore@advisorontrack.com>]
Sent: Tuesday, December 03, 2013 2:24 PM
To: Kiska, Jonathan
Subject: RE: hi-cookie, how goes the day?

not enough hours! how about you?

Deirdre Moore, CFA
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From: Kiska, Jonathan [<mailto:Jonathan.Kiska@cpsc-ccsn.gc.ca>]
Sent: Tuesday, December 03, 2013 2:19 PM
To: 'dmoore@advisorontrack.com'
Subject: hi cookie, how goes the day?

Tab 2 p 3

Deirdre Moore

From: Deirdre Moore <dmoore@advisorontrack.com>
Sent: Thursday, December 05, 2013 2:34 PM
To: 'Yu, Wennda'
Subject: RE: MarketWatch 2013Q4 Production Schedule

Super! Thanks for letting me know. :)

Deirdre Moore, CFA
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-----Original Message-----

From: Yu, Wennda [<mailto:Wennda.Yu@cma.ca>]
Sent: Thursday, December 05, 2013 2:15 PM
To: dmoore@advisorontrack.com
Subject: RE: MarketWatch 2013Q4 Production Schedule

Hi Deirdre,

The schedule is a go - Bill confirmed no issues with the review/approval over the weekend of Jan 25/26.

From: Yu, Wennda
Sent: Wednesday, December 04, 2013 11:21 AM
To: 'dmoore@advisorontrack.com'
Subject: RE: MarketWatch 2013Q4 Production Schedule

Hi Deirdre,

I hope you're well.

The schedule looks fine from a resources stand point (including copyeditor availability - she agreed to switch her days around as a one off for us!). We met with Bill Horton today to get alignment on the CIO message. As a final step, I'll follow up with Bill today to confirm whether he has any concerns/conflicts scheduling the final review over the weekend of Jan 25/26 and let you know.

Wennda

From: Deirdre Moore [<mailto:dmoore@advisorontrack.com>]
Sent: Thursday, November 28, 2013 10:11 AM
To: Yu, Wennda
Subject: MarketWatch 2013Q4 Production Schedule

Tab 2 p 4

Deirdre Moore

From:

Sent:

To:

Subject:

Deirdre Moore <dmoore@advisorontrack.com>
Monday, December 09, 2013 12:49 PM
'Kiska, Jonathan'
don't worry .. I can do skating :)

Deirdre Moore, CFA
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(613) 723 0020 fax

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Tab 4 p5.

Deirdre Moore

From: Deirdre Moore <dmoore@advisorontrack.com>
Sent: Saturday, December 14, 2013 9:20 AM
To: 'megan jerome'
Subject: Cate's Xmas Song Book

← December 12

Hi Meagan. Did we leave Cate's book there on Thursday? If so, would you please leave it outside for us to pick up later today? Please let me know if you've seen it. Thanks so much! Deirdre. :)

Deirdre Moore, CFA
(613) 723 0010 phone
(613) 723 0020 fax

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From: megan jerome [mailto:meganjerome@hotmail.com]
Sent: Saturday, September 28, 2013 10:26 AM
To: dmoore@advisorontrack.com
Subject: RE: Piano Lessons

Hi Deirdre,

That's wonderful!

We live at 1224 Ridgemont Ave, just south of Heron, off Bank.

Ok - see you Thursday!

Megan

613.619.5586

From: dmoore@advisorontrack.com
To: meganjerome@hotmail.com
Subject: RE: Piano Lessons
Date: Sat, 28 Sep 2013 08:53:48 -0400

Hi Megan. We should have no problem getting there for 3:15 this Thursday (I think you are somewhere off Bank Street?). The kids will have already had a lesson that day (from 1:00 to 2:00) but you could spend a 1/2 hour with each (I'd pay you of course!) and you could let me know what you think level-wise and chemistry-wise. Then we could take things from there.

Tab 2 pb

Deirdre Moore

From: Jenn O'Reilly <jenn@jennoreilly.com>
 Sent: Saturday, October 03, 2015 1:54 PM
 To: dmoore@advisorontrack.com
 Subject: Re: email convos

new puppy

I do remember that day, as we had brought Holly home the day before. Holly spent about an hour sleeping on you, and you seemed pretty happy about it.

On Oct 3, 2015, at 12:18 PM, Deirdre Moore <dmoore@advisorontrack.com> wrote:

Everything helps Jenn. I am just putting bits of information together and together the picture will be very clear. I have a note in my agenda that we were at your house on Sunday Dec 15th 2013. I think that was the Xmas party (pot luck, maybe?) that you hosted for our family and the Hunsbergers. Do you recall this? If so, would you have described me at your party as "flat-lined" or "nothing"?

Deirdre Moore, CFA
 Partner, AdvisorOnTrack Inc.
 (613) 723-0010 office
 (613) 791-1451 mobile

From: Jenn O'Reilly [mailto:jenn@jennoreilly.com]
 Sent: Saturday, October 03, 2015 11:59 AM
 To: <dmoore@advisorontrack.com>
 Subject: email convos

Hi, I didn't have much for the dates you asked for, sorry I can't be of more help.

2013

May 3 convo about Cate and Caitlyn playdate, but Sean had a friends party to get to that day.

June 18 trying to plan playdate but you have plans to have coffee with a friend (you didn't name him/her) we made plans to get together on July 10

July 1-5 you invite us to bring the kids to play on the bouncy castle for Sean's party, but we are away in Montreal. Made alternate plans for July 17.

July 16 confirm plans to meet at my house with kids at 9:30am, you say John might take the kids instead of you.

Nov 12 invite Caitlyn for Cate's party

2014

February 2 make plans to have coffee with Dana (I vaguely remember this and I believe Dana cancelled and it was just you and I at second cup.)

March 23 invite us to go sledding at arboretum, I remember this because you had awesome sleds that I wanted to find for the kids.

Sorry I don't have much else to give you.
Jenn

Grocery shopping
etc., as usual

JTA666027 4000502-92867

DEIRDRE A MOORE

JONATHAN KISKA

Item No.	Trans date	Posting date	Description	Amount (\$)
CARD NUMBER-5191 3809 0365 0716				
20	Dec.11	Dec.12	GOLF TOWN #30 OTTAWA	45.19
			OTTAWA ON	39.55CR
21	Dec.12	Dec.12	CHAPTERS 769 OTTAWA ON	88.61
22	Dec.12	Dec.12	FARM BOY - TRAINYARDS OTTAWA ON	58.10
23	Dec.12	Dec.12	FARM BOY OTTAWA ON	810.20
24	Dec.12	Dec.12	LCBO/RAO #0243 OTTAWA ON	65.80
25	Dec.12	Dec.12	STARBUCKS #04277# OTTAWA ON	258.25
26	Dec.13	Dec.13	FT SHOP - NEPEAN ON	55.84
27	Dec.13	Dec.13	THE SCOTTISH AND IRISH OTTAWA ON	85.67
28	Dec.13	Dec.13	GOODLIFE FITNESS CENTR. NEPEAN ON	29.55
29	Dec.13	Dec.13	FARMER'S PICK OTTAWA ON	46.56
30	Dec.13	Dec.13	FARM BOY #85 OTTAWA ON	250.00
31	Dec.13	Dec.13	MADISON STUDIO SPA OTTAWA ON	20.38
32	Dec.13	Dec.13	BULK BARN STORE # 855 OTTAWA ON	365.00
33	Dec.13	Dec.13	LCBO/RAO #0041 OTTAWA ON	51.84
34	Dec.24	Dec.25	PHARMA PLUS DRUG MART OTTAWA ON	1.12
35	Dec.25	Dec.25	APL APPLE ITUNES STORE 800-578-2775 ON	47.01
36	Jan. 3	Jan. 3	FARMER'S PICK OTTAWA ON	280.00
37	Jan. 3	Jan. 3	WESTJET VACATIONS (WVI) CALGARY AB	119.78
38	Jan. 4	Jan. 4	LULULEMON 240 OTTAWA ON	11.29
39	Jan. 4	Jan. 4	APPLE ITUNES STORE 800-578-2775 ON	132.84
40	Jan. 4	Jan. 4	BMO TRAVEL ALLIANZ KITCHENER ON	27.92
41	Jan. 5	Jan. 5	FT SHOP NEPEAN ON	100.56
42	Jan. 5	Jan. 5	FARM BOY #40 NEPEAN ON	97.77
43	Jan. 9	Jan. 9	FARM BOY #30 OTTAWA ON	112.862
44	Jan. 12	Jan. 12	WORLD CASHBACK ANNUAL POINTS REDEMPTION	1,123.62CR
45	Jan. 12	Jan. 12	WORLD CASHBACK ANNUAL PAYOUT	0.00
46	Jan. 12	Jan. 12	INTEREST ADVANCES @ 19.50000% TO 12JAN	0.00
47	Jan. 12	Jan. 12	INTEREST PURCHASES @ 19.50000% TO 12JAN	0.02CR
48	Jan. 12	Jan. 12	CREDIT ADJUSTMENT - RJS INT	

Interest charges - We calculate interest on purchases, cash advances and fees, from the date of the transaction or the date the debt was made payable to bill. We never charge interest on interest charges. We don't charge interest on purchases and fees appearing on your account statement for the first time if you pay your account balance in full by the payment due date. You must pay interest on all cash advances. See your card center for the number of grace days that apply to your account.

How we calculate interest - The interest rates we charge are the annual rates shown and purchase interest rates shown on the card center, or any agreement we enter into those rates, which will be provided to you in writing. The annual and daily rates appear on your account statement. See your Cardholder Agreement for a detailed explanation of how interest is calculated.

How we apply payments to your account - When we receive a payment, we apply it to your account as outlined in your Cardholder Agreement. Your payments are processed the day we receive them. We will make sure that the minimum payment is set before the payment due date shown on your account statement.

Your minimum payment - You may pay your account balance in full at any time. By the payment due date shown on your account statement, you must pay the minimum payment. The minimum payment is:

- If the new balance is \$10 or less, the full amount, or
- If the new balance is more than \$10, the greater of \$10 or the percentage of the new balance shown on the card center or in any notice we may send you.

However, if the new balance exceeds your credit limit or if there is an amount past due on your account statement, you must pay the greater of:

- The minimum payment described above plus the past due amount, or
- The amount by which your new balance exceeds your credit limit.

Foreign currency transactions - If you have a Canadian dollar MasterCard, we accept transactions, including refunds, made in a foreign currency in Canadian dollars. If you have a U.S. dollar MasterCard, we accept transactions, including refunds, made in a currency other than U.S. dollars in U.S. dollars. We make the conversion of our purchase exchange rate in effect on the day the transaction is posted to your account. Our purchase exchange rate may not be the same as the rate that was in effect on the transaction date.

For foreign currency transactions, we make the conversion at our refund exchange rate on the date the refund is posted to your account. Our refund exchange rate may not be the same as the rate that was in effect on the date the transaction was refunded. The difference between our purchase exchange rate and our refund exchange rate means that the amount credited to your account for a refund of a foreign currency transaction will in most cases be less than the original amount charged to your account for the transaction.

Estimated True-to-Fairness - In calculating the number of years and months required to repay an account balance shown on an account statement if you pay only the minimum payment the cash amount on the payment due date, we assume that the current annual interest rate for purchases will apply throughout the repayment period. We also use any other assumptions we require or permit by applicable law.

PLEASE PAY YOUR SCHEDULED PAYMENT AMOUNT BY THE PAYMENT DUE DATE.

See overprint card

Tab L p8

Deirdre Moore

From: Deirdre Moore <dmoore@advisorontrack.com>
Sent: Monday, December 23, 2013 9:49 AM
To: 'Yu, Wennda'
Subject: 2013Q3 Invoice for MarketWatch outstanding
Attachments: MDPIIM_Invoice20131130_mw2013Q3.pdf

Hi Wennda. Sorry to do this to you this week. I was just catching up on some year end accounting over the weekend and realized that I never generated an invoice for Q3! I dated it for the end of November. I hope it's not too late. I am not in any rush .. but I realize that accounting people would prefer not to have things carry over year end.

So sorry for the oversight.
Deirdre.

Deirdre Moore, CFA
(613) 723 0010 phone
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AOT
business,
as
usual

Deirdre Moore

Tab my p!

From: Deirdre Moore <deirdre@cceh.ca>
Sent: Tuesday, July 4, 2017 12:27 AM
To: deirdre@cceh.ca
Subject: FW: Next Steps - Kiska pleading my return 2014

From: Deirdre Moore [mailto:dmoore@advisorontrack.com]
Sent: Monday, September 8, 2014 1:08 PM
To: Kiska, Jonathan <Jonathan.Kiska@cnsccsn.gc.ca>
Subject: RE: Next Steps

don't feel like your lifelong best friend. I feel like someone you want to control, prevent from having my own friends, prevent from pursuing professional goals by being trapped doing housework and cooking. I feel like someone who is a victim of your own insecurities be it financial worries, jealousy? and general inability to enjoy life due to the cash/time-sucking house that we foolishly bought.

have no interest in spending my final good 20 years being a slave to chores. I would rather live in an apartment and go to the symphony more often if that is the choice I have to make.

You RUINED that evening to Shawn's show that I was so looking forward to, and you know it. You ruined our previous date before that too by playing dirty pool. I did not spend Mont Tremblant in bed: I was go-carting, playing mini-golf, rode up to see the birds of prey, bought ice cream, sat on the patio chatting with other families. Sure I slept in each morning but I did not spend the holiday in bed. How dare you. I am not obsessed with fitness: it is my sport that YOU HAVE BEEN ENCOURAGING ME TO PURSUE. There is no \$1500 dress!!! and buying and returning shoes (and other things) is how I have shopped FOR YEARS! After each ketWatch I ALWAYS treat myself to the tune of \$2-3K and this I can PROVE. You fabricated a year of manic-depressive behaviour that did not happen so Charbonneau never even bothered to consider anything else!!!! How dare you! Your testimony cost me the entire summer!!!

I showed David (new trainer) those articles re: The Athletic Club and he agreed with me. By the way, my fitness blog WAS hacked shortly after my last meeting with Steve and the forum facilitator is willing to attest to that. My computer was "hacked" and as it had all of the banking info/passwords I felt it was prudent to secure our funds. I didn't SPEND them. I SECURED them! You wouldn't even give me the time of day while I was going through this. Some friend.

Sure we can discuss. As I've said before, you need to take a really hard look in the mirror. I am just not convinced that you're capable of doing that. If you are, great. Otherwise, I am not putting myself in the position of having another delusional episode/break - who knows, I may not come back from another one. I'd rather be broke but there for Sean and Cate in their teens/twenties than not be there at all. Period.

*Deirdre Moore, CFA
Partner, AdvisorOnTrack Inc.
(613) 723-0010 office
(613) 791-1451 mobile*

From: Kiska, Jonathan [mailto:Jonathan.Kiska@cnsccsn.gc.ca]
Sent: Monday, September 08, 2014 10:07 AM
To: 'dmoore@advisorontrack.com'
Subject: RE: Next Steps

MM2,

Love you so much - you are my lifelong best friend. Please let's discuss - I know we can work together to get through this.

From: Deirdre Moore [mailto:dmoore@advisorontrack.com]
Sent: Monday, September 08, 2014 8:55 AM

o: Kiska, Jonathan
subject: Next Steps
importance: High

Tab M p2

ohn,

- already hired a lawyer. My plan was to drop off the retainer today. I will hold off on that if you agree to:
- cancel the Community Treatment Order* now (Eileen has the power to do this)
- admit to Charbonneau that your testimony of my past twelve months behaviour was a complete misrepresentation of how GREAT I was doing (and all that spending you accused me of did not happen btw. There was NOTHING out of the ordinary.)
- agree to go to counseling once a week ... forever

the apartment I rented is in Gatineau. All I need to do is change my driver's license and I will be free of the CTO anyway. I disagree that I am bi-polar. I believe I have some sort of disorder that snaps me from me into a delusional state but I relate it to my inability to deal with threats. The meds that they have forced me onto do nothing to help me with this risk. This I have discussed with Charbonneau, though not at length. My plan was to give Mercer a chance and then just switch to the Quebec system to try to find better help.

If you agree to above, leave a message at 613-791-1451 and I will hold off until we can discuss.

Deirdre Moore, CTA
Partner, AdvisorOnTrack Inc.
613) 723-0010 office
613) 791-1451 mobile

*** NOTE ***

The CNSC email security server scanned this email and found no potentially hostile or malicious content. To be safe, do not open attachments from unrecognized senders.

*** REMARQUE ****

Le serveur de sécurité de la CCSN a examiné ce courriel et n'y a trouvé aucun contenu potentiellement hostile ou malveillant. Pour protéger votre ordinateur, n'ouvrez pas les pièces jointes en provenance d'expéditeurs inconnus.

.....
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.....

Deirdre Moore

Discovery ^{Tap N P 1} of July 10/14
"Collateral from Husband"

From: Deirdre Moore <dmoore@advisorontrack.com>
Sent: Wednesday, October 07, 2015 11:33 AM
To: deirdre.moore@carleton.ca
Subject: FW: There's a term for that

made at some point
mid-Sep 2015.
Initially, I confronted
John verbally.

From: Deirdre Moore [mailto:dmoore@advisorontrack.com]
Sent: Tuesday, September 29, 2015 4:26 PM
To: Kiska, Jonathan (Jonathan.Kiska@cnsccsn.gc.ca)
Subject: FW: There's a term for that

They gave me the WRONG meds because they thought I was bipolar! Because of your lies.
I got much worse instead of getting better and missed an ENTIRE summer with my babies! Because of your lies.
I lost a sister and a brother-in-law. Because of your lies.
I have this hanging over me. Because of your lies.

...be informed of the oxygen...

Medication Compliance:

... Moore will continue to take all prescribed psychiatric medication. Dr. ... is currently prescribing Lithium as per blood levels and Olanzapine 10 mg ... to 6 weeks then decrease to 5 mg for a period of 3 to 6 weeks and then ... can be discontinued unless clinically required to restart up to 20 mg PO daily. ... does not take the oral medication in a reliable fashion or it is ineffective, a ... acceptable antipsychotic medication such as Invega Sustenna up to 150 mg ... may be prescribed. Dr. Mercer will monitor and alter the psychiatric ... dosage as required, with appropriate consent. If an injection is required it ... administered to Mrs. Moore by nursing staff with The Ottawa Hospital. Civic ... (our delegate).

... will complete all lab work requested by the treating physician.

Decision Making.

... Moore is incapable to consent to this community treatment order and her ... Moore is the Power of Attorney. Eileen Moore agrees with this treatment ... Moore's participation in the plan. Eileen Moore will make herself ... treatment team should other treatment decisions be required and will ... Moore in meeting the obligations of the Community Treatment Order.

1

Wow. And if I hadn't found that memo of "Collateral from Husband" you would have let me continue to blame an incompetent medical system.

Well. I'm waiting. Show me the strength.

*Deirdre Moore, CFA
Partner, AdvisorOnTrack Inc.
(613) 723-0010 office
(613) 791-1451 mobile*

From: Deirdre Moore [<mailto:dmoore@advisorontrack.com>]
Sent: Tuesday, September 29, 2015 2:30 PM
To: 'Kiska, Jonathan (CNSC/CCSN)'
Subject: RE: There's a term for that

You lied so they would Form me. It's all right there in black and white.
Admit it.

There's not much to work through. It couldn't be easier.
You could probably catch Dr. C. at the Civic or Montfort right now. Tell him that you fabricated 18 months of bipolar history because you didn't know what else to do.

Once that's done, then we should definitely book some appointments with Dr. Coupland to see if there is a way I can ever trust you again.

Let me know when Dr. C. wants to meet.

*Deirdre Moore, CFA
Partner, AdvisorOnTrack Inc.
(613) 723-0010 office
(613) 791-1451 mobile*

From: Kiska, Jonathan (CNSC/CCSN) [<mailto:jonathan.kiska@canada.ca>]
Sent: Tuesday, September 29, 2015 1:06 PM
To: dmoore@advisorontrack.com
Subject: RE: There's a term for that

MM2,

We will work through this together and adjust the file.
I'm strong enough to work through this.
All my love.
PB

From: Deirdre Moore [<mailto:dmoore@advisorontrack.com>]
Sent: Tuesday, September 29, 2015 12:59 PM
To: Kiska, Jonathan (CNSC/CCSN)
Subject: There's a term for that

You lied.
And then you lied about lying.

Next, you will wait for it.....

*Deirdre Moore, CFA
Partner, AdvisorOnTrack Inc.
(613) 723-0010 office
(613) 791-1451 mobile*

Tab 0

Material Fact A-A requested

Deirdre Moore

From: John Kiska <jkiska@advisorontrack.com>
Sent: Thursday, December 10, 2015 1:53 PM
To: dmoore@advisorontrack.com
Subject: FW: Understanding the Grounds for Divorce in Canada

#45

This Exhibit ' B ' referred to in the Affidavit of Deirdre Moore, sworn before me at the City of Ottawa, this 1st day of July, 2017.
Shirley Obed
A Commissioner for taking affidavits

-----Original Message-----
From: Deirdre Moore [mailto:wasntafish@gmail.com]
Sent: October 1, 2015 10:17 PM
To: John Kiska <jkiska@advisorontrack.com>
Subject: Understanding the Grounds for Divorce in Canada

I will drain my entire RSP to finance my exoneration and expose you for the "man" that you are. Such a shame, when all you really have to do is show some strength. I knew you didn't have it in you.

"We" are not going to get through this. But I will.

<http://divorce-canada.ca/legal-grounds-for-divorce-in-canada>

ent from my iPad



DISCHARGE SUMMARY + SOMMAIRE DE CONGÉ

Patient Address 1244 LAMPMAN CRES
Adresses du patient OTTAWA ON K2C1P8
CAN
Disposition on Discharge Home
Orientation au congé

Name / Nom MOORE, DEIRDRE ANN
MRN / NIP 2580047-5
DOB / DDN - Gender / Sexe Sep 28 1986 / Female
Admission Date / Date d'admission Oct 12 2015
Discharge Date / Date de mise en congé Nov 12 2015

Carapus
Unit / Unité
Physician / Médecin
Service

Tab P
Only 2015 Discharge
2015 "collateral information"

RELEASE OF INFORMATION REPORT 284 of 282

PLEASE RESPOND TO THIS CONSULTATION IN WRITING TO THE PHYSICIAN WHO HAS BEEN CONSULTED BY FAX OR TELEPHONE.

DIAGNOSES / DIAGNOSTIC

The most important diagnosis treated during this hospitalization (Mental Health) Axis I: Psychotic Disorder NOS Query Bipolar Affective Disorder Type I vs. Schizoaffective Disorder

HISTORY AND PHYSICAL / ANTECEDENTS ET EXAMENS

AS PER ADMISSION CONSULT NOTE COMPLETED BY DR. C. TALEN, DR. K. BOIMARCHUK, AND STAFF DR. S. TANG ON OCTOBER 12, 2015.

Time Seen: 2330

Referring physician: Dr. Cheung Family physician: Dr. Chow

Copies to: above

Identifying Data:

50 year old female, previous diagnosis of bipolar disorder w/ psychotic features, lives in the basement of a home with her husband and 2 young children

? i.e. lives in the basement

Reason for Referral:

Situational crisis? Mental health deterioration with medication non-compliance.

History of Present Illness:

Collateral from her husband John 613-225-1451: ← Again!

He reports that for the past 9 days she has been sleeping less than 1 hours per night. She has been acting increasingly bizarre with paranoid thoughts. He reports that she believes he was the reason she was diagnosed with Bipolar Disorder because of a story he made up at her last admission. He reports that two days ago she took their 2 young children to a hotel in Gatineau. He called the police and they made contact with her at the hotel. Apparently, once the police met her they decided to leave her with the children that night. That night, at home he also found a lock box with all of the kitchen knives in it. He reports this is something that she has done in past episodes because of increased paranoia. The next morning (one day ago), the husband went to the police station to file a report because of his concern that his wife had again relapsed and was endangering the children. He was surprised the police had not brought her in on a Section 17 the night before. When the husband showed up at the police station, his wife and their 2 children were already there. She had filed a report against him for alleged criminal harassment. CAS was then involved and they interviewed the two young children. According to the husband, the children said his wife was talking to herself and laughing and crying at the same time at the hotel and overall acting bizarrely. Therefore, CAS returned the children to him and this is where they are now. According to the husband, CAS was just at the home earlier tonight to support the family during this process.

He reports that she has been taking no medication for the past year.

Letter written
to Dr. Kay
while at ToH
October 2015

Tab Q

Monday October 19, 2015

cc personal file
cc David Pattee
cc Mr. Jonathan Kiska
etc

Dear Dr. Kay,

In preparation for tonight's meeting, I offer to you
the following notes, thoughts, requests

- ① In my view, the "perfect storm" that triggers my
reflexive dysregulation is currently identified.

	TOH	HOME
Heightened anxiety	+	-
+ Severe empathy	n/a	n/a
+ REM deprivation	-	?
= Depressive dysregulation		

where, + = positive impact and - = negative impact
e.g. Being at ToH reduces anxiety - & having a
positive impact.

② Current Work in Progress (WIPs)

a) Initiating Divorce from Jonathan Kiska (JK)

At 10:00 a.m. on Thursday October 9, 2015, I met with
Mr. Jonathan Richardson of Augustine Bider Binko LLP
(613-569-7500). My colleague and friend, David Pattee,
joined me at that meeting. He can be reached at
613-410-8484 or david.pattee@corusent.com.

I am hoping to get a retroactive separation date
of July 10, 2014; the day that JK lied in order
to have me admitted to the Civic Hospital under
a "family" name.

Superior Court of Justice, Family Court

(Name of Court)

at **161 Elgin Street, Ottawa, Ontario K2P 2K1**

(Court office address)

Form 14: Notice of Motion

Tab R p 1

Applicant(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Jonathan William Kiska
1244 Lampman Cr
Ottawa, ON
K2P 1P8

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Katie Laframboise
Bell Baker LLP
700-116 Lisgar Street
Ottawa, Ontario K2P 0C2

Tel: (613) 237-3444
Fax: (613) 237-1413

Respondent(s)

Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

Deirdre Moore
1244 Lampman Cr
Ottawa, ON
K2P 1P8

Lawyer's name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).

referred to in the
Affidavit of **Deirdre Moore**
sworn before me at the City of Ottawa, this
20 day of April, 2017

Julia O'Neil
A Commissioner for taking affidavits

The person making this motion or the person's lawyer must contact the clerk of the court by telephone or otherwise to choose a time and date when the court could hear this motion.

TO THE PARTIES:

THE COURT WILL HEAR A MOTION on (date) November 17, 2015

at (time) 10 a.m., or as soon as possible after that time at: (place of hearing)

161 Elgin Street, Ottawa, Ontario K2P 2K1

This motion will be made by (name of person making motion) Jonathan William Kiska who will be asking the court for an order for the item(s) listed on page 2 of this notice

- A copy of the affidavit(s) in support of this motion is served with this notice.
- A notice of a case conference is served with this notice to change an order.


If this material is missing, you should talk to the court office immediately.

The person making this motion is also relying on the following documents in the continuing record: (List documents)

If you want to oppose this motion or to give your own views, you should talk to your own lawyer and prepare your own affidavit, serve it on all other parties not later than 4 days before the date above and file it at the court office not later than 2 days before that date. Only written and affidavit evidence will be allowed at a motion unless the court gives permission for oral testimony. You may bring your lawyer to the motion.

IF YOU DO NOT COME TO THE MOTION, THE COURT MAY MAKE AN ORDER WITHOUT YOU AND ENFORCE IT AGAINST YOU.

November 9, 2015
Date of signature



Signature of person making this motion or of person's lawyer

Katie Laframboise
Bell Baker LLP
700-116 Lisgar Street
Ottawa, Ontario K2P 0C2

Tel: (613) 237-3444
Fax: (613) 237-1413

Typed or printed name of person or of person's lawyer, address for service, telephone & fax number & e-mail address (if any)

NOTE TO PERSON MAKING THIS MOTION: You MUST file a Confirmation (Form 14C) not later than 2:00 p.m. two days before the date set out above.

If this is a motion to change past and future support payments under an order that has been assigned to a government agency, you must also serve this notice on that agency. If you do not, the agency can ask the court to set aside any order that you may get in this motion and can ask for court costs against you.

State the order or orders requested on this motion.

1. An order that this motion be allowed to proceed on an urgent basis as per Rule 4 (4.2) of the *Family Law Rules*.
2. An order that the Applicant be granted interim sole custody of the children of the marriage, namely, Sean Kiska, born May 8, 2006 and Cate Kiska, born November 30, 2007 until further Court Order or agreement between the parties.
3. An order that access between the children, namely, Sean Kiska, born May 8, 2006 and Cate Kiska, born November 30, 2007, and the Respondent be supervised by the Applicant or the Respondent's parents until further Court Order or agreement between the parties.
4. An order granting the Applicant, interim, exclusive possession of the matrimonial home located at 1244 Lampman Crescent, Ottawa, ON.
5. An order that this order be police enforceable.
6. Such further and other relief as this court deems just.

Tab S P1/5

Ψ Gilmour Psychological Services®

437 Gilmour St. Ottawa ON K2P 0R5 CANADA T-613- 230-4709 F-613- 230-8274 www.ottawa-psychologists.com

Partners

- Dr. Iris Jackson Ext. 24
- Dr. Frances Smyth Ext. 22
- Dr. Karen Davies Ext. 26
- Dr. Doreen Gough Ext. 23

Associates

- Dr. Anne Boland Ext. 30
- Dr. Karen Coupland Ext. 31
- Dr. Alex Weinberger Ext. 36
- Dr. Sandy Ages Ext. 35
- Dr. Qadeer Ahmad Ext. 29
- Dr. Peter Judge Ext. 32
- Dr. Paul Basewitz Ext. 33
- Dr. Deanna Drahovzal Ext. 46
- Dr. Sarah Pantin Ext. 150
- Dr. Marc Zahradnik Ext. 42
- Dr. Caroline Ostiguy Ext. 40
- Dr. Jessica Henry Ext. 155
- Dr. Delyana Miller Ext. 43
- Dr. Angelina Chupetlovska Ext. 152
- Dr. Douglas Scoular Ext. 48

Reception

- Ms. Agnes Klidd Ext. 0
- Ms. Carole Johnson Ext. 0

Note highlighted text on pages 4 & 5.

March 27, 2017

To Whom It May Concern:

Re: Ms. Deirdre Moore, DOB: 28/09/1965

I have been seeing Ms. Moore since January 13, 2016 for consultations on an episodic basis as she goes through several life transitions. The following will clarify my professional opinion about Ms. Moore and some matters that seem to have developed over the past few years.

It must be noted that I have only seen Ms. Moore and read a binder of material that she shared with me. I have not seen her estranged husband, Jonathon Kiska, nor have I seen her children. Therefore, I have no comments to make about the divorce issues and any custody and access issues. I am only focused on my understanding about Ms. Moore, gleaned through my meetings with her and some of her writings. Furthermore, this report should not be interpreted as being an Independent Psychological Evaluation.

The following will begin with a brief description of my professional competence and then explain my understanding of Ms. Moore and what she has experienced. I will then discuss Ms. Moore's results on two Psychological Tests that I administered: the Minnesota Multiphasic Personality Inventory - 2RF (MMPI-2RF) and the Inventory of Altered Self-Capacities (IASC). These tests are described in Appendix A. My formulation will include her diagnosis, an explanation of what it means, and what her personal strengths and weaknesses are.

This report was prepared at Ms. Moore's request and in relation to her recent life experiences, and is most appropriately interpreted and used in this context. Also, my professional opinion expressed in the Formulation and Conclusions section is based on the information and data available to me at this time and could change if other information were to come to light.

Brief Statement of Professional Competence

I am a clinical psychologist, licensed since 1981. I am the founding psychologist of Gilmour Psychological Services® in Ottawa, established in 1983. I have the competency to assess, diagnose, treat and consult about most adult mental

5

health disorders, as described in the DSM-5 or the ICD-10. I have special interest and proficiency in the diagnosis and treatment of substance use disorders, recognized by my having earned the American Psychological Association's Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders. I have many years of training and experience in the diagnosis and treatment of adult children of dysfunctional families, adult survivors of childhood trauma and adult trauma survivors. I also assess and treat people with codependency, depression, anger disorders, anxiety, adjustment and life transition issues, self-esteem issues, stress, intimacy and major mental illnesses. I have years of experience applying my ethical and jurisprudence knowledge to the assessment of fitness to practice and standards of care. I also have many years of experience in providing Independent Psychological Evaluations in the context of civil suits for psychological trauma, certain retrospective criminal assessments and standards of care tribunals. I have testified as an Expert Witness in a number of civil suits and tribunals. Many of the cases for which I provided evaluation reports have settled out of court. I remain as committed and as enthusiastic as ever in providing the highest level of service in evidence-based counselling, psychotherapy, psychodiagnostics and Independent Psychological Evaluations.

Ms. Moore's Experiences over the Past Four Years

The following discussion of Ms. Moore's recent history is expressed in my words and not Ms. Moore's except where I use quotation marks. Also, the following is not meant to be a verbatim account of the incidents and events of her recent life, but rather a précis of the points that I believe to be salient. The following is based on Ms. Moore's self-reports and the documents that I have read.

In her first interviews with me, Ms. Moore reported that she was going through a divorce precipitated in part because she had learned that her husband had lied to the physicians and psychiatrists about her personal history and her recent past behavior, exaggerating, in her view, her behavior and the length of time that she had been acting strangely. She said the psychiatrists at the emergency department of the hospital asked her husband for information about her (as a collateral source of information) in spite of her having told them that he was verbally and psychologically abusive to her. She said that he listed many of the symptoms of Bipolar Disorder, which led the psychiatrists to diagnose her as having that disorder, and that diagnosis followed her through her various efforts to get help through the medical system and the police.

She said that she only realized what was happening when she obtained copies of her medical files and saw all the misrepresentations that her husband had told the physicians. She also said that her husband alienated her family members from her because of his misrepresentations of what she was going through.

Ms. Moore said that she stumbled on an article about "gaslighting" and realized that her husband was manipulating her so that she would become self-doubtful

and malleable. Gaslighting colloquially refers to a form of emotional abuse that causes the victim to question her experience of reality, resulting in increased control by the gaslighter. The term is a reference to a 1944 movie called *Gaslight*, in which a husband with a secret gradually tries to drive his wife insane. In current parlance, the gaslighter minimizes his victim's concerns and feelings insisting that the victim is too sensitive; "forgets" his promises and suggests that she was making things up; tells the victim that he had told her something or done something that she was sure he had not done; questions the victim's memory; changes the subject to divert her train of thought, and challenges and negated her emotional reactions. Lying about the wife's symptoms to psychiatrists would fall in the domain of gaslighting. *

As a result of her feelings that her husband was psychologically abusing her, Ms. Moore left her family and stayed with a friend, seeing her children at the family home before and after school. She said that she realized when her stress got very high, she would have a brief psychotic episode. When she was in hospital, she would be treated with medication for Bipolar Disorder because she had been misdiagnosed based on what her husband had told the physicians. She reported that the side effects of the medications made her ill and she did not feel that the physicians heard her because they were misled by what her husband had told them.

I did not see Ms. Moore between the end of March and December 8, 2016. She told me that due to finances, she attempted to reconcile with her husband for a period between April, 2016 and the fall of 2016. She said that in the fall, she recognized her husband's machinations, and began to feel unsafe with him. She left for an apartment and began a cycle of access with her children.

Ms. Moore said that she had also learned the early warning signs of being stressed to the point of being at risk of a brief psychotic episode. As a result, she takes her medication as prescribed and uses a tablet of clonazepam whenever she feels very anxious. She also tries to control aversive situations so that her stress level remains manageable. She successfully followed legal procedures and had a tenant removed from her house and now is in the process of moving into it.

Psychological Test Results

To clarify Ms. Moore's diagnosis, on February 2, 2017, I administered the MMPI-2RF and the IASC. The MMPI-2RF has validity scales which determine the test-taking attitude of the examinee. Ms. Moore's validity scales indicated that she was open and forthright in answering the questions, which concurs with my clinical impressions. As a result, I am confident that the results discussed below are an accurate reflection of Ms. Moore's current psychological functioning.

On the MMPI-2, most of the scales were in the normal range. There were small elevations on the Ideas of Persecution scale and the Antisocial scale. These were raised because Ms. Moore is very mistrustful of certain people including

her husband and she has felt persecuted and misunderstood by many (but not all) in the health system. The elevated antisocial scale was raised because she truthfully answered that she has had dealings with the police.

All of the Somatic, Cognitive and Internalizing scales were in the normal range. Also all of the Externalizing, interpersonal and Interest scales were in the normal range, with the exception of the Juvenile Conduct Problems. This scale was raised because of misbehavior as an adolescent and an angry suicide gesture as a teen (not an attempt). All of the Psy 5 (personality) scales were in the normal range, with the exception that she displayed a mild tendency to be introverted rather than extroverted.

Ms. Moore's results on the IASC were all in the normal range except for an elevation of the Interpersonal Conflict scale, raised, in my opinion, because of the conflict with her husband. There was also an elevation on the Susceptibility to Influence scale, which suggests that she can be easily led and was easily influenced by those close to her, such as her husband. Finally, the Affect Skills Deficit scale was elevated, indicating that Ms. Moore feels that she requires help in learning skills to soothe strong emotion.

What is striking about her results is that the vast majority of the scales are in the normal range. This suggests that her basic personality, character structure and usual mental status are normal and sound.

Formulation and Conclusion

In my opinion, Ms. Moore has many psychological strengths. She is a very intelligent, verbally fluent and articulate woman with a prosocial value system and good family values. She has a good work ethic and has very good social skills. She has persevered in the face of adversity and has good insight into her mental illness, which is a relatively small part of her psychological makeup.

It is true, however, that Ms. Moore has a mental illness. She reported that the brief psychotic episodes first appeared in 2013, precipitated by the high conflict with her husband. In my opinion, her diagnosis is Brief Psychotic Disorder, with marked stressors during which she has delusions and disorganized speech and cognitions. Brief Psychotic Disorder is diagnosed when the duration of an episode is at least one day but less than a month. Also, her symptoms occur in response to events that would be markedly stressful to almost everyone in similar circumstances.

Ms. Moore's first two hospitalizations were longer than one month, but, in my opinion, this was due to the repeated and ongoing stress she experienced when the professional staff would not listen to her or consider that her husband was not an accurate informant about her history or symptoms. Ms. Moore was repeatedly told that she was so sick that she was amnesic for her over-spending and other aberrant behavior. Having no one believe her or listen to her stressed

Tab 5 p 5/5

her so much that her psychosis could not remit until she was released and found a place to live where she felt safe.

However, although I believe that the most accurate diagnosis is Brief Psychotic Disorder, the diagnosis that she was discharged with, that of Psychotic Disorder NOS (Not Otherwise Specified), is not in conflict with my overall discussion of Ms. Moore. Furthermore, due to the clinical acumen of Dr. Deanna Mercer, psychiatrist, Ms. Moore is very stable on Lamotrigine 200 mg, Clonazepam as needed and Immovaline when she needs a sleep aid. Due to Ms. Moore's insight, she is able to add the "as needed" medications appropriately to prevent a recurrence. Also, she tries to avoid highly stressful situations, but can handle everyday stressors well.

I hope that this report is clear and useful. If you have any questions, please let me know.

Yours truly,

Dr. Iris Jackson, C. Psych.

Tab T

The Journal of Psychiatric and Behavioral Science

The Influence of Collateral Informants on Psychiatric Emergency Service Disposition Decisions and Access to Inpatient Psychiatric Care

Alisa Lincoln MPH, PhD

Social and Behavioral Sciences Department, Boston University School of Public Health, Social and Division of Psychiatry, Boston University School of

**"Collateral from husband, John.:
The pt's husband called while pt is being
assessed in PES ..."**

Kiska's affidavit for this motion
Volume 4, Tab 1, Exhibit K, page 1

Psychiatry Department
... referred to in the
og Program at Columbia University
sworn before me at the City of Ottawa, this
l. Allen, MD ... 21 day of August, 2017...
University of Colorado School of Medicine
of the Comprehensive Psychiatric Emergency Program
il Center in New York.

Citation:

Lincoln, A.L., Allen, M. (2002) The influence of collateral information on access to inpatient psychiatric services. *International Journal of Psychosocial Rehabilitation*. 6, 99-108

* This research was supported by N.I.M.H training grant #5T32MH13043 and the Sociomedical Sciences Division of the Columbia University School of Public Health. Address correspondence to: Alisa Lincoln, Ph.D., Social and Behavioral Sciences Department, Boston University School of Public Health, 715 Albany Street, TW2, B...

Abstract

Objective: Psychiatric Emergency Services (PES) are and the presentations frequently involve coercion. In care may conflict with the value attached to confident these decisions have been studied previously but fina changes affecting patients' rights have significantly a disposition decisions occur This necessitates a re-exa and involuntary hospitalization. This paper addresses on the admission process. Methods: A retrospective c Comprehensive Psychiatric Emergency Program was were collected on each visit and multiple outcomes, prin hospitalization of any type were examined. Step-wise logis importance of multiple influences on these outcomes. Results: The presence of additional sources of information provided by collaterals increases the likelihood of both involuntary and voluntary hospitalization even when diagnosis, level of dangerousness and other socio-demographic variables are controlled. Conclusion: Additional information appears to facilitate access to inpatient care. In the current climate within which psychiatrists must make admission decisions, information from collateral sources takes on increased importance.

**"History of Presenting Illness:
Information was provided by Ms.
Moore's husband, John Kiska, as Ms.
Moore was too sedated to be
interviewed."**

Kiska's affidavit for this motion
Volume 4, Tab 1, Exhibit C, page 1

Calculation Input Annual \$

Jonathan Male, 0. Resident of ON
Income
 Taxable CDN dividends (all) 200,000

Deirdre Female, 0. Resident of ON
 No information

Children	Age	Lives with	Table Amt	Claimed by
Child 1	9	Shared	Yes	Deirdre
Child 2	8	Shared	Yes	Deirdre

Youngest child finishes high school 10 years from the date of separation
 Dependant credit claimed by Deirdre

Note: This calculation includes dividend and/or capital gains income taxed at a lower rate; the resulting tax savings have been added and grossed up (see CSG, s. 19(1)(h)).

Note: This calculation includes amounts that have been grossed-up; this gross-up accounts for income tax only.

Cautions/Overrides

▲ Child Support (Table) - Jonathan's Income over \$150,000; CSG Table Amount may be inappropriate.

Child Support Guidelines (CSG) Monthly \$

	Jonathan	Deirdre
Annual Guidelines Income	189,088	0
CSG Table Amount	2,458	0
Child Support (Table)	2,458	0

Spousal Support Advisory Guidelines (SSAG) Monthly \$

Length of marriage/cohabitation: 0 years
 Recipient's age at separation: 0 years

"With Child Support" Formula

Low	Mid	High
3,465*	4,422	4,764

*Low end of the range extended to include 50/50 split of NDI (as defined by SSAG)

Required input for duration: Length of Marriage and Age of Recipient at Separation

SSAG Considerations: The results of the SSAG formula must be interpreted with regard to: Entitlement; Location within the Ranges; Restructuring; Ceilings and Floors; and Exceptions.

Support Scenarios	Monthly \$	A. SSAG Low		B. SSAG Mid		C. SSAG High	
		Jonathan	Deirdre	Jonathan	Deirdre	Jonathan	Deirdre
Gross Income		12,137	60	12,137	60	12,137	60
Taxes and Deductions		(358)	(317)	(81)	(686)	(62)	(792)
Benefits and Credits		0	190	0	109	0	102
Spousal Support		(3,465)	3,465	(4,422)	4,422	(4,764)	4,764
Child Support (Table)		(2,458)	2,458	(2,458)	2,458	(2,458)	2,458
Net Disposable Income (NDI)		5,856	5,856	5,176	6,363	4,853	6,592
adult in household							
child in household							
<input type="checkbox"/> shared/summer child in household		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Payor's NDI/Contribution		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percent of NDI		50.0%	50.0%	44.9%	55.1%	42.4%	57.6%
CSG Special Expenses Apportioning %		77.8%	22.2%	71.8%	28.2%	69.6%	30.4%

Dec Jan Feb Mar April May June = 7 months

Tab 4 p2/2

057

MR JONATHAN KISKA
1244 LAMPMAN CRES
OTTAWA ON K2C 1P8

DATE 20181001
Y Y Y Y D D

PAY TO THE
ORDER OF

Darlene Moore

one thousand five hundred and seventy five ⁰⁰/₁₀₀

\$ 1,575⁰⁰
100 DOLLARS

BMO Bank of Montreal
1430 PRINCE OF WALES DRIVE
OTTAWA, ONT. K2C 1N6

2018 Support
345 Support
1230 SM

JL Kiska

⑈057⑈ ⑆29766⑈00⑆

⑈5970⑈995⑈

Tab v p 5/5

Sylvan Insight™ | Reading Assessment



Key Learning Needs for Cate:

COMPREHENSION

- Identifying the implied main idea in a text
- Summarizing the main ideas and details of a text
- Determining an author's purpose or motive for writing
- Identifying fact and opinion in a text
- Comparing and contrasting elements in a story or passage
- Identifying cause-and-effect relationships in a text
- Drawing conclusions based on information in a text
- Interpreting visual aids in a text
- Making inferences about text
- Applying comprehension strategies to informational text

Both Dr. Matheson
& Sylvan Director
(Doug) stated that
comprehension was a
big problem for Cate.

VOCABULARY

- Defining new words using concrete context clues
- Inferring the meaning of new words using context clues
- Deriving a word's meaning based on its context
- Deriving the meaning of a word based on its prefix
- Deriving the meaning of a word based on its suffix
- Deriving the meaning of a word based on its root
- Building vocabulary through themed word units (Unit 4)
- Building vocabulary through themed word units (Unit 5)
- Building vocabulary through themed word units (Unit 6)
- Defining homophones based on context
- Defining multiple meaning words

FLUENCY

- Orally reading text fluently (Passage 1)
- Orally reading text fluently (Passage 2)
- Orally reading text fluently (Passage 3)
- Orally reading text fluently (Passage 4)

Tab W p 1/2



August 28, 2018

To whom it may concern:

Cate Kiska was enrolled in Sylvan Learning's Reading and Math programs in May, 2018. Cate has been filling in identified skill gaps in these subject areas and has shown significant growth with vocabulary development, comprehension skills, problem solving and basic numeracy skills. Continued tutoring is recommended in order for Cate to comprehend grade level vocabulary and numeracy skills required at the Grade 6 level.

→ Cate's Mother, Deirdre Moore, is the only responsible party on file and has driven Cate to all of her sessions since May, 2018. Cate missed only one 2 hour session on July 4th, 2018 - we received a call just before lesson time that Mr. Kiska could not get her here. Ms. Moore has paid Sylvan a total of \$3,322.00 for tutoring services until the end of August, 2018. Please note that this includes a \$125.00 test fee for Sean Kiska, therefore, Cate's portion is \$3,197.00.

In general, we have seen a strengthening of both her reading and math skill while attending Sylvan. Cate's confidence and focus have improved. We look forward to furthering her education.

Kiska paid \$ 0

Kind Regards,

A handwritten signature in black ink, appearing to read "Douglas King".

Douglas King

Centre Director

Tab W p 2/2

deirdre_cfa@icloud.com

From: Matheson Psychology <adrienne@mathesonpsychology.com>
Sent: May 29, 2018 10:00 PM
To: Deirdre Moore
Subject: tutoring hours

Hi Deirdre,

My apologies for the delay in responding sooner. I was out of the office for most of the week last week and am just catching up on emails. In terms of the tutoring for Cate, it is difficult to say the number of hours that would be appropriate. I would rely on the advice of the school and the tutor to better assess what is needed in the day to day support. I defer to their expertise in this regard.

--
--
Dr. Adrienne Matheson, Ph.D., C.Psych, RPT
www.mathesonpsychology.com

adrienne@mathesonpsychology.com

314 Central Park Drive
Ottawa, ON K2C 0R2
613-702-1688



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E 1/14

Dec 2016 Tab X P1/2

Deirdre Moore

From: kathleen moore <kmoore9523@yahoo.com>
Sent: → Saturday, December 17, 2016 3:26 PM
Subject: Deirdre Moore
Re: second car.

defamation
+ SK mental health

From your Dad:

First entry in notes - Dec. 2

- Suggested to John to contact Dealer for possible licence plate number then check with MOT for registration.

- This was the third time I asked John for confirmation of you buying a second car. Apparently he had not actually seen a car - saw some receipt.

- Cannot recall if I knew before Nov. 26 so first heard presumably between Nov. 27 - Dec. 1.

Re: SK calling my dad
in a panic stating
that I had
purchased a second car.
→ (never happened)
you

Tab X p2/2

Feb 2018

- Mental Health - Kiskadee

- Def

- Intest/Neg Inflection

deirdre_cfa@icloud.com

From: kathleen moore <kmoore9523@yahoo.com>
Sent: Monday, February 26, 2018 3:40 PM
To: Deirdre Moore
Subject: re: letter

- Attempted Abduction

DEIRDRE - YOU MENTIONED RECENTLY THAT JOHN SAID HE WAS NOT SEEKING SOLE FULL CUSTODY OF SEAN AND CATE. MY LAST TWO CONTACTS WITH HIM (PHONE) REFUTE THIS. FOLLOWING THE INCIDENT AT BEST BUY (DEC. 10) HE CALLED ME AND ARDENTLY SUGGESTED THAT MOM AND I, DOUG, JULIE AND HE (I AM NOT SURE IF MARY WAS INCLUDED) GATHER TO SEEK THAT SOLE CUSTODY OF SEAN AND CATE BE PLACED WITH HIM. I TOLD HIM THAT YOUR MOTHER AND I WOULD NOT BE PART OF ANY SUCH ENDEAVOUR.

MORE RECENTLY (FEB. 5) I RECEIVED A CALL FROM JOHN WHEREIN, FOLLOWING OPENING DIALOGUE JOHN QUITE STRIDENTLY SAID "YOU HAVE GOT TO GET SOME BACKBONE". IMMEDIATELY FOLLOWING THIS - THERE SEEMED TO BE SOME FORM OF BACKGROUND INTERRUPTION AT JOHN'S END AFTER WHICH THE LINE WENT DEAD. BOTH OF THESE CALLS REMINDED ME OF PREVIOUS EFFORTS BY JOHN TO GET MOM AND ME TO AGREE TO (IF NOT INSTITUTE) EFFORTS TO OBTAIN SOLE CUSTODY OF SEAN AND CATE FOR JOHN (THE SIGNED TO WHOM IT MAY CONCERN STATEMENT DATED OCTOBER 20, 2015) COMES TO MIND.

Tab y


deirdre_cfa@icloud.com

From: kathleen moore <kmoore9523@yahoo.com>
Sent: → August 16, 2018 3:39 PM
To: Deirdre Moore
Subject: re: information John Kiska

Deirdre - you asked if I could provide details of comments made by Mr. Kiska related to how he would respond in dealings in a divorce case between you and he.

While I cannot recall the dates I do recall distinctly him using the phrases:

"I will spend my last dollar".

"I will go for the jugular". 

Tab 2 p1/2

Concurrent Scam: Drain Liquid Assets

Step 1 – David Pattee ("Pattee") befriends Deirdre Moore ("Moore") and, unbeknownst to her, immediately stops paying his mortgage.

Step 2 – One week prior to being served divorce papers by Kiska*, Pattee alerts Moore that he is about to be evicted from his \$400,000 house for default and needs the C-grade lender to be paid in the amount of \$220,000** within a week. So, isolated from all family and friends due to story that Kiska has built over the years, Moore drains all of her liquid assets (RRSP, LOC) to save Pattee's house.

Step 3 – The following week, Moore is served divorce papers by Kiska:

- Moore no longer has liquid assets
- Moore is now co-habiting with Pattee

Step 4 – Five months and, as per attached, \$25,000 in legal fees paid by credit card later, Moore has little choice but to return to Kiska. Pattee (not such a friend after all) becomes a tenant.

Step 5 – Pattee doesn't maintain property or pay basic rent/bills but does rent out rooms to create an income stream for himself. (Plus, the basement floods tenant suffers "losses")

Step 6 – Six months later, Moore can no longer stay with Kiska ... Pattee won't move out.

Step 7 – Four months later, Pattee is successfully evicted after significant expense for lawyers, temporary lodging, etc.

*Note that Kiska had asked Moore's parents to serve the divorce papers to her while she was staying voluntarily at TOH to learn to manage anxiety. They declined ... so they were served by courier.

**Details of other Pattee costs that fully eroded any "profit" resulting from Moore's home purchase available upon request.

Jul/31/2017

Tab Z p 2/2

Victor - Ages - Vallance
Client Ledger
Nov/ 1/2015 To May/ 1/2016

Date	Received From/Paid To	Chq#	Rec#	Repts	Disbs	Fees	Ald	Trust Activity	Balance
Entry #	Explanation						Inv#	Acc	
44442	Moore, Deirdra								
44442-1000	Matrimonial								
Nov 17/2015	Deirdra Moore (MC - TP)								
1134515	retainer								
Nov 30/2015	Victor - Ages - Vallance	08043							
1132674	transfer from trust to pay a/r								5000.00
Nov 30/2015	Victor - Ages - Vallance	0518							
1132485	PMT - transfer from trust to pay a/r	22593	5000.00						0.00
Dec 4/2015	Deirdra Moore (TP - MC)								
1134016	PMT - pay inv. 38272								
Dec 4/2015	Deirdra Moore (MC - TP)	08061							
1134016	retainer								
Dec 16/2015	Minister of Finance								
1134065	Filing Fees - subject to law, - Answer	9528							5000.00
Dec 17/2015	Dr. Judy Chow								
1136645	Medical Reports	8532							4975.00
Dec 31/2015	Victor - Ages - Vallance								
1141317	transfer from trust to pay a/r	8543							4800.00
Dec 31/2015	Victor - Ages - Vallance								
1141320	PMT - transfer from trust to pay a/r	22809	4309.99						490.01
Jan 1/2016	d'Artois Mediation Inc								
1140660	Mediation	8545							
Jan 22/2016	Deirdra Moore (MC - TP)								
1141317	retainer	08100							
Jan 23/2016	Victor - Ages - Vallance								
1151138	transfer from trust to pay a/r	8553							10321.62
Jan 28/2016	Victor - Ages - Vallance								
1153947	PMT - transfer from trust to pay a/r	22912	6942.55						3379.07
Feb 4/2016	Sephora Smith								
1156674	Divorce Famil. Reconciliation Fee	8560							
Feb 25/2016	Children's Aid Society of Ottawa								
1165807	CAS Disclosure Documents	8580							2369.37
Feb 29/2016	Victor - Ages - Vallance								
1157190	transfer from trust to pay a/r	0580							3339.37
Feb 29/2016	Victor - Ages - Vallance								
1167207	PMT - transfer from trust to pay a/r	23054	3339.37						0.00
Feb 29/2016	Deirdra Moore (MC - TP)								
1167207	PMT - pay inv. 39043	23054							
Mar 24/2016	Deirdra Moore (MC - TP)								
1176505	PMT - pay inv. 39140	23135	2747.29						
Apr 29/2016	Moore, Deirdra (MC - TP)								
1190155	PMT - pay inv. 39140	23285	7358.20						

TOTALS PERIOD	UNBILLED				= TOTAL	BILLED				BALANCES	
	CHQ	+ RECOV	+ FEES			DISBS	+ FEES	+ TAX	- RECEIPTS	= A/R	TRUST
END DATE	0.00	2.05	0.00	2.05	694.40	21795.50	2923.70	25413.60	0.00	0.00	
	0.00	2.05	0.00	2.05	694.40	21795.50	2923.70	25413.60	0.00	0.00	

FIRM TOTAL PERIOD	UNBILLED				= TOTAL	BILLED				BALANCES	
	CHQ	+ RECOV	+ FEES			DISBS	+ FEES	+ TAX	- RECEIPTS	= A/R	TRUST
END DATE	0.00	2.05	0.00	2.05	694.40	21795.50	2923.70	25413.60	0.00	0.00	
	0.00	2.05	0.00	2.05	694.40	21795.50	2923.70	25413.60	0.00	0.00	

REPORT SELECTIONS - Client Ledger
 Layout Template: Default
 Advanced Search Filter: None
 Requested by: Natalie
 Finished: Monday, July 31, 2017 at 08:22:42 AM
 Ver: 14.1 (14.1.20150324)
 Matters: 44442-1000
 Clients: All
 Major Clients: All
 Client Intro Lawyer: All
 Matter Intro Lawyer: All
 Responsible Lawyer: All
 Assigned Lawyer: All
 Type of Law: All
 Select From: Active, Inactive, Archived Matters
 Matters Sort by: Default
 New Page for Each Lawyer: No
 New Page for Each Matter: No
 No Activity Date: Dec/31/2199
 Firm Totals Only: No
 Totals Only: No
 Entries Shown - Billed Only: No
 Entries Shown - Disbursements: No
 Entries Shown - Receipts: Yes
 Entries Shown - Time or Fees: No
 Entries Shown - Trust: Yes
 Incl. Matters with Retainer Bal: No
 Incl. Matters with Neg Unbld Disb: No
 Trust Account: All
 Working Lawyer: All
 Include Corrected Entries: No
 Show Cheque # on Paid Payables: No

5000.00
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 5000.00
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