IN THE CIRCUIT COURT OF THE
NINTH JUDICIAL CIRCUIT, IN AND
FOR ORANGE COUNTY, FLORIDA

STATE OF FLORIDA,

Plaintiff,

vs.

CASE NO.: 48-2008-CF-015606-O
DIVISION: 16

JUDGE: STAN STRICKLAND

CASEY MARIE ANTHONY,

Defendant.
_____/

AMENDED MOTION TO COMPEL DNA BENCH NOTES/REPORTS AND STANDARDS

COMES NOW the Defendant, CASEY MARIE ANTHONY, by and through undersigned counsel, and moves this Honorable Court to enter an order compelling the State of Florida and its various police agencies to produce any and all DNA Bench Notes/Reports and Standards applicable to the collection of evidence. The information requested by this motion is as follows:

1. All updated Curriculum Vitae (CV) of all experts, analysts, examiners, criminalists, and lab personnel.
2. All American Society of Crime Lab Directors (ASCLAD) documents or any other certifying agency relating to all government labs used in this matter including but not limited to all certifications, results of all testing for units and for individuals, any audits, surveys, reports, or other written documents generated by the ASCLAD representatives to the laboratory or to the ASCLAD representatives by the government laboratory unit or for any individual representatives or employees thereof including any recommendations, warning notices, failure notices or any other documents related to proficiency, standards, manuals, procedures or other tangential items concerning or relating to the laboratory, its protocol, analysts, individuals, application of certification or any other documents concerning ASCLAD and the lab for the past twelve years.
3. The name of the Quality Control officer responsible for compliance involving any certification for any lab used in this matter.
4. Pursuant to ASCLAD certification or any other certifying agency: please provide the following documents, standards, tests, policies, audits and any other written item that relates to, discusses, implements or touches upon the below issues for any LAB or EXAMINER involved in this case. Also to include the names and addresses

of inspectors. (See attached).

5. All internal audits and reports for the last five years.
6. All proficiency testing given, the results thereof, administered by any third party or intra unit or agency for any employee, criminalist or agent of any laboratory unit that tested any item for the government in the above matter.
7. All DNA laboratory reports for all testing that has been performed including but not limited to:
   a. All laboratory case notes;
   b. All serological reports and notes;
   c. All analyst bench notes and written communications concerning or touching upon the above matter;
   d. Chain of custody documentation;
   e. Laboratory protocols and procedures (lab manual);
   f. The gene frequency databases for all loci;
   g. All RFU adopted protocols;
   h. Statistical worksheets;
   i. The names of all supervisors whose initials may be appended on a report, the lab protocols related to the review of any analyst conclusion, and the peer review policy of all laboratory units from which reports are supplied;
   j. Any other images involving DNA testing; And
   k. "Unexpected Results File" or any and all reports for any and all lab errors, omissions, or contamination for the last five years including for any testing specifically performed in this matter.
8. All lab submission requests for any and all testing in this matter.
9. Any and all stereoscopic photographs or other photographs if personally taken by all persons who reviewed the evidence of the State.
10. For all experts, criminalists, examiners, investigators, and lab personnel please provide: all notes, correspondence, pictures and complete copies of formal or informal files kept by the expert including all notes, draft reports, memorialization of telephone conversations relating to the above matter and any photographs in the possession of the expert. Please also provide all notes taken at the time or soon thereafter the review by the expert and all draft reports.
11. All correspondence. emails, written memos sending draft reports to the prosecutor and memorializations or recommendations changes or other responses by the

prosecutor regarding draft reports.

12. Any and all reports, whether internal or external, involving any lab, expert, analyst, or criminalist discussing alleged or actual wrongdoing involving any (included but not limited to) any reports to the Department of Justice Office of the Inspector General (OIG) concerned allegations of wrongdoing and improper practices within certain sections of the Federal Bureau of Investigation (FBI) Laboratory released in the last twelve years.
13. Validation studies for any testing performed.
14. All peer review polices for 2008 and 2009 for any lab involved in this case including but not limited to both external or internal peer review policies.
15. All peer review performed on any expert or scientific conclusion or opinion on behalf of any export report turned over in this matter.
16. All government contracts, grants and communications between Oak Ridge Laboratories involving the section relating to Dr. Arpad Vass for the last twelve years.
17. All marketing proposals of whatever type, including drafts concerning any type of "sniffer" machine relating to Oak Ridge Laboratories or any entity, commercial or otherwise, involving Dr. Arpad Vass for the last twelve years.
18. Any and all ethics disclosure forms filed by any government expert for the last twelve years with any governmental or employment entity.
19. All contracts, records of payments, documents, memos or any written items including but not limited to drafts , proposals or otherwise involving any media shows by, with, and/or between the Orange County Office of the Chief Medical Examiner, and/or Dr. Jan Garavaglia or her agents or related media entities including but not limited to Discovery Channel, Discovery Health, or its media company that produces on behalf of the same.
20. Any and all electronic media of, relating to, concerning, directing, communicating by, among, and/or between any of the above persons involving this matter. Electronic media should be supplied raw, as found in the electronic system of the person or entity in which it is found and or printed out, and in a searchable metadata format with a TIFF load.
21. Any and all microscope slides and trace evidence specimens (including but not limited to: paint chips, hairs, fibers, soil, etc).

22. Fingerprints:

a. (i) A copy of the latent print and print card as set forth in discovery page 3173; (ii) A copy of the 18 fingerprint lifts as set forth in discovery page 3233; (iii) A copy of the eight areas of latent fingerprint lifts developed with dye stain as set forth in discovery page 3234; and (iv) A copy of the fragment of the latent fingerprint lift from the exterior trunk of the vehicle as set forth in discovery page 3194;

b. All photographs, latent lift cards and other duplications of the latent lifts that are in the possession of any law enforcement agency including but not limited to the Orange County Sheriff's Department and/or the FBI;

c. Any and all automated fingerprint searches performed on the above latent fingerprints;

d. Any and all bench notes, other notes, or other written memorializations of any visual comparisons made by any criminalist, fingerprint examiner or law enforcement officers concerning the above listed latent prints;

e. Any and all standards, policies, or checklists concerning points of interest concerning the identification or exclusion regarding fingerprint comparisons.

23. A copy of the DNA parentage report as set forth in discovery page 3240, which was in the possession of the Orange County Sheriff's Department as a result of the search of the Anthony home in July 2008.

24. (a) Any and all standards adopted by the FBI or other references used by the trace evidence unit to determine the existence of what constitutes "decomposition" as set forth in the discovery at pages 3328 through 3330.

(b) Any and all standards or other references used by the FBI to determine the existence of "hair banding".

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the above and foregoing has been furnished to the Office of the State Attorney, 415 North orange Avenue, Orlando, Florida 32801, and the Orange County Sheriff's Office, 2500 W. Colonial Dr, Orlando, FL 32804 by facsimile delivery on this _____ day of January, 2009.

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EXHIBIT 1

As take from FBI website: www.fbi.gov/hq/lab/codis/forensic.htm

6. FACILITIES

STANDARDS 6.1

The laboratory shall have a facility that is designed to provide adequate security and minimize contamination. The laboratory shall ensure that:

6.1.1 Access to the laboratory is controlled and limited.
6.1.2 Prior to PCR amplification, evidence examinations, DNA extractions, and PCR setup are conducted at separate times or in separate spaces.
6.1.3 Amplified DNA product is generated, processed and maintained in a room(s) separate from the evidence examination, DNA extractions and PCR setup areas.
6.1.4 The laboratory follows written procedures for monitoring, cleaning and decontaminating facilities and equipment.

7. EVIDENCE CONTROL

STANDARD 7.1

The laboratory shall have and follow a documented evidence control system to ensure the integrity of physical evidence. This system shall ensure that:

7.1.1 Evidence is marked for identification.
7.1.2 Chain of custody for all evidence is maintained.
7.1.3 The laboratory follows documented procedures that minimize loss, contamination, and/or deleterious change of evidence.
7.1.4 The laboratory has secure areas for evidence storage.

STANDARD 7.2

Where possible, the laboratory shall retain or return a portion of the evidence sample or extract.

7.2.1 The laboratory shall have a procedure requiring that evidence sample/extract(s) are stored in a manner that minimizes degradation.

8. VALIDATION

STANDARD 8.1

The laboratory shall use validated methods and procedures for forensic casework analyses.

8.1.1 Developmental validation that is conducted shall be appropriately documented.
8.1.2 Novel forensic DNA methodologies shall undergo developmental validation to ensure the accuracy, precision and reproducibility of the procedure. The developmental validation shall include the following:
8.1.2.1 Documentation exists and is available which defines and characterizes the locus.
8.1.2.2 Species specificity, sensitivity, stability and mixture studies are conducted.
8.1.2.3 Population distribution data are documented and available.
8.1.2.3.1 The population distribution data would include the allele and genotype distributions for the locus or loci obtained from relevant populations. Where appropriate, databases should be tested for independence expectations.
8.1.3 Internal validation shall be performed and documented by the laboratory.
8.1.3.1 The procedure shall be tested using known and non-probative evidence samples. The laboratory shall monitor and document the reproducibility and precision of the procedure using human DNA control(s).
8.1.3.2 The laboratory shall establish and document match criteria based on empirical data.
8.1.3.3 Before the introduction of a procedure into forensic casework, the analyst or examination team shall successfully

complete a qualifying test.
8.1.3.4 Material modifications made to analytical procedures shall be documented and subject to validation testing.
8.1.4 Where methods are not specified, the laboratory shall, wherever possible, select methods that have been published by reputable technical organizations or in relevant scientific texts or journals, or have been appropriately evaluated for a specific or unique application.

9. ANALYTICAL PROCEDURES

STANDARD 9.1

The laboratory shall have and follow written analytical procedures approved by the laboratory management/technical manager.

9.1.1 The laboratory shall have a standard operating protocol for each analytical technique used.
9.1.2 The procedures shall include reagents, sample preparation, extraction, equipment, and controls which are standard for DNA analysis and data interpretation
9.1.3 The laboratory shall have a procedure for differential extraction of stains that potentially contain semen.

STANDARD 9.2

The laboratory shall use reagents that are suitable for the methods employed.

9.2.1 The laboratory shall have written procedures for documenting commercial supplies and for the formulation of reagents.
9.2.2 Reagents shall be labeled with the identity of the reagent, the date of preparation or expiration, and the identity of the individual preparing the reagent.
9.2.3 The laboratory shall identify critical reagents and evaluate them prior to use in casework.

These critical reagents include but are not limited to:
(a) Restriction enzyme
(b) Commercial kits for performing genetic typing
(c) Agarose for analytical RFLP gels
(d) Membranes for Southern blotting
(e) K562 DNA or other human DNA controls
(f) Molecular weight markers used as RFLP sizing standards
(g) Primer sets
(h)Thermostable DNA polymerase

STANDARD 9.3

The laboratory shall have and follow a procedure for evaluating the quantity of the human DNA in the sample where possible.

9.3.1 For casework RFLP samples, the presence of high molecular weight DNA should be determined.

STANDARD 9.4

The laboratory shall monitor the analytical procedures using appropriate controls and standards.

9.4.1 The following controls shall be used in RFLP casework analysis:
9.4.1.1 Quantitation standards for estimating the amount of DNA recovered by extraction.
9.4.1.2 K562 as a human DNA control. (In monitoring sizing data, a statistical quality control method for K562 cell line shall be maintained.)
9.4.1.3 Molecular weight size markers to bracket known and evidence samples.
9.4.1.4 Procedure to monitor the completeness of restriction enzyme digestion.
9.4.2 The following controls shall be used for PCR casework analysis:
9.4.2.1 Quantitation standards which estimate the amount of human nuclear DNA recovered by extraction.
9.4.2.2 Positive and negative amplification controls.
9.4.2.3 Reagent blanks.
9.4.2.4 Allelic ladders and/or internal size makers for variable number tandem repeat sequence PCR based systems.

STANDARD 9.5

The laboratory shall check its DNA procedures annually or whenever substantial changes are made to the protocol(s) against an appropriate and available NIST standard reference material or standard traceable to a NIST standard.

STANDARD 9.6

The laboratory shall have and follow written general guidelines for the interpretation of data.

9.6.1 The laboratory shall verify that all control results are within established tolerance limits.
9.6.2 Where appropriate, visual matches shall be supported by a numerical match criterion.
9.6.3 For a given population(s) and/or hypothesis of relatedness, the statistical interpretation shall be made following the recommendations 4.1, 4.2 or 4.3 as deemed applicable of the National Research Council report entitled "The Evaluation of Forensic DNA Evidence" (1996) and/or court directed method. These calculations shall be derived from a documented population database appropriate for the calculation.

10. EQUIPMENT CALIBRATION AND MAINTENANCE

STANDARD 10.1

The laboratory shall use equipment suitable for the methods employed.

STANDARD 10.2

The laboratory shall have a documented program for calibration of instruments and equipment.

10.2.1 Where available and appropriate, standards traceable to national or international standards shall be used for the calibration.
10.2.1.1 Where traceability to national standards of measurement is not applicable, the laboratory shall provide satisfactory evidence of correlation of results.
10.2.2 The frequency of the calibration shall be documented for each instrument requiring calibration. Such documentation shall be retained in accordance with applicable Federal or state law.

STANDARD 10.3

The laboratory shall have and follow a documented program to ensure that instruments and equipment are properly maintained.

10.3.1 New instruments and equipment, or instruments and equipment that have undergone repair or maintenance, shall be calibrated before being used in casework analysis.
10.3.2 Written records or logs shall be maintained for maintenance service performed on instruments and equipment. Such documentation shall be retained in accordance with applicable Federal or state law.

11. REPORTS

STANDARD 11.1

The laboratory shall have and follow written procedures for taking and maintaining case notes to support the conclusions drawn in laboratory reports.

11.1.1 The laboratory shall maintain, in a case record, all documentation generated by examiners related to case analyses.
11.1.2 Reports according to written guidelines shall include:

(a) Case identifier
(b) Description of evidence examined
(c) A description of the methodology
(d) Locus
(e) Results and/or conclusions
(f) An interpretative statement (either quantitative or qualitative)
(g) Date issued
(h) Disposition of evidence
(i) A signature and title, or equivalent identification, of the person(s) accepting responsibility for the content of the report.

11.1.3 The laboratory shall have written procedures for the release of case report information.

12. REVIEW

STANDARD 12.1

The laboratory shall conduct administrative and technical reviews of all case files and reports to ensure conclusions and supporting data are reasonable and within the constraints of scientific knowledge.

12.1.1 The laboratory shall have a mechanism in place to address unresolved discrepant conclusions between analysts and reviewer(s).

STANDARD 12.2

The laboratory shall have and follow a program that documents the annual monitoring of the testimony of each examiner.

13. PROFICIENCY TESTING

STANDARD 13.1

Examiners and other personnel designated by the technical manager or leader who are actively engaged in DNA analysis shall undergo, at regular intervals of not to exceed 180 days, external proficiency testing in accordance with these standards. Such external proficiency testing shall be an open proficiency testing program.

13.1.1 The laboratory shall maintain the following records for proficiency tests:

(a) The test set identifier.
(b) Identity of the examiner.
(c) Date of analysis and completion.
(d) Copies of all data and notes supporting the conclusions.
(e) The proficiency test results.
(f) Any discrepancies noted.
(g) Corrective actions taken. Such documentation shall be retained in accordance with applicable Federal or state law

13.1.2 The laboratory shall establish at a minimum the following criteria for evaluation of proficiency tests:

(a) All reported inclusions are correct or incorrect.
(b) All reported exclusions are correct or incorrect.
(c) All reported genotypes and/or phenotypes are correct or incorrect according to consensus genotypes/phenotypes or within established empirically determined ranges.
(d) All results reported as inconclusive or uninterpretable are consistent with written laboratory guidelines. The basis for inconclusive interpretations in proficiency tests must be documented.
(e) All discrepancies/errors and subsequent corrective actions must be documented.
(f) All final reports are graded as satisfactory or unsatisfactory. A satisfactory grade is attained when there are no analytical errors for the DNA profile typing data. Administrative errors shall be documented and corrective actions taken to minimize the error in the future.
(g) All proficiency test participants shall be informed of the final test results.

14. CORRECTIVE ACTION

STANDARD 14.1

The laboratory shall establish and follow procedures for corrective action whenever proficiency testing discrepancies and/or casework errors are detected.

14.1.1 The laboratory shall maintain documentation for the corrective action. Such documentation shall be retained in accordance with applicable Federal or state law.

15. AUDITS

STANDARD 15.1

The laboratory shall conduct audits annually in accordance with the standards outlined herein.

15.1.1 Audit procedures shall address at a minimum:

(a) Quality assurance program
(b) Organization and management
(c) Personnel
(d) Facilities
(e) Evidence control
(f) Validation
(g) Analytical procedures
(h) Calibration and maintenance
(i) Proficiency testing
(j) Corrective action
(k) Reports
(l) Review
(m) Safety
(n) Previous audits

15.1.2 The laboratory shall retain all documentation pertaining to audits in accordance with relevant legal and agency requirements.

STANDARD 15.2

Once every two years, a second agency shall participate in the annual audit.

16. SAFETY

STANDARD 16.1

The laboratory shall have and follow a documented environmental health and safety program.

17. SUBCONTRACTOR OF ANALYTICAL TESTING FOR WHICH VALIDATED PROCEDURES EXIST

STANDARD 17.1

A laboratory operating under the scope of these standards will require certification of compliance with these standards when a subcontractor performs forensic DNA analyses for the laboratory.

17.1.1 The laboratory