



TEXAS FORENSIC
SCIENCE COMMISSION

Justice Through Science

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

September 6, 2017

Mr. Valentin Moreno, Jr.
TDCJ# 788216
Telford Unit
3899 State Hwy 98
New Boston, TX 75570

Re: Texas Forensic Science Commission (the "Commission")
File No. 1166.16.41; Valentin Moreno, Jr. (Dr. A.J. Alamia; Forensic Psychology
Testimony)

Dear Mr. Moreno:

At its May 26, 2017 meeting the Commission unanimously voted to dismiss your complaint on jurisdictional grounds. The Commission's authority extends to forensic analyses performed on physical evidence in an accredited laboratory for the purpose of connecting the evidence to a criminal act.

Psychological examinations are not included in the definition of "physical evidence" as the term applies to the Commission. In addition, psychologists have their own oversight body, the Texas State Board of Examiners of Psychologists. I have looked at their complaint process for you and they must be filed within 5-7 years after the incident. Since you are well beyond that limitation, they will likely not investigate your allegations but you can certainly submit the complaint and see if they might review it under the circumstances.

I am enclosing a complaint form for the Texas State Board of Examiners of Psychologists as well as a list of several innocence clinics operating in Texas. I suggest contacting each of them to see if one might be interested in taking your case.

Thank you and please let me know if I may be of any additional assistance.

Sincerely,

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

Kathryn Adams
Commission Coordinator

/mka
Encl.

LIST OF INNOCENCE CLINICS IN TEXAS

Texas Center for Actual Innocence
727 E. Dean Keeton St.
Austin, Texas 78705
Contact: Tiffany Dowling

Texas Innocence Network
University of Houston Law Center
100 Law Center
Houston, Texas 77204-6371
Contact: David Dow

The Innocence Project of Texas
300 Burnett, Suite 160
Ft. Worth, Texas 76102
Contact: Mike Ware

Texas Southern University
Thurgood Marshall School of Law
Innocence Project
3100 Cleburne Street
Houston, Texas 77004
Contact: Anthony Haughton



**TEXAS STATE BOARD
OF EXAMINERS
OF PSYCHOLOGISTS
333 Guadalupe • Suite 2-450
Austin, Texas 78701
Investigations: (512) 305-7709**

COMPLAINT FORM

Please fill out this form completely. Use black or blue ink; print or type clearly.

Please note that the Board only has the authority to investigate its licensees or unlicensed persons claiming to provide psychological services.

The Board licenses: Psychologists, Provisionally Licensed Psychologists, Psychological Associates, and Licensed Specialists in School Psychology.

Date: _____

[illegible]

Please enclose any additional documentation that will support your allegations. Court documents, including transcripts, reports, depositions, etc., that are the basis of a complaint must be provided before an investigation may proceed.

I acknowledge and understand that by filing this complaint, I am giving the Board permission to inquire into information that is normally held confidential between me and the licensee.

Waiver

I further understand that by signing this Complaint, I am giving the Texas State Board of Examiners of Psychologists permission to release and reveal my identity, as the person who filed the Complaint, to the Licensee named herein and any other person necessary for the investigation and prosecution of this Complaint.

Authorization for Release of Information

Subject to any exceptions or reservations which I have indicated below, I hereby authorize the Licensee(s) named herein, to release and disclose to the Texas State Board of Examiners of Psychologists, any and all correspondence and individually identifiable health information, including, but not limited to documents evidencing informed consent, therapy charts, intake information, diagnosis, reports, evaluations, narratives, psychotherapy notes, and billing records, concerning _____ (Patient's name).

ITEMS EXCEPTED FROM RELEASE (OPTIONAL): The following information (or categories thereof) is hereby excepted from this release, and is **NOT** to be released by the Licensee(s):

The purpose for this release is to allow the Texas State Board of Examiners of Psychologists to investigate this complaint against the Licensee(s) named herein. The information described herein shall be released to:

Texas State Board of Examiners of Psychologists
333 Guadalupe, Tower 2, Suite 450
Austin, Texas 78701

I understand that this authorization is voluntary and that I may refuse to sign this authorization. I also understand that the patient's health care and the payment for that health care will not be affected if I do not sign this form. However, I acknowledge and understand that in the event I do not voluntarily sign this form, federal and state law will prohibit the Licensee from voluntarily releasing this information to the Texas State Board of Examiners of Psychologists, and the Board may be unable to investigate or prosecute this complaint.

I further understand that the Licensee's release of any individually identifiable health information identified in this release will continue to be protected by federal and state privacy statutes and regulations.

NOTE: The Texas State Board of Examiners of Psychologists is not a covered entity as defined by federal government regulations regarding privacy of patient records. The Board is, however, required by state law

(Texas Health and Safety Code, Chapter 181) and its own confidentiality statute (Tex. Occ. Code Ann. §501.205) to protect the privacy of patient health information and to provide this notice. This investigation may require that records be disclosed to Board staff, Board members, other state agencies, the Legislature, the Board's outside experts, and other parties or participants in an administrative hearing or court proceeding regarding your complaint.

I acknowledge and understand that this release shall remain effective for a period of one year from the date of this form, unless otherwise indicated in the optional expiration date below.

OPTIONAL EXPIRATION DATE: I desire this authorization to be in effect until: _____.

I further understand that I may revoke this authorization at any time by notifying the Licensee in writing at the Licensee's address. I also understand that the written revocation must be signed and dated with a date that is later than the date on this form. A revocation will not affect any actions taken before the receipt of the revocation.

If the Complainant and patient are not the same individual, please describe Complainant's relationship to the patient, and attach any documentation evidencing his or her legal authority to act on the patient's behalf (i.e. guardianship, power of attorney, etc.).

Complainant's Signature

Date

Mail to:

Texas State Board of Examiners of Psychologists
333 Guadalupe · Suite 2-450
Austin, Texas 78701