



TEXAS FORENSIC
SCIENCE COMMISSION

Justice Through Science

1700 North Congress Ave., Suite 445
Austin, Texas 78701

August 20, 2019

Via First Class Mail

Mr. Frederick R. Abbott
TDCJ# 01400429
Clements Unit
9601 Spur 591
Amarillo, TX 79107

Re: Texas Forensic Science Commission ("Commission") case no. 19.27 Abbott, Frederick R. (DPS- Waco; Serology, Forensic Biology/DNA)

Dear Mr. Abbott,

At its August 16, 2019 meeting, the Commission voted to dismiss the referenced complaint because it is a request for DNA testing and a copy of a lab report that does not exist. While the laboratory's response to the complaint acknowledged performance of complete serology in the case, no reference sample from you was ever submitted for testing and therefore DNA testing was never done. This commission has no authority to order DNA testing in any particular case. Such an order must come from a judge.

In addition, the complaint makes allegations against the district attorney and your defense attorney. The Commission's jurisdiction extends only to accredited laboratories in Texas and their analysts; it has no authority over attorneys. Complaints against attorneys should be made with the State Bar of Texas. A state bar complaint form is enclosed should you wish to submit a complaint against any of the attorneys connected to your case.

Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn Adams".

Kathryn Adams
Commission Coordinator

/mka
Encl.

Subject: RE: New complaint against DPS Waco
Date: Wednesday, July 24, 2019 at 8:51:50 AM Central Daylight Time
From: Mills, Brady
To: Kathryn Adams
CC: Amilhat, Alice, Copeland, Starla, Greco, Heather
Attachments: CF_Abbott 07082019.pdf

Kathryn,

Our Waco laboratory did complete serology in this case. A reference sample from the defendant was never submitted to the DPS and we didn't complete any DNA testing on this case. We also didn't testify regarding our results.

Please let me know if there is any other questions or concerns.

Thank you

Brady Mills
Crime Laboratory Director
Texas Department of Public Safety

From: Kathryn Adams <Kathryn.Adams@fsc.texas.gov>
Sent: Monday, July 22, 2019 10:48 AM
To: Mills, Brady <Brady.Mills@dps.texas.gov>
Subject: New complaint against DPS Waco

Brady, we received this complaint today against DPS Waco. His complaint is supposed to be about serology and DNA testing. He attached a DPS lab report that has neither of those, so wondering if you have any other reports or materials you can give us.
Thank you.

Kathryn Adams, Commission Coordinator
Texas Forensic Science Commission
1700 N. Congress Ave. Suite 445
Austin, TX 78701
512-936-0770
kathryn.adams@fsc.texas.gov

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**OFFICE OF THE CHIEF DISCIPLINARY COUNSEL
STATE BAR OF TEXAS
GRIEVANCE FORM**

ONLINE FILING AVAILABLE AT <http://cdc.texasbar.com>.

I. GENERAL INFORMATION

Before you fill out this paperwork, there may be a faster way to resolve the issue you are currently having with an attorney.

If you are considering filing a grievance against a Texas attorney for any of the following reasons:

- ~ You are concerned about the progress of your case.
- ~ Communication with your attorney is difficult.
- ~ Your case is over or you have fired your attorney and you need documents from your file or your former attorney.

You may want to consider contacting the Client-Attorney Assistance Program (CAAP) at 1-800-932-1900.

CAAP was established by the State Bar of Texas to help people resolve these kinds of issues with attorneys quickly, without the filing of a formal grievance.

CAAP can resolve many problems without a grievance being filed by providing information, by suggesting various self-help options for dealing with the situation, or by contacting the attorney either by telephone or letter.

I have _____ I have not _____ contacted the Client-Attorney Assistance Program.

If you prefer, you have the option to file your grievance online at <http://cdc.texasbar.com>.

In order for us to comply with our deadlines, additional information/documentation that you would like to include as part of your grievance submission must be received in this office by mail or fax within (10) days after submission of your grievance. This information will be added to your pending grievance. Information received after that timeframe will be returned and not considered. Thank you for your cooperation in this matter.

NOTE: Please be sure to fill out each section completely. Do not leave any section blank. If you do not know the answer to any question, write "I don't know."

II. INFORMATION ABOUT YOU -- PLEASE KEEP CURRENT

- ☐ Mr. ☐ Ms. Name: _____
1. TDCJ/SID # _____
Immigration # _____

Address: _____

City: _____ State: _____ Zip Code: _____
2. Employer: _____

Employer's Address: _____

3. Telephone numbers: Residence: _____ Work: _____
Cell: _____
4. Email: _____
5. Drivers License # _____ Date of Birth _____
6. Name, address, and telephone number of person who can always reach you.

Name _____ Address _____

Telephone _____
7. Do you understand and write in the English language? _____
If no, what is your primary language? _____
Who helped you prepare this form? _____
Will they be available to translate future correspondence during this process? _____
8. Are you a Judge? _____
If yes, please provide Court, County, City, State: _____

III. INFORMATION ABOUT ATTORNEY

Note: Grievances are not accepted against law firms. You must specifically name the attorney against whom you are complaining. A separate grievance form must be completed for each attorney against whom you are complaining.

1. Attorney name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

2. Telephone number: Work _____ Home _____ Other _____
3. Have you or a member of your family filed a grievance about this attorney previously?
Yes ___ No ___ If "yes", please state its approximate date and outcome. _____
-

Have you or a member of your family ever filed an appeal with the Board of Disciplinary Appeals about this attorney?

Yes ___ No ___ If "yes," please state its approximate date and outcome.

4. Please check one of the following:
- _____ This attorney was **hired** to represent me.
- _____ This attorney was **appointed** to represent me.
- _____ This attorney was hired to represent **someone else**.

Please give the date the attorney was hired or appointed. _____

Please state what the attorney was hired or appointed to do. _____

5. What was your fee arrangement with the attorney? _____
-

How much did you pay the attorney? _____

If you signed a contract and have a copy, please attach.

If you have copies of checks and/or receipts, please attach.

Do not send originals.

6. If you did not hire the attorney, what is your connection with the attorney? Explain briefly
-

7. Are you currently represented by an attorney? _____
If yes, please provide information about your current attorney: _____

8. Do you claim the attorney has an impairment, such as depression or a substance use disorder? If yes, please provide specifics (your **personal** observations of the attorney such as slurred speech, odor of alcohol, ingestion of alcohol or drugs in your presence etc., including the date you observed this, the time of day, and location).

9. Did the attorney ever make any statements or admissions to you or in your presence that would indicate that the attorney may be experiencing an impairment, such as depression or a substance use disorder? If so, please provide details.

IV. INFORMATION ABOUT YOUR GRIEVANCE

1. Where did the activity you are complaining about occur?
County: _____ City: _____
2. If your grievance is about a lawsuit, answer the following, if known:
- a. Name of court _____
 - b. Title of the suit _____
 - c. Case number and date suit was filed _____
 - d. If you are not a party to this suit, what is your connection with it? Explain briefly.

If you have copies of court documents, please attach.

3. Explain in detail why you think this attorney has done something improper or has failed to do something which should have been done. Attach additional sheets of paper if necessary.

Include the names, addresses, and telephone number of all persons who know something about your grievance.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical crease down the center, suggesting it was once folded. The paper appears to be from a notebook or a set of loose-leaf papers. There is no handwriting or other markings on the page.

V. HOW DID YOU LEARN ABOUT THE STATE BAR OF TEXAS' ATTORNEY GRIEVANCE PROCESS?

<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> CAAP
<input type="checkbox"/> Internet	<input type="checkbox"/> Attorney
<input type="checkbox"/> Other	<input type="checkbox"/> Website

VI. ATTORNEY-CLIENT PRIVILEGE WAIVER

I hereby expressly waive any attorney-client privilege as to the attorney, the subject of this grievance, and authorize such attorney to reveal any information in the professional relationship to the Office of Chief Disciplinary Counsel of the State Bar of Texas.

I understand that the Office of Chief Disciplinary Counsel maintains as confidential the processing of Grievances.

I hereby swear and affirm that I am the person named in Section II, Question 1 of this form (the Complainant).

Signature: _____ Date: _____

TO ENSURE PROMPT ATTENTION, THE GRIEVANCE SHOULD BE MAILED TO:

**THE OFFICE OF CHIEF DISCIPLINARY COUNSEL
P.O. Box 13287
Austin, TX 78711
Fax: (512) 427-4169**