

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
INDIANAPOLIS DIVISION

ANDRE MOTON,	)	
	)	
Plaintiff,	)	
	)	
v.	)	No. 1:23-cv-01925-RLY-TAB
	)	
MCCAFFERTY Dr., et al.,	)	
	)	
Defendants.	)	

**ORDER GRANTING DEFENDANTS' MOTION FOR SUMMARY JUDGMENT**

Plaintiff Andre Moton, an Indiana Department of Correction ("IDOC") inmate, filed this civil rights suit alleging that Centurion Defendants – Kaitlyn Lawson, Kelly McCafferty, and Lisa Hamblen – violated his Eighth Amendment constitutional rights by denying him appropriate mental health treatment while he was a seriously mentally ill ("SMI") inmate in segregation for six months at Pendleton Correctional Facility ("Pendleton"), Dkts. 9, 13. Mr. Moton also brings claims against IDOC Defendants, who have not moved for summary judgment. For the following reasons, the Centurion Defendants' motion for summary judgment, dkt [72], is **GRANTED**.

**I.  
Summary Judgment Standard**

A motion for summary judgment asks the court to find that a trial is unnecessary because there is no genuine dispute as to any material fact and, instead, the movant is entitled to judgment as a matter of law. *See* Fed. R. Civ. P. 56(a). When reviewing a motion for summary judgment, the court views the record and draws all reasonable inferences from it in the light most favorable to the nonmoving party. *Khungar v. Access Cmty. Health Network*, 985 F.3d 565, 572–73 (7th Cir. 2021). It cannot weigh evidence or make credibility determinations on summary judgment because those tasks are left to the fact-finder. *Miller v. Gonzalez*, 761 F.3d 822, 827 (7th Cir. 2014). A

court only has to consider the materials cited by the parties, *see* Fed. R. Civ. P. 56(c)(3); it need not "scour the record" for evidence that might be relevant. *Grant v. Trs. of Ind. Univ.*, 870 F.3d 562, 573–74 (7th Cir. 2017) (cleaned up).

A party seeking summary judgment must inform the district court of the basis for its motion and identify the record evidence it contends demonstrates the absence of a genuine issue of material fact. *Celotex Corp. v. Catrett*, 477 U.S. 317, 323 (1986).

Whether a party asserts that a fact is undisputed or genuinely disputed, the party must support the asserted fact by citing to particular parts of the record, including depositions, documents, or affidavits. Fed. R. Civ. P. 56(c)(1)(A). Failure to properly support a fact in opposition to a movant's factual assertion can result in the movant's fact being considered undisputed, and potentially in the grant of summary judgment. Fed. R. Civ. P. 56(e).

## **II. Factual Background**

Because the Centurion Defendants have moved for summary judgment under Rule 56(a), the Court views and recites the evidence in the light most favorable to the non-moving party and draws all reasonable inferences in that party's favor. *Khungar*, 985 F.3d at 572–73.

### **A. The Parties**

At all relevant times, Mr. Moton was an inmate housed at Pendleton. Dkt. 2 at 2. (Mr. Moton's Complaint) Mr. Moton had mental health diagnoses and had the designation of SMI, or serious mental illness. Dkt. 72-3 at 1. (Aff. of Dr. McCafferty)

Defendant Kaitlyn Lawson is a Licensed Mental Health Counselor Associate ("LMHCA") and was part of the mental health staff at Pendleton. Dkt. 72-1 at 1. (Aff. of Kaitlyn Lawson) During the time period in question, Counselor Lawson was not yet licensed as an LMHCA, so she

could conduct mental health rounds on inmates, which she did in the segregation unit, but she could not conduct a one-on-one therapy session with an inmate. *Id.*

Defendant Dr. Kelly McCafferty is a licensed psychologist and was part of the mental health staff at Pendleton. Dkt. 72-3 at 1. She practiced as a psychologist and oversaw the master's level and other mental health staff, which included Behavioral Health Specialists and Mental Health Professionals. *Id.* As one of the psychologists working at Pendleton, Dr. McCafferty routinely reviewed the documentation of the mental health staff regarding patients and discussed patients with mental health staff. *Id.*

Defendant Lisa Hamblen is a Licensed Clinical Social Worker who serves as the Health Services Administrator ("HSA") at Pendleton. Dkt. 72-2 at 1. (Aff. of Lisa Hamblen). Her job duties as the HSA include ordering medical supplies for the facility, hiring nursing staff, maintaining the nursing staff schedule, responding to inmate healthcare request forms when necessary, and dealing with human resources issues for the medical staff. *Id.* She also serves as the liaison between the prison administration and the medical department. *Id.* Sometimes she assists the grievance staff with investigating inmate grievances regarding medical issues and provides information from the patient's medical chart so that the grievance staff can respond to inmate grievances. *Id.* She also responds to questions or issues from inmates' families about medical care when necessary. HSA Hamblen does not oversee the mental health staff in their treatment of patients, and she did not have clinical responsibilities in her role as HSA. *Id.*

#### **B. Centurion Policy for SMI Inmates**

When an offender with an SMI designation is placed into disciplinary segregation at the prison by correctional staff, the mental health staff has to follow Indiana Healthcare Services Directive 4.03A. *Id.* This Healthcare Services Directive states the following:

IPAS SETTLEMENT: A settlement between the Department and the Indiana Protection and Advocacy Services Commissions (IPAS) that states incarcerated individuals who are classified as Seriously Mentally Ill may not be housed for more than thirty (30) consecutive days in restrictive status housing, other than under the rare exceptions as detailed in HCSD 2.21A. "Evaluation of Incarcerated Individuals in Restrictive Status Housing.

Dkt. 73-2 at 2. Healthcare Services Directive 2.21A provides a "danger exception" for seriously mentally ill inmates to remain in segregation longer than 30 days, as follows:

If the offender is determined to be stable by the mental health professional and removing a Seriously Mentally Ill offender from restrictive housing would pose a threat to the safety and security of offenders and/or staff, the Warden may request an exception to house the offender in restrictive housing longer than thirty (30) days from the Executive Director of Behavioral Health. The decision shall be recorded in the incarcerated individual's facility packet and shall be reviewed by Unit Team staff and documented in writing every fourteen (14) days. In the event that a Seriously Mentally Ill offender is required by exceptional circumstances to remain in restrictive status housing, a specific treatment plan shall be developed which will determine the frequency of contact at or above those required in the attached matrix to this HCSD. "Restrictive Status Housing Mental Health Treatment Matrix/Continuum."

*Id.* It is the Unit Team staff, i.e. IDOC staff, that conducts the 14-day reviews of Mr. Moton's status in segregation and whether he still meets the "danger exception." *Id.* Mental health staff does not conduct these reviews. *Id.* However, Dr. McCafferty does provide input and whatever information is necessary regarding Mr. Moton's mental health status and treatment to the Unit Team staff so they can conduct their reviews and make a determination about whether Mr. Moton should remain in segregation. *Id.* She did this with Mr. Moton. *Id.* at 3.

### **C. Mr. Moton's Treatment**

Mr. Moton was given a danger exception by the IDOC staff due to his past conduct and behavior. Dkt. 72-3 at 3. For Mr. Moton, who was designated as seriously mentally ill but met the danger exception to remain in segregation longer than 30 days, mental health staff had to do two things regularly according to the Indiana Healthcare Services Directives: 1) mental health staff had

to conduct rounds twice a week to check on Mr. Moton to make sure he was alive and whether he had any mental health concerns that needed to be addressed to monitor for any signs of mental status decompensation; and 2) mental health staff had to offer an out of cell therapy session with a therapist every two weeks/14 days *Id.* Mental health rounds required mental health staff to stop at Mr. Moton's cell door and see and speak to him. *Id.*

On October 10, 2023, Mr. Moton submitted a grievance alleging that he was not receiving the required mental health care for someone designated SMI. Dkt. 72-2 at 3-4. The grievance specialist forwarded that grievance to HSA Hamblen and asked her to confirm if Mr. Moton's medical records indicated he had a diagnosis or designation of SMI. *Id.* When HSA Hamblen received that inquiry, she reviewed Mr. Moton's chart, did not see any diagnosis or designation of SMI, and communicated that to the grievance specialist. *Id.* The grievance specialist then communicated in the response to Mr. Moton's grievance that, "per HSA L. Hamblen, Patient does not have an SMI diagnosis." *Id.* This was incorrect. However, Mr. Moton was treated as having an SMI designation while he was in segregated housing from August 2023 to February 2024. *Id.* Nothing changed in the delivery of Mr. Moton's mental health care as a result of her erroneous response to the grievance specialist. *Id.*

Mr. Moton was in segregation from August 6, 2023, to late February 2024. Dkt. 72-3 at 3. Mr. Moton received numerous medical care visits from staff pursuant to this policy, which the Court summarizes below as follows:

<b>Date</b>	<b>Type of Visit</b>	<b>Provider</b>	<b>Visit Notes</b>
Aug. 22	Segregation Rounds	Dr. Luis Figueroa	Moton denies any mental health issues
Aug. 24	Segregation Rounds	Counselor Lawson	Moton not in his cell

Aug. 28	Segregation Rounds	Counselor Lawson	Moton observed, appeared fine, denied mental health issues
Aug. 31	Segregation Rounds	Counselor Lawson	Moton faced away from Lawson, did not respond to communication
Sept. 5	Segregation Rounds	Counselor Lawson	Moton expressed frustration to Lawson about remaining in segregation
Sept. 7	Segregation Rounds	Counselor Lawson	Discussion with Lawson about time in segregation
Sept. 7	Clinical Visit	NP Lindsay Manning	Explored Medication Management
Sept. 7	Out of Cell Therapy Session	Luis Figueroa	Reported distress over not having out-of-cell session in over 30 days.
Sept. 11	Segregation Rounds	Counselor Lawson	Observed, appeared fine
Sept. 14	Segregation Rounds	Counselor Lawson	Called out, did not respond, started signing
Sept. 18	Segregation Rounds	Counselor Lawson	Told Lawson he did not want to talk to her, cursed at her numerous times
Sept. 21	Segregation Rounds	Counselor Lawson, DOC Caseworker	Moton did not respond to Lawson, Caseworker verified he was okay
Sept. 21	Clinical Visit/ Therapy Session	Dr. McCafferty	Discussed coping skills, assigned yoga exercises
Sept. 25	Segregation Rounds	Counselor Lawson	Told counselor he did not want to talk

Sept. 28	Segregation Rounds	Counselor Lawson	Moton did not respond, waved off Counselor
Oct. 2	Segregation Rounds	Counselor Lawson	Told counselor to leave, cursed at her
Oct. 5	Out of cell Therapy Session (conducted in cell)	Dr. McCafferty	Moton requested non-white therapist
Oct. 6	Segregation Rounds	Counselor Lawson, IDOC Officer	Moton stated to Lawson and officer, "I know what game you are playing."
Oct. 12	Segregation Rounds	Unknown	Unknown
Oct. 19	Out of cell Therapy Session	Dr. Luis Figueroa	Reported Moton weaponizing SMI status to get out
Oct. 19	Segregation Rounds	Counselor Lawson, IDOC Officer	Moton asleep, Lawson had officer interact with Moton and he responded
Oct. 23	Segregation Rounds	BHS Ball	Moton alert, oriented, reported no needs or concerns.
Oct. 26	Segregation Rounds	Counselor Lawson, IDOC Officer	Moton responded affirmatively to the officer
Oct. 26	Segregation Rounds	BHS Ball	Moton alert, oriented, reported no needs or concerns.
Oct. 26	Medication Management Apt.	NP Lindsay Manning	Increased Moton's medication
Oct. 30	Segregation Rounds	BHS Ball	Moton alert, oriented, reported no needs or concerns.

Nov. 2	Out of cell Therapy Session	Dr. Luis Figueroa	Moton upset, threatens to sue
Nov. 6	Segregation Rounds	Counselor Lawson	Moton had sheet blocking window, due to previous aggression, Lawson did not have Moton move sheet
Nov. 9	Segregation Rounds	BHS Ball	Moton alert, oriented, reported no needs or concerns.
Nov. 13	Segregation Rounds	BHS Ball	Moton alert, oriented, stayed behind sheet he had hanging. Stated he was not okay but nothing BHS Ball could help with.
Nov. 16	Out of cell Therapy Session	Dr. Luis Figueroa	Moton upset, indicated he wanted to be returned back to cell
Nov. 22	Segregation Rounds	BHS Ball	Moton alert, oriented, stayed behind sheet he had hanging. Stated no concerns.
Nov. 22	Clinical Visit	Dr. Luis Figueroa	Moton indicated he was experiencing suicidal ideation, placed on temporary mental health precautions
Nov. 24	Suicide Watch	Lisa Hamblen	Cursed at Hamblen
Nov. 24	Segregation Rounds	Counselor Lawson	Did not do normal rounds because Moton on suicide watch

Nov. 27	Clinical Visit	Dr. McCafferty	Dr. determined Moton not suicidal and using suicide watch for external gain
Nov. 28	Clinical Visit	Dr. Luis Figueroa	Moton denied suicidal ideation, reported his mood was good
Nov. 30	Out of cell Therapy Session	Dr. Luis Figueroa	Moton refused the session, signed a refusal form
Nov. 30	Medication Management Apt.	NP Lindsay Manning	Reduced Moton's Celexa
Dec. 4	Segregation Rounds	Counselor Lawson	Moton denied mental health concerns
Dec. 4	Post-Suicide Observation Visit	Dr. Luis Figueroa	Denied suicidal ideation, reported his mood was good.
Dec. 6	Segregation Rounds	BHS Ball	Moton alert, oriented, stayed behind sheet he had hanging. Stated no concerns.
Dec. 11	Post-Suicide Monitoring Visit	Dr. Luis Figueroa	Refused out-of-cell therapy, met at cell. Denied suicidal ideation, reported his mood was good
Dec. 11	Segregation Rounds	BHS Ball	Moton alert, oriented, stayed behind sheet he had hanging. Stated he needed out of cell therapy soon.
Dec. 14	Out of cell Therapy Session	Dr. Luis Figueroa	Moton refused the session, signed a refusal form.

Dec. 20	Segregation Rounds	BHS Ball	Moton alert, preoccupied by IPAS agreement, told Ball he was mistreated
Dec. 21	Medication Management Apt.	NP Lindsay Manning	Refused appointment, would not sign refusal form
Dec. 26	Segregation Rounds	BHS Ball	Moton told Ball "I ain't talking to you today."
Dec. 28	Out of cell Therapy Session	Dr. Luis Figueroa	Moton refused the session, would not take down his sheet in his cell
Jan. 2	Segregation Rounds	BHS Ball	Moton alert, oriented. Moton discussed danger exception with her.
Jan. 4	Segregation Rounds	BHS Ball	Moton alert, oriented. Stated he specifically wanted therapy in shakedown booth.
Jan. 8	Segregation Rounds	BHS Ball	Moton alert, oriented. Stated no concerns.
Jan. 11	Segregation Rounds	Counselor Lawson	Moton refused to speak with her.
Jan. 11	Out of cell Therapy Session	Dr. Luis Figueroa	Moton upset that he could not control where therapy was held, contends that it violated his confidentiality.
Jan. 12	Clinical Visit	Dr. Heather Verdon	Visit to assess Moton's suicidality. Moton denied suicidal ideation but presented as agitated and angry.

Jan. 16	Clinical Visit	Dr. Heather Verdon	Moton again presented as agitated and angry. Dr. assessed he was at low risk for suicide.
Jan. 16	Post-Suicide Monitoring Visit	Dr. Luis Figueroa	Moton again presented as agitated and angry. Moton threatened self-harm and argued with IDOC officers.
Jan. 18	Post-Suicide Monitoring Visit	Counselor Lawson	Moton stated he was "alright" and denied being suicidal.
Jan. 18	Clinical Visit	NP Lindsay Manning	Discussed with Moton his release from segregation.
Jan. 22	Segregation Rounds	BHS Ball	Moton alert, oriented, reported no needs or concerns.
Jan. 23	Post-Suicide Monitoring Visit	Counselor Lawson	Moton stated he was "alright" and "doing good."
Jan. 25	Out of cell Therapy Session	Dr. Luis Figueroa	Moton again presented as frustrated about his medication changes and lack of recreation time.
Jan. 31	Post-Suicide Monitoring Visit	Counselor Lawson	Moton reported he felt "alright" and not suicidal.
Feb. 5	Segregation Rounds	BHS Ball	Moton was alert but agitated and maintained a sheet over his door. Moton yelled racial slurs at Ball.

Feb. 6	Request from Moton	Counselor Lawson	Moton reported that he needed to get out of G-Cellhouse and agreed to do anger management packets.
Feb. 8	Out of cell Therapy Session	Dr. Luis Figueroa	Moton stated he should be out of segregation by now.
Feb. 8	Segregation Rounds	BHS Ball	Moton was alert and oriented. Moton reported he was mad.
Feb. 12	Segregation Rounds	BHS Ball	Moton was alert and oriented.
Feb. 13	Suicide Assessment	Dr. McCafferty	Moton complained that staff were "fucking with him" because he had not yet been moved from segregation.
Feb. 14	Post-Suicide Monitoring Visit	Counselor Lawson	Moton expressed frustrations about not being moved despite being approved for release.
Feb. 15	Clinical Visit	Dr. Luis Figueroa	Moton requested mental health staff; Dr. Figueroa informed Moton of his upcoming release. Moton unhappy.
Feb. 16	Segregation Rounds	BHS Ball	Moton alert, oriented. Stated no concerns.
Feb. 20	Post-Suicide Monitoring Visit	Counselor Lawson	Conducted out of cell. Moton reported he was "alright" and not suicidal.
Feb. 21	Segregation Rounds	BHS Ball	Moton was alert and oriented.

Dkts. 72-1, 72-3, 75-1, 75-2. Mr. Moton acknowledges that he was seen out of his cell every 14 days by mental health staff. Dkt. 75-4 at 28-29. However, he believes that he should have been reviewed by the mental health treatment team every 14 days to try to get him out of segregation at the earliest opportunity. *Id.*

### **III. Discussion**

The Eighth Amendment's prohibition against cruel and unusual punishment imposes a duty on the states, through the Fourteenth Amendment, "to provide adequate medical care to incarcerated individuals." *Boyce v. Moore*, 314 F.3d 884, 889 (7th Cir. 2002) (citing *Estelle v. Gamble*, 429 U.S. 97, 103 (1976)). "Prison officials can be liable for violating the Eighth Amendment when they display deliberate indifference towards an objectively serious medical need." *Thomas v. Blackard*, 2 F.4th 716, 721–22 (7th Cir. 2021). "Thus, to prevail on a deliberate indifference claim, a plaintiff must show '(1) an objectively serious medical condition to which (2) a state official was deliberately, that is subjectively, indifferent.'" *Johnson v. Dominguez*, 5 F.4th 818, 824 (7th Cir. 2021) (quoting *Whiting v. Wexford Health Sources, Inc.*, 839 F.3d 658, 662 (7th Cir. 2016)).

The Court assumes for purposes of the summary judgment motion that Mr. Moton's mental health was objectively serious. To avoid summary judgment, then, the record must allow a reasonable jury to conclude that the Centurion Defendants acted with deliberate indifference—that is, that they "consciously disregarded a serious risk to [Mr. Moton]'s health." *Dean v. Wexford Health Sources, Inc.*, 18 F.4th 214, 241 (7th Cir. 2021) (cleaned up).

Deliberate indifference requires more than negligence or even objective recklessness. *Id.* Rather, Mr. Moton "must provide evidence that an official actually knew of and disregarded a substantial risk of harm." *Petties v. Carter*, 836 F.3d 722, 728 (7th Cir. 2016).

"Of course, medical professionals rarely admit that they deliberately opted against the best course of treatment. So in many cases, deliberate indifference must be inferred from the propriety of their actions." *Dean*, 18 F.4th at 241 (internal citations omitted).

The Seventh Circuit has held that deliberate indifference occurs when the defendant:

- renders a treatment decision that departs so substantially "from accepted professional judgment, practice, or standards as to demonstrate that" it is not based on judgment at all. *Petties*, 836 F.3d at 729 (quoting *Cole v. Fromm*, 94 F.3d 254, 260 (7th Cir. 1996)).
- refuses "to take instructions from a specialist." *Id.*
- persists "in a course of treatment known to be ineffective." *Id.* at 729–30.
- chooses "an 'easier and less efficacious treatment' without exercising professional judgment." *Id.* at 730 (quoting *Estelle*, 429 U.S. at 104 n.10).
- effects "an inexplicable delay in treatment which serves no penological interest." *Id.*

#### **A. Counselor Lawson**

Mr. Moton alleges that Counselor Lawson violated his constitutional rights because she was supposed to do rounds on him, but he alleges she would just walk by his cell and ignore him. *Id.* In response, the Centurion Defendants have designated extensive records of Counselor Lawson's segregation rounds. The record further reflects that Mr. Moton often refused to speak to Counselor Lawson, cursed at her, and hid behind sheets to avoid interactions with the Counselor. Further, he has failed to respond to the Centurion Defendants' evidence that Counselor Lawson and BHS Ball performed weekly segregation rounds per policy. Accordingly, summary judgment is granted as to Mr. Moton's claim against Counselor Lawson.

#### **B. HSA Hamblen**

Mr. Moton alleges that HSA Hamblen violated his Eighth Amendment rights when she stated that he was not designated as seriously mentally ill in response to a grievance. Dkt. 75-4 at

46. (Mr. Moton's Deposition). The record reflects that HSA Hamblen initially denied Mr. Moton's SMI status due to her mistaken belief—based on her looking up the information—that Mr. Moton was not SMI. However, Mr. Moton was treated as having an SMI designation the entire time he was in segregated housing, and nothing changed in the delivery of Mr. Moton's mental health care as a result of her erroneous response to the grievance specialist. Dkt. 72-2 at 3-4. The initial mistaken response was at most negligent, which is not enough to show deliberate indifference. *Dean*, 18 F.4th at 241. Accordingly, summary judgment is granted as to Mr. Moton's claim against HSA Hamblen.

### **C. Dr. McCafferty**

Mr. Moton alleges that Dr. McCafferty violated his constitutional rights because she was to ensure that he was getting the correct mental health services and did not. *Id.* at 49. However, there is no evidence that Dr. McCafferty's treatment of Mr. Moton's mental health needs departed so substantially from professional judgment that it would rise to the level of deliberate indifference. The record reflects that Dr. McCafferty and her staff frequently assessed Mr. Moton, responded to his HCRFs, and responded diligently when she believed he may be at risk of suicidal ideation. Her treatment decisions and determinations that he was using suicidal ideation for secondary gain were based on her medical judgment and frequent in-person assessments of Mr. Moton. The record contains her treatment notes regarding his mental health status and detailed descriptions of the many visits she had with Mr. Moton in his cell.

In his response, Mr. Moton argues that Dr. McCafferty should be liable because "she never felt the need to tell IDOC to remove from RHU or transfer to a mental health unit." Dkt. 82 at 5. But the record reflects that based on the information available to Dr. McCafferty and in her professional judgment, it was never necessary to tell the IDOC that Mr. Moton needed to be

released from Restrictive Housing due to his mental health status. Dkt. 72-3 at 3. And further, for Mr. Moton to be released, it was the responsibility of IDOC staff to conduct the 14-day reviews of Mr. Moton's status in segregation and determine whether he still met the "danger exception." *Id.* at 2.

In support of his arguments, Mr. Moton cites various healthcare directives he believes Dr. McCafferty disregarded by not pushing for his transfer. Dkt. 82 at 3-4. He further argues that he did not feel comfortable fully discussing his mental health needs with her because he did not feel that the locations where his therapy sessions were performed were sufficiently confidential. *Id.* at 3. But even if Dr. McCafferty failed to follow all of Centurion's healthcare directives in her decision-making process related to where sessions took place and whether Mr. Moton should be transferred, her alleged failure to follow Centurion policy, rules, and procedures does not, in and of itself, violate the Constitution. *Estate of Simpson v. Gorbett*, 863 F.3d 740, 746 (7th Cir. 2017) ("Section 1983 protects against constitutional violations, not violations of . . . departmental regulation and . . . practices[.]") (internal quotation omitted). The record reflects that Mr. Moton did receive adequate and frequent mental health care from the doctor and her subordinates. And Mr. Moton himself acknowledges that he was seen out of his cell every 14 days by mental health staff. Dkt. 75-4 at 28-29. Although he disagreed that mental health staff did not push for his transfer out of segregation as aggressively as they could have, this does not render Dr. McCafferty deliberately indifferent. Summary judgment must be granted as to Mr. Moton's claim against Dr. McCafferty.

#### **IV. Conclusion**

The Centurion Defendants' motion for summary judgment is **GRANTED**. Dkt. [72].

The **clerk is directed** to terminate Kaitlyn Lawson, Kelly McCafferty, and Lisa Hamblen as Defendants on the docket. Partial final judgment shall not enter.

Claims remain against Defendants Warden Reagle, J. Scaiffe, and Schaffer. The Court prefers that Mr. Moton be represented by counsel for the remainder of this action. Mr. Moton's motion for counsel, dkt. [103] is **granted**. After counsel is recruited for Mr. Moton, the Magistrate Judge is requested to hold a telephonic status conference to discuss settlement and trial preparations.

**IT IS SO ORDERED.**

Date: 3/24/2026



RICHARD L. YOUNG, JUDGE  
United States District Court  
Southern District of Indiana

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