Ms. Renée Légaré Executive Vice-President, Human Resources The Ottawa Hospital April 28, 2017 Revised for e-version

FILED SUPERIOR COURT OF JUSTICE AT OTTAWA

AUG 2 5 2017

DÉPOSÉ À LA COUR SUPÉRIEURE DE JUSTICE À OTTAWA

Dear Ms. Légaré,

Re: Anti-Violence Against Women

Thank you very much for taking the time to meet with me today. I have a story; an almost unbelievable story that has taken me four years to be in a position to tell. The reason it has taken four years is that no one ever believed me: not the CAS, not Ottawa Police Services, not the hospitals ... not my family, not my friends and until recently, not even my parents. It is for this reason—for credibility—that I will refer you to several exhibits in order to tell my story, or at least a Coles Notes version.

As for how my story began, please refer to page 3.

For an overview of what happened next, please refer to page 4.

As I am familiar with the lack of credibility that comes with a history of mental illness, and to keep this story succinct enough to share with you, please refer to pages 5-9.

I feel that:

- For my first diagnosis in 2013, if Dr. Saul had known the truth (see pages 10-14), he would likely have ruled out the Bipolar Disorder that followed me for four years.
- For the confirmation of my Bipolar Disorder diagnosis in 2014, if Dr. Charbonneau had known the truth (see pages 15-27), he may not have sought out a Community Treatment Order for the treatment of Bipolar Disorder.

The repercussions of my experience with domestic violence have been devastating:

- excluding my elderly parents, all of my extended family are now estranged
- most of the friends that I have made as the kids were growing up are gone
- the lucrative contract that I held for over 10 years as a Chartered Financial Analyst was discontinued
- my medical, police and CAS files are so damaging that I cannot find a lawyer who will properly represent me during my divorce (see page 28) and
- I am at risk of losing custody of my two young children (see pages 29-31).

Despite the optimism of your e-mail that was distributed last November, I don't believe that Violence Against Women will ever end, or even be reduced. However, I do believe that there are plenty of opportunities to reduce the pain and suffering that the victims must endure thereby improving recovery rates and/or avoiding the development of mental illness altogether.

It is for this reason that I write to you. I would like to retain another part-time contract with The Ottawa Hospital. My affiliation with TOH would enable me to better network with the community in order to tell my story, help to reduce the stigma of mental illness and, most importantly, improve recovery rates of those with lived experience by focusing on one of its key elements: the generation of opportunities to return to meaningful employment.

I very much look forward to our meeting.

Thank you for taking the time to hear my story.

Deirdre Moore, CFA, BBA

cc. Dr. Judy Chow, Dr. Deanna Mercer, Dr. Iris Jackson, Ms. Nadine Crowley

cc. Dr. Saul, Dr. Anderson, Dr. Charbonneau, Dr. Kay

cc. Dr. Katharine Gillis

cc. Mr. Tim Simboli, Executive Director of the Canadian Mental Health Association—Ottawa

	The Children's Aid Society of Ottawa
ſ	Case Notes / Notes évolutives La Société de l'aide à l'enfance d'Ottawa Page
	Case #/# du dossier Case Surname / Surnom Given Name / Prénom .
	Recording for / Notes au dossier Complete within 24 hours of contact / Rédiger dans les 24 heures du contact
	Adoption Gramily Services & Child Protection / Services aux familles et protection Foster Care Services / Services aux familles d'accueil Gramilles d'accueil Gramilles Gramille
	Reason for Contact & Information Discussed / Raison du contact et propos discutés
	Date & time / Jour & Heure
1	D/M/Y J/M/A Brief Comment / Brefs commentaires , Signer après chaque contact
	March 6/13
	'900am
	TCT. Dawna Gates (Sean's Teacher)
	Re: Sean Kiska
	Sean on Monday morning - he
	had none of his stuff with them
	Very unusal for him
	- Parents had a big fight over the weekend.
	J jo
	- Daddy hit momning that's why she is in
	the hospital Really loud screaming;
	hiding in room; he wasn't answering
	withdrawn very emotional : CAS went
	to have a home visit.
	Jonathan spoke w Principal - Vice-Principal Japout over the weekend. your nit by
	"about over the weekend: you not by
	and.
	- very quickly out of control.
	, 0
	- Usually only dealing a Mon;
	Dad does come for some
	Dad does come for some meetings.)ad is intimidating!
	very aggressive, Mom always
	been on top of things. Everythin 1902/02 18522

hearing minutes. all police reports * drubb: still haven to seen or nevisual all CTCB

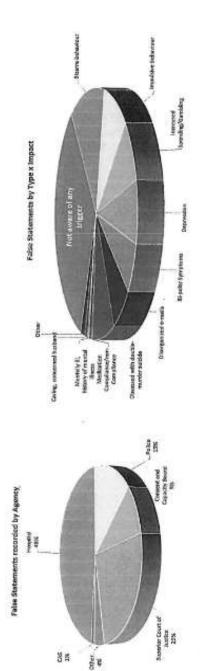
First 85; Detube Moore's mental three began in 2013 as a sinet most of domestic violent by John Kisks.

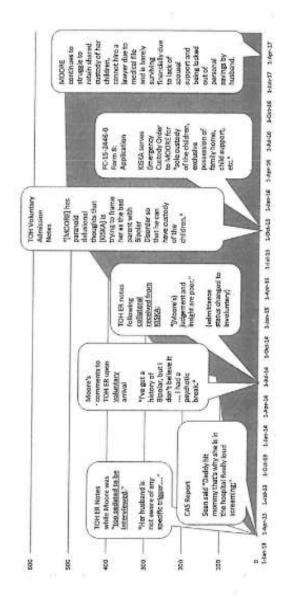
Esti 52: John Kisks maked hooptal staff with respect to the cause of hur mental libres (likely to re-direct attention from his own behaviours).

Esti 55: Detuber a place for help from Pelice and Hospitals have been ignored.

Esti 56: Detuber Moore now loss with the stigms of harding severa bipoles directing not a victim of violence against women.

-X. Graphicaly Illustrated below: Incidence of False Statements made by KISKA used to help establish MOORE'S history of mental illness:







Gilmour Psychological Services®

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Dr. Frances Smyth Ext. 22
Dr. Karen Davies Ext. 26
Dr. Doreen Gough Ext. 23

Associates

Ext. 30 Dr. Anne Boland 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 Basevitz Ext. 33 Dr. Deanna Drahovzal Dr. Sarah Pantin Ext.150 Dr. Marc Zahradnik Ext. 42 Ext. 40 Dr. Caroline Ostiguy Dr. Jessica Henry Ext.155 Dr. Delyana Miller Ext.43 Dr. Angelina Chupetlovska Ext.152 Dr. Douglas Scoular Ext. 48

Reception

Ms. Agnes Kidd Ext. 0
Ms. Carole Johnson Ext. 0

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

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 if 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, psychodiagnotics 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 precis 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 mediations 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

her so much that her psychosis could not remit until she was released and found a placed 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 Immovane 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 reoccurrence. 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.



Psychiatry Consultation

Service Date

Mar 03, 2013

Unit/Clinic

ED Dr. UNKNOWN

Attending Visit Type Emergency Campus

OH - Civic Campus

Name/Nom

MOORE, DEIRDRE ANN

MRN 2580047-5

DOB/DDN Gender Admission/Visit Date

Sep 28, 1965 Female Mar 03, 2013

Discharge Date

PLICASE RESPECT PATIENT CONFIDENTIALITY

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

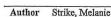
History of Presenting Illness:

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.

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.



Page

Psychiatry Consultation

Service Date Mar 03, 2013

Unit/Clinic ED

Dr. UNKNOWN Attending Visit Type Emergency

OH - Civic Campus Campus

Name/Nom

MOORE, DEIRDRE ANN

2580047-5 MRN

DOB/DDN Gender Sep 28, 1965 Female Admission/Visit Date Mar 03, 2013

Discharge Date

PLEASE RESPECT PATIENT CONFIDENTIAL

Printed copy of the official 1 OH FHR

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.

Her husband 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

Past Medical History:

None known to husband

Current Medications:

None (according to husband)

Allergies:

None (according to husband)

re: Nanny Commen

Deirdre Moore

From:

Deirdre Moore <dmoore@advisorontrack.com>

Sent:

Tuesday, February 05, 2013 12:39 PM

To:

'jk@johnkiska.com'

Subject:

FW: In anticipation of Amanda leaving in August

Follow Up Flag:

Follow up

Flag Status:

Flagged

Hi Pops. I know you don't really want to go here ... but everyone who has, RAVES (on both the cost and the quality of life aspects). I would like to give it a try. As per below, we can always cancel. Not sure when the best time to talk about this is, but if you're ok with trying the nanny route, then I need to start the 6-month process.

Mm2

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

www.advisorontrack.com

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From: kerrymortimer@rogers.com [mailto:kerrymortimer@rogers.com]

Sent: Saturday, February 02, 2013 1:34 PM

To: Deirdre Moore Subject: Re:

Yes if it doesn't work you can give 2 weeks notice similar to any employment situation. And even if that did happen the namy would still be ecstatic to have made it to Canada and have the opportunity to be here. There would be many other opp for her to find another namy job and the namy's have a network and would help her out in transition (ie place to stay etc).

Yes you are required to pay for the plane ticket (I found one for 850) and for 3 mth health insurance while they wait for OHIP to start. If u went thru a nanny agency it would cost and additional 1000. But there is NO need for an agency - the paperwork isn't rocket science.

I pay Maddie min wage of 10.25/hr for 9 hrs per day. That's 45 hrs/wk so I have to pay 1 of the hrs at time and a half. It's the Ontario Employment standards that you need to follow. I can send you links and more does when I get home. Then we deduct 325/month (85/wk) for room and board (all outlined in labour standards). I will look up the net amt when I get home.

I do split shifts (I will send u contract example) so sge works 3 hrs in morning to get us all out the door and tidy up. Then 6 hrs starting mid afternoon thru dinner time. Both sides r v flexible so if we r out late one night then she does less hrs another day (in theory though the reality is she just works and works even when I tell her to make sure to take a break).

Any other questions just let me know.

Trom: "Deirdre Moore" <dmoore@advisorontrack.com>

Date: Sat, 2 Feb 2013 12:15:27 -0500

To: 'Kerry Mortimer'<kerrymortimer@rogers.com>

ReplyTo: <dmoore@advisorontrack.com>

Subject: RE:

Thanks so much for this Kerry. I will go through it all ... then work on John. If I remember correctly, if for whatever reason hings didn't work out after Jenapril was here for a "while", we could end the agreement, right? (I just think I'll have an easier time convincing JK if he knows there's an easy out ... it's not that I would want to do that AT ALL...) Also, who pays for her trip here? Finally, would you please remind me of what your out-of-pocket is? We're paying Amanda around \$300-350 a week as it is .. and I think you had said it was around that for Maddie??

Ps. Sean LOVES his little motor with lights. That was VERY sweet of you. Thanks so much for that. ©

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

www.advisorontrack.com

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From: Kerry Mortimer [mailto:kerrymortimer@rogers.com]

Sent: Friday, February 01, 2013 11:28 PM

To: Deirdre Moore Subject: FW:

Hi Deirdre,

Regarding our Nanny discussion. I have forwarded the CV and photos from one of Maddie's good friends, Jenapril. Maddie met Jenapril when she was an au pair in Denmark. Jenapril was in Denmark for 2 years and is now in Norway with another family.

t's definitely great to have someone who has experience with other families. I found that with Maddie I really have not had to provide much direction. She just knows what to do and is always looking for work to do.

If you are interested in starting the process I suggest you arrange a skype video call with Jenapril. That's how we met Maddie and we had a number of nice skype conversations which allowed us to get to know her. I really did feel a level of comfort with her after getting to know her through skype. I also contacted the families she was with in Germany and Denmark and received glowing references. Jenapril can provide her host families as references.

If you do want someone to start in August and they are from out of country the you definitely have to get moving on this. The two sites I used were www.canadiannanny.ca and www.greataupair.com. I found Maddie on the greataupair site. I am happy to walk you through the live-in caregiver process and application if you like. I can also share the job posting, contract, etc I used in order to reduce the time to produce these items.

Kerry

From: madelaine unson [mailto:madelaine.unson@gmail.com]

Sent: February-01-13 9:31 PM

To: Kerry Mortimer Subject: Fwd:

----- Forwarded message -----

From: jenapril ramos < jenapril ramos@yahoo.com.ph>

Date: 2013/2/1 ubject:

To: madelaine.unson@gmail.com

Dear Family,

am Jenapril, I have been an Aupair in Denamrk for 2 years and I have been living in Norway with a family since July 2012 with 2 children aged 3 and 6. I am kind, responsible, clever, independent, hard working and really love children. I grew up in family of five siblings and was responsible for caring for my family from a young age.

During the school days, I am the one preparing the kid's lunchboxes, bringing them to and home from school, playing with the children, helping the kids with homework. I am also the one preparing all meals for the family every day – breakfast, lunch, dinner and snacks. I am the one responsible for all of the housework for the parents as they are very busy with their daily routines. I do the cleaning, tidying, laundry and run errands for the family. I make sure when they come home the house is tidy and nice. And most of all I know they are happy with me and so am I.

I enjoy reading, music, bicycling and the outdoors. I am a kind and patient person and I have a good sense of humour. I can provide references from my host families Denmark and Norway. I have a 2 year certificate in Practical Nursing. I speak 4 languages – Tagalog, English, Danish and Norwegian.

I would be pleased to speak with you on Skype to learn more about your family.

Best regards,

Jenapril

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.
Γ 10	MS. MOORE: So "hearsay"?
11	DR. CHARBONNEAU: That would be hearsay.
2	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.

Excerpt from 2014 CTCB 26 hearing

available to see Mrs. Moore again in consultation required.

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

2:1

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

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

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

tersonal	training.
500 ino	training. w/ Steve Lacella

Appointme	nt								01000	W/ OH
Report										
Time	Date		Appointm	ent	Lengt	h	Clien	it	Employ	ree S
. 1:00 PM	Thursday, Mar 28, 2	013	PT Demo		60 min				- Steve Lacelle	
11:00 AM	Friday, Jun 7, 2013	IF	Personal Train	ing	60 mins	s Deirdra	Monra I	home: 612	- Steve Lacelle	
12:00 PM	Tuesday, Jun 11, 20:		Personal Train		60 mins	Doindre	J STOOM	nome. o.r.	- Steve Lacelle	
10:00 AM	Thursday, Jun 13, 20								- Steve Lacelle	
12:00 PM			ersonal Train		60 mins				Steve Lacelle	
	Tuesday, Jun 18, 201		ersonal Train		60 mins				Steve Lacelle	
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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 -	Λ
12/23/2013 11:20	84	Ottawa Hunt	Y	(1) 1.1.
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1/1/2014 11:28	84	Ottawa Hunt	Υ	
1/2/2014 12:20	84	Ottawa Hunt	Υ	
1/3/2014 10:31	84	Ottawa Hunt	Υ	
1/5/2014 10:53	84	Ottawa Hunt	Υ	
1/6/2014 9:16	84	Ottawa Hunt	Υ	
1/7/2014 9:29	. 84	Ottawa Hunt	Υ	
1/9/2014 9:23	84	Ottawa Hunt	Υ	
1/10/2014 9:25	84	Ottawa Hunt	Υ	
1/15/2014 14:13	84	Ottawa Hunt	Υ	
2/ 20/ 2017 17:10		Management of Transfer		





From: Sent:

Subject:

Deirdre Moore-<dmoore@advisorontrack.com>

Tuesday, December 03, 2013 2:31 PM

'Kiska, Jonathan'

RE: hi cookie, how goes the day?

you bet. :)

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

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www.advisorontrack.com

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From: Kiska, Jonathan [mailto:Jonathan.Kiska@cnsc-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 (613) 723 0010 phone (613) 723 0020 fax

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From: Kiska, Jonathan [mailto:Jonathan.Kiska@cnsc-ccsn.gc.ca]

Sent: Tuesday, December 03, 2013 2:19 PM

To: 'dmoore@advisorontrack.com' Subject: hi cookie, how goes the day?



From: Sent:

Sent:

To: 'Yu, Subject: RE:

Deirdre Moore <dmoore@advisorontrack.com>

Thursday, December 05, 2013 2:34 PM

'Yu, Wennda'

RE: MarketWatch 2013Q4 Production Schedule

Super! Thanks for letting me know. :)

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

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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

io: Yu, Wennda

subject: MarketWatch 2013Q4 Production Schedule



From: Sent:

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 (613) 723 0010 phone (613) 723 0020 fax

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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 wonderfull

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

our of at modern did

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?). he 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.



Jenn OReilly <jenn@jennoreilly.com> Saturday, October 03, 2015 1:54 PM dmoore@advisorontrack.com

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 OReilly [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



ota an usual

Bank of Montreal BMO (

Page 2 of 3

DEIRDRE A MOORE

JONATHAN KISKA

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hem no.	Trans date	Posting date	Description	Amount (\$)
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23	Dec. 12	Dec. 12	FARM BOY OTTAWA ON	940.90
24	Dec. 12	Dec. 12	LCBO/NAO #0240	65.80
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47.	Jan. 1.2	Jan. 12	INTEREST PURCHASES @ 19.50000% TO 12JAN	0.02CR

PLEASE PAY YOUR SCHEDULED PAYMENT AMOUNT

Jan. 12 Jan. 12 CREDIT ADJUSTMENT - RIS INT

Terms & Conditions

Interest charges - We calcutate interest on purchases, cash advances and fees, from the date of the transaction or fee until the date we receive payment in full. 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 new belance in full by the payment due date. You must pay interest on all cash explances. See your rand earrier for the number of grace days that

squares, see, you recount.

How we calculate interest - The interest rates we charge are:
the annual cash advance and purchase interest rates shown on the
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card carrier, or any amendment we make to those rates, which will be provided to you in wifting. The annual and daily rates appear on your account statement. Sea your Cardholder Agreement for a detailed explaration of how intered its calculated.

How we apply payments to your accounts 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.

You intell midds and that we receive your payment on or 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:

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If the new balance is \$10 of 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 carrier 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

the minimum payment described above plus the past due amount, or Der finimum 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 convert transactions, including refunds, made in a foreign currency to Canadian dollars. If you have a U.S. dollar MasterCard, we convert transactions, including refunds, made in a currency other than U.S. dollars to U.S. dollars. We make the conversion at 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.

oate. For foreign currency transaction retunds, we make the conversion at our retund exchange rate on the date the retund is posted to your account. Our retund exchange rate may not be the same as the rate that was in effect on the date the transaction was refunded. The 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 recitled to your account for a refund of a foreign currenty transaction will in most cases be less than the original amount charged to your account for the transaction. Estimated Time to Repay - In calcitating the number of years and months required to repay an account between shown on an account statement if you pay only the minimum payment due each month on the payment due date, we assume that the current annual interest rate for purchases will apply throughout the repayment period. We also use such other assumptions as are required or permitted by applicable law. applicable law.

BY THE PAYMENT DUE DATE.

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Interest charges and rates

Hom

Interest charges on this statement (\$)



From: Sent:

To:

Subject:

Attachments:

Deirdre Moore <dmoore@advisorontrack.com>

Monday, December 23, 2013 9:49 AM

'Yu, Wennda'

2013Q3 Invoice for MarketWatch outstanding

MDPIM_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 (613) 723 0020 fax

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AOT

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From: Tanya Davies [mailto:tdavies@davieslegalfirm.com]

Sent: Sunday, April 9, 2017 10:35 AM

To: Deirdre Moore < deirdre@cceh.ca>; Tanya Davies < tdavies@davieslegalfirm.com>

Subject: RE: Final Statement of Account, refund of unused retainer

That is not my intention whatsoever and it is ridiculous to suggest. I have been extremely busy and a refund of the retainer depends on the dockets and invoices and is not paid back randomly. Overpaid? Have you seen your file? It is a gigantic box of documents. It was time consuming to review. All of this is billable hours. Will calculate the dockets by tomorrow Fabricated allegations? Have you seen the medical reports? You imply that it is your intention to continue working with me and yet you request a refund. These two things are not compatible. I will however calculate a potential partial refund based on the dockets, not randomly.

Tanya C. Davies

On Apr 9, 2017 8:43 AM, "Deirdre Moore" <deirdre@cceh.ca> wrote:

Hi Tanya.

I have yet to receive anything.

I am looking for your final statement of account and a cheque for the unused retainer that I over-paid in good faith.

As I said on my message to you, I need a strong litigator but need access to my home equity and/or business savings to pay for one. I am in the process of negotiating a shareholder loan for this reason.

I don't think you quite get my story. I have attached a graph that illustrates what this man has done to me. He CREATED a history of mental illness. I have a defamation lawyer, Owen Bourns, and will need a strong divorce lawyer once I get access to funds. I want to try to set precedent with this. I need someone who gets the story and is willing to work WITH me.

If you are not interested, tell me now so that I can start looking for someone else. If you want to stiff me for the excess retainer, that's your thoice.

Deirdre

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November 9, 2015

Date of signature

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

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

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 Sate 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.

ONTARIO

Superior Court of Justice, Family Court

(Name of Court)

Court File Number FC-15-2446-0

at

161 Elgin Street, Ottawa, Ontario K2P 2K1

(Court office address)

Form 14A: Affidavit (General) dated November 9, 2015

Applicant(s)

K2P 1P8

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

My name is

K2P 1P8

(Full legal name)

live in

(municipality and province)

Jonathan William Kiska

Ottawa, Province of Ontario

and I swear/affirm that the following is true:

Set out the statements of fact in consecutively numbered paragraphs. Where possible, each numbered paragraph should consist of one complete sentence and be limited to a particular statement of fact. If you learned a fact from someone else, you must give that person's name and state that you believe that fact to be true.

- 1. I am the Applicant herein and have personal knowledge of the matters set out in this my Affidavit, except where I state that my knowledge is based on information and belief, in which case I identify the source and do verily believe same to be true.
- 2. The Respondent and I met in or about 1997 and we were married on July 22, 2000.
- 3. We have two children together, namely, Sean Kiska (9), born May, 2006 and Cate Kiska (7), born November 30, 2007.
- 4. We currently live in the family home at 1244 Lampman Crescent in Ottawa.

- 5. The Respondent suffers from a mental illness. Our family physician, Dr. Chow, and the Respondent's psychiatrists, Dr. Anderson, Dr. Charbonneau and Dr. Kay have informed me that she suffers from Bipolar Affective Disorder with psychotic features ("Bipolar Disorder"). I understand that it can be difficult to diagnosis specific mental illnesses and that diagnosis may change overtime. Attached hereto as Exhibit "A" is a copy of a portion of the Respondent's Psychiatry Consultation report dated March 3, 2013 and her Discharge Summary dated July 7, 2014.
- 6. The Respondent's mental health is currently preventing her from making decisions that are in the best interest of the children. The unpredictable nature of her mental illness and her current mental state make supervised access necessary.
- 7. Her mental illness and refusal to commit to a long-term treatment plan creates a significant risk for our children's emotional and physical wellbeing.
- 8. The Respondent's mental health issues started in approximately September, 2012 wherein she was experiencing great difficulty sleeping and putting her mind at rest. She was experiencing racing thoughts, stress and anxiety. She informed me about these issues. She said "I can't turn it off, I can't turn it off' when asked about her difficulties sleeping.
- 9. In early 2013 the Respondent's behaviour became increasingly worse and uncharacteristic. She insisted that the family take a vacation and unilaterally booked a trip for March 6, 2013, which was very impulsive and unlike her. Her actions and thoughts were disorganized and bizarre. During February and March of 2013 she became obsessed with writing a book entitled "How I beat the bully out of my husband". She further developed an idea to start a new not-for-profit mental health company that included websites, books and videos. She stayed up late at night talking about these ideas and making lengthy notes. She was barely sleeping. I started receiving telephone calls from family members who were voicing their concern over the Respondent's behaviour. She was discussing these elaborate ideas with family, friends and the children's teachers. She even approached the children's Vice-Principal at Sir Winston Churchill with her ideas.
- 10. On March 1, 2013, a CAS worker, Yvonne Munro, arrived at our home because the children's school (Sir Winston Churchill) reported concerns with respect to the Respondent's behaviour when she picked up the kids earlier that day. Yvonne Munro spoke with the Respondent, our children and me. She recommended that the Respondent see her family physician.