

IN THE SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL, : No. 1574 Disciplinary Docket No. 3
Petitioner :
 : No. 8 DB 2010
v. :
 : Attorney Registration No. 201434
CHRISTOPHER ARTHUR DREISBACH, :
Respondent : (Dauphin County)

ORDER

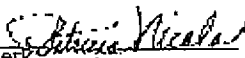
PER CURIAM:

AND NOW, this 24th day of March, 2011, upon consideration of the Recommendation of the Three-Member Panel of the Disciplinary Board dated January 11, 2011, the Joint Petition in Support of Discipline on Consent is hereby granted pursuant to Rule 215(g), Pa.R.D.E., and it is

ORDERED that Christopher Arthur Dreisbach is suspended on consent from the Bar of this Commonwealth for a period of six months retroactive to March 12, 2010, and he shall comply with all the provisions of Rule 217, Pa.R.D.E.

IT IS FURTHER ORDERED that Christopher Arthur Dreisbach is hereby reinstated to active status, effective immediately.

A True Copy Patricia Nicole
As Of 3/24/2011

Attest: 
Chief Clerk
Supreme Court of Pennsylvania

BEFORE THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA


OFFICE OF DISCIPLINARY COUNSEL : No. 1574 Disciplinary Docket No. 3
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 : No. 8 DB 2010
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 : Attorney Registration No. 201434
CHRISTOPHER ARTHUR DREISBACH :
Respondent : (Dauphin County)

RECOMMENDATION OF THREE-MEMBER PANEL
OF THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA

The Three-Member Panel of the Disciplinary Board of the Supreme Court of Pennsylvania, consisting of Board Members Gerald Lawrence, Gabriel L. Bevilacqua, and David A. Nasatir, has reviewed the Joint Petition in Support of Discipline on Consent filed in the above-captioned matter on December 13, 2010.

The Panel approves the Joint Petition consenting to a six month suspension retroactive to March 12, 2010 and immediate reinstatement and recommends to the Supreme Court of Pennsylvania that the attached Petition be Granted.

The Panel further recommends that any necessary expenses incurred in the investigation and prosecution of this matter shall be paid by the respondent-attorney as a condition to the grant of the Petition.



Gerald Lawrence, Panel Chair
The Disciplinary Board of the
Supreme Court of Pennsylvania

Date: January 11, 2011

BEFORE THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL ,	:	No. 1574 Disc. Docket No. 3
Petitioner	:	- Supreme Court
	:	
v.	:	No. 8 DB 2010
	:	- Disciplinary Board
CHRISTOPHER ARTHUR DREISBACH,	:	
Respondent	:	Attorney Reg. No. 201434
	:	(Dauphin County)

JOINT PETITION IN SUPPORT OF DISCIPLINE
ON CONSENT UNDER RULE 215(d), Pa.R.D.E

OFFICE OF DISCIPLINARY COUNSEL
Paul J. Killion
Chief Disciplinary Counsel

By:

John Francis Dougherty
Disciplinary Counsel
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717-772-8572

and

Robert H. Davis, Jr., Esquire
Counsel for Respondent
Attorney Registration No. 46322
121 Pine Street
Harrisburg, PA 17101-1209
717-238-6861

FILED

DEC 13 2010

Office of the Secretary
The Disciplinary Board of the
Supreme Court of Pennsylvania

BEFORE THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL ,	:	No. 1574 Disc. Docket No. 3
Petitioner	:	- Supreme Court
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CHRISTOPHER ARTHUR DREISBACH,	:	
Respondent	:	Attorney Reg. No. 201434
	:	(Dauphin County)

JOINT PETITION IN SUPPORT OF DISCIPLINE
ON CONSENT UNDER RULE 215(d), Pa.R.D.E.

Petitioner, Office of Disciplinary Counsel (ODC), by Paul J. Killion, Esquire, Chief Disciplinary Counsel, and by John F. Dougherty, Disciplinary Counsel, and Respondent, Christopher Arthur Dreisbach, by his counsel, Robert H. Davis, Jr., Esquire, file this Joint Petition In Support Of Discipline On Consent Pursuant to Rule 215(d) of the Pennsylvania Rules of Disciplinary Enforcement and respectfully represent that:

1. Petitioner, whose principal office is located at the Pennsylvania Judicial Center, 601 Commonwealth Ave., Suite 2700, Harrisburg, Pennsylvania 17106-2485, is invested, pursuant to Rule 207 of the Pennsylvania Rules of Disciplinary Enforcement, with the power and duty to investigate all matters involving alleged misconduct of an attorney admitted to practice law in the Commonwealth of Pennsylvania.

2. Respondent, Christopher A. Dreisbach (Mr. Dreisbach), was born on September 21, 1977 and was admitted to practice law in the Commonwealth on December 1, 2005. Mr. Dreisbach's attorney registration mailing address is 5608 Morning Mist Drive, Harrisburg, PA 17111. Mr. Dreisbach is subject to the disciplinary jurisdiction of the Disciplinary Board of the Supreme Court.

3. By Order dated March 12, 2010, the Supreme Court of Pennsylvania placed Mr. Dreisbach on temporary suspension pursuant to Pa.R.D.E. 214(f)(1), and referred Mr. Dreisbach's file back to the Office of Disciplinary Counsel. ODC has not filed a Petition for Discipline in this matter due to developments in the criminal charges and disposition of those charges subsequent to his temporary suspension.

**SPECIFIC FACTUAL ADMISSIONS, RULE OF DISCIPLINARY ENFORCEMENT AND
RULE OF PROFESSIONAL CONDUCT VIOLATED**

4. Mr. Dreisbach and ODC stipulate that the facts recited hereinafter are true and correct, and that Mr. Dreisbach violated the Rule of Professional Conduct and Rule of Disciplinary Enforcement set forth in ¶¶10, infra.

5. The original charges against Mr. Dreisbach filed on August 18, 2009, included two counts of Aggravated Assault pursuant to 18 §2702 §§A3, two counts of Simple Assault pursuant to 18 § 2701 §§A1, Public Drunkenness and similar misconduct pursuant to 18 § 5505, Unlawful Restraint/Serious Bodily Injury pursuant to 18 §2902 §§A1, and Indecent Assault - W/O Consent of Other 18 §3126 §§A1.

The facts giving rise to the above noted charges are as follows. On the morning

of August 17, 2009, Mr. Dreisbach experienced a "mixed bipolar episode" (depression simultaneous with a high state of anxiety and agitation). After calling off sick from work, Mr. Dreisbach attempted to medicate his symptoms with multiple prescription medications including Effexor, Wellbutrin, and Ambien (all previously prescribed to Mr. Dreisbach for his bipolar illness and insomnia). In addition, Mr. Dreisbach consumed a large amount of alcohol throughout the day.

According to information provided to the police and police records, at approximately 5:30 p.m. a colleague stopped by Mr. Dreisbach's residence for a drink. While having a drink on Mr. Dreisbach's back porch the colleague became concerned by Mr. Dreisbach's increasingly rambling and incoherent speech. Alarmed by his bizarre behavior, the colleague managed to get Mr. Dreisbach inside his residence so that Mr. Dreisbach's neighbors would not see him in such an unusual condition. After entering his residence, Mr. Dreisbach's behavior remained bizarre. In an attempt to "snap him out of it" his colleague splashed a glass of wine on his face. After being splashed with wine, Mr. Dreisbach walked towards his colleague. Concerned by Mr. Dreisbach's extraordinary behavior, his colleague struck Mr. Dreisbach on the head with a large glass vase. After being hit on the head, a confrontation occurred between Mr. Dreisbach and his colleague during which time Mr. Dreisbach struck his colleague and grabbed her breast. Following the physical confrontation both Mr. Dreisbach and his colleague fled from the residence as Mr. Dreisbach yelled for help.

Just as Mr. Dreisbach and his colleague ran from the residence, his brother-in-law arrived. Mr. Dreisbach's brother-in-law had previously been asked to respond to the residence to check on Mr. Dreisbach because of bizarre phone and text messages he

had sent his wife and other colleagues throughout the day. Mr. Dreisbach's brother-in-law immediately called for an ambulance after seeing Mr. Dreisbach bleeding from the head.

Police reports further confirm that medical personnel responded to find Mr. Dreisbach exhibiting symptoms of agitation, aggression, rambling and incoherent speech, and other bizarre behavior. Within two miles of leaving Mr. Dreisbach's residence in route to the Hershey Medical Center, Mr. Dreisbach began thrashing about and damaging equipment in the back of the ambulance. As an EMT attempted to stop Mr. Dreisbach, Mr. Dreisbach struck the EMT and walked out of the ambulance into oncoming traffic. Medical personnel immediately called a police officer to the scene in order to get Mr. Dreisbach out of traffic and back into the ambulance. While the responding officer attempted to have Mr. Dreisbach settle down, Mr. Dreisbach grabbed the officer's shirt and pulled with two hands. Upon arriving at the Hershey Medical Center, Mr. Dreisbach was restrained on a gurney. While struggling in the restraints, Mr. Dreisbach kicked a fire extinguisher and the eyeglasses of another patient being simultaneously wheeled past Mr. Dreisbach. Although the glasses were damaged, Mr. Dreisbach never made physical contact with the patient himself.

Mr. Dreisbach has no recollection whatsoever of the entire incident. Upon being told what had transpired, Mr. Dreisbach immediately became apologetic. He began a period of medical treatment immediately after the incident.

6. On August 13, 2010, Mr. Dreisbach entered an open plea of guilty to four counts of Simple Assault, one count of Indecent Assault, one count of Unlawful Restraint, and one count of Public Drunkenness. The crimes of Simple Assault and

Indecent Assault are misdemeanors of the second degree, punishable by imprisonment for up to two years and a \$5,000 fine. The crime of Unlawful Restraint is a misdemeanor of the first degree punishable by imprisonment for up to five years and a \$10,000 fine. The crime of Public Drunkenness is a summary offense punishable by imprisonment of ninety days and a \$200 fine.

7. On August 13th, 2010, Mr. Dreisbach was sentenced by the Honorable Judge Todd A. Hoover to an aggregate sentence of seven years probation, \$2,350 in fines, and seven hundred hours of community service, in full satisfaction of all counts. Prior to sentencing, each victim indicated their belief that a probationary sentence was appropriate. Judge Hoover indicated to counsel that should Mr. Dreisbach successfully comply with the terms and conditions of his supervision, the court would consider an early termination of Mr. Dreisbach's probationary period. In addition, Judge Hoover subsequently directed that Mr. Dreisbach be supervised by the probation department's mental health specialist (indicating his belief that improper self-medication of Mr. Dreisbach's mental illness was the root cause of his criminal conduct). Mr. Dreisbach is current on the scheduled payment of fines and costs imposed by Judge Hoover.

8. Except for the summary offense, the crimes of which Mr. Dreisbach was convicted are "serious crimes," as defined in Rule 214(i), Pa.R.D.E., in that they can result in maximum terms of imprisonment of at least a year and a day.

9. Mr. Dreisbach's convictions constitute a *per se* ground for discipline under Pa.R.D.E. 203(b)(1).

10. By his conduct as alleged above, Mr. Dreisbach violated the following Rule of Professional Conduct and Rule of Disciplinary Enforcement:

- a. RPC 8.4(b), which provides that it is professional misconduct for a lawyer to commit a criminal act that reflects adversely on the lawyer's honesty, trustworthiness or fitness as a lawyer in other respects;
- b. Pa.R.D.E. 203(b)(1), which states that conviction of a crime, which under Enforcement Rule 214 (relating to attorneys convicted of crimes) may result in suspension, shall be grounds for discipline.

11. On August 13, 2010 Mr. Dreisbach commenced the term of probation.

RECOMMENDATION FOR SIX- MONTH SUSPENSION

12. ODC and Mr. Dreisbach jointly recommend that the appropriate discipline for Respondent's admitted misconduct is a suspension from the Bar of this Commonwealth for a period of six months, retroactive to March 12, 2010, the date of the Order temporarily suspending Mr. Dreisbach.

13. Mr. Dreisbach hereby consents to that discipline being imposed upon him by the Supreme Court of Pennsylvania. Attached as Exhibit "A" to this Petition is Mr. Dreisbach's executed Affidavit required by Rule 215(d), Pa.R.D.E., stating that he consents to the recommended discipline and including the mandatory acknowledgments contained in Rule 215(d)(1) through (4), Pa.R.D.E.

14. In support of Petitioner and Mr. Dreisbach's joint recommendation, it is respectfully submitted that:

- a. The mitigating circumstances are as follows:
 - i. Mr. Dreisbach admitted violating the charged Rules, RPC 8.4(b), and Pa.R.D.E. 203(b)(1), in his contacts with the Office of

Disciplinary Counsel, and herein;

ii. Mr. Dreisbach accepted responsibility for his misconduct, in that he was a co-petitioner in a Joint Petition to Temporarily Suspend an Attorney, which the Court granted by Order dated March 12, 2010. Further, Mr. Dreisbach further accepted responsibility for his misconduct by notifying the Disciplinary Board of his charges within twenty-four hours of his arrest. In addition, Mr. Dreisbach immediately ceased his practice of law following his arrest (over six months prior to the date of his voluntary suspension). Mr. Dreisbach was unable to immediately proceed with effectuating his voluntary suspension only due to his beginning of inpatient treatment immediately after the August 17th incident.

iii. Mr. Dreisbach has publicly expressed remorse in the prosecution and continues to do so in the instant proceedings.

iv. Additionally, documentation provided to ODC, attached hereto as composite Exhibit B, shows clearly that the conduct to which Mr. Dreisbach pled guilty was a direct and substantial result of his bipolar illness, as aggravated by a single instance of self-medication with an overdose of legally prescribed medication, combined with alcohol, a situation which subsequent counseling and proper medication have made extremely unlikely to occur in the future. Since his arrest, Mr. Dreisbach has completed nearly two months of inpatient treatment. Mr. Dreisbach currently continues to

receive regular psychiatric and psychological outpatient treatment. As illustrated by an expert report of Dr. Richard Fonte, M.D., composite Exhibit "B" [letters of September 24 and July 19, 2010] attached, Mr. Dreisbach, now after some fifteen months of focused treatment and counseling, "appears stable and his Bipolar Disorder and Alcohol Abuse both seem controlled. My opinion is that he is fit to return to the practice of law and he is committed to continued treatment and rehabilitation."

v. Mr. Dreisbach is current on all scheduled payments of fines and costs imposed by Judge Hoover.

vi. Mr. Dreisbach has no prior disciplinary history and a significant history of service to the public in his former employment as a Deputy District Attorney. Specifically, during his service as a prosecutor, Mr. Dreisbach was named 2009 Victim Advocate of the Year for outstanding service to crime victims in Dauphin County. Prior to his service as a prosecutor, Mr. Dreisbach served as a teacher to underprivileged high school students in North Philadelphia in conjunction with Temple University's Law Education and Participation program.

vi. Beginning in March 2010, Mr. Dreisbach has worked as many as five days a week on a voluntary, as needed, basis for the National Alliance on Mental Illness.

15. In the disciplinary context, the crimes to which Mr. Dreisbach pled guilty,

misdemeanors, are considered to be less serious offenses, as compared with other violent crimes. There are a number of cases involving misdemeanor assaults.

In the case of *Office of Disciplinary Counsel v. D'Alba*, 17 DB 1996, (D. Bd. Rpt. 3/8/02) (S.Ct.Order 4/29/02), the respondent-attorney was convicted of Indirect Criminal Contempt for violating a PFA order, Defiant Trespass for entering the home of his former girlfriend, and three counts of Simple Assault for altercations with the former girlfriend, her boyfriend, a police officer, and a fireman who responded to the altercation. The incidents took place in May of 1995, after which he moved from the area and did not engage in the practice of law. On the trespass and multiple assaults, the attorney was sentenced to two years probation. On the contempt, he was sentenced to six months of imprisonment, modified to partial confinement for work release. While the attorney was depressed and taking medication there was no conclusive evidence that the medication induced the assaults. The Hearing Committee recommended a private reprimand in view of the passage of time since the criminal acts and the positive changes the attorney had made in his life. However, the Disciplinary Board felt that a private reprimand would not be sufficient and recommended a three-month suspension, noting that the attorney would have to petition for reinstatement since he had been inactive since 1996. The Court imposed a three-month suspension.

In comparison with the current case, the respondent-attorney had already engaged in threatening behavior (justification for the PFA) prior to his criminal episode; whereas Mr. Dreisbach had never engaged in such behavior prior to his brief criminal episode. In addition, the respondent-attorney was sentenced to restrictive punishment (i.e. six months imprisonment); whereas Mr. Dreisbach's sentence did not include any

restrictive portion. Finally, while respondent-attorney was depressed and taking medication, there was no conclusive evidence that mental illness, medication, or alcohol induced the assaults; whereas compelling evidence (see attached documentation) clearly demonstrates that improper self medication of an underlying mental illness induced Mr. Dreisbach's assaults.

In the case of *Office of Disciplinary Counsel v. Pisanchyn*, 118 DB 2007 (D.Bd. Order 3/30/2009; S.Ct. Order 6/11/2009) a public censure was assessed on the respondent-attorney (based on a Joint Petition for Discipline) after he was convicted of Simple Assault, Recklessly Endangering Another Person, Disorderly Conduct, and the summary offense of Harassment. The trial judge sentenced the respondent-attorney in the aggravated guideline range based on the seriousness of injuries caused by the respondent-attorney and the fact that he had not accepted full responsibility for the incident. The respondent-attorney was sentenced to serve a term of imprisonment in the Lackawanna County Prison from four to twenty-four months. In the disciplinary case, *Braun* mitigation was not considered.

In comparison to the current case, Mr. Dreisbach did not cause any serious injuries, accepted full responsibility for his actions, and received a sentence at the bottom end of the standard guideline range (which did not include any restrictive portion). In addition, respondent-attorney presented no evidence that his criminal conduct was caused by either a mental illness or a substance abuse problem (i.e. no *Braun* mitigation); whereas Mr. Dreisbach's criminal behavior was clearly caused by his substance abuse in an attempt to medicate his underlying mental illness.

In the case of *Office of Disciplinary Counsel v. McFadden*, 121 DB 2008 and 41

DB 2009 (D.Bd. Rpt. 9/4/2009; S.Ct. Order 11/23/2009) the respondent-attorney was assessed a two-year suspension on consent after multiple criminal episodes resulting in numerous convictions for crimes, including Terroristic Threats and Criminal Mischief. Significantly, the second series of convictions resulted in aggravated discipline as his criminal conduct occurred while he was already on probation for the first criminal episode. In comparison with the current case, Mr. Dreisbach was not already on probation for other criminal offenses when his criminal episode occurred; in fact, he had never engaged in any prior criminal behavior.

In the case of *In re Anonymous No. 13 DB 76, 5 Pa.D.&C.3d 210 (1978)*, the respondent-attorney was found guilty of assault and battery of a Pennsylvania State Trooper who had stopped the attorney for a minor traffic violation. The attorney was a successful criminal defense counsel who had recently been asked by fellow defense counsel what he had done to upset the State Police and who advised the attorney that the State Police were out to "get him." When stopped, the attorney got out of his car and approached the Trooper. He ignored the Trooper's directions to get back into his car. When the Trooper was about to exit his vehicle, the attorney pushed the driver's door into the Trooper's leg causing pain and bruising. The attorney was found guilty and fined \$200. His appeal to the Superior Court and allocator were denied. The Hearing Committee found the attorney's attitude toward an officer of the law in the course of his duties quite disturbing in that the attorney was not prepared to accept the officer as his superior for the moment. It stated that the attorney's breach was too serious for an informal admonition but too mild to warrant public censure. It recommended and the Board imposed a private reprimand.

In comparison with the current case, the respondent-attorney was neither suffering from a mental illness nor under the influence of drugs or alcohol (i.e. no *Braun* mitigation) when he engaged in his criminal conduct; whereas, Mr. Dreisbach was clearly suffering from a mental illness and under the influence of both drugs and alcohol when he engaged in his criminal conduct.

In the case of *In Office of Disciplinary Counsel v. Anon. No 39 DB 85, 47 Pa.D.&C.3d 376 (1987)*, the respondent-attorney represented a nursing home while its employees voted on whether to join a union. Following the election which the union lost, a verbal argument arose between the attorney and a union representative during which the representative made an ethnic slur which caused the attorney to strike the representative. The attorney was convicted of Simple Assault for which he was sentenced to a thirty-day suspended prison sentence and to pay costs. The attorney presented strong character witnesses who testified to his fitness and excellent character reputation. The attorney had no prior criminal or disciplinary record. The Hearing Committee and Disciplinary Board recommended a private reprimand which the Court directed the Board to impose, with two justices dissenting for public censure.

In comparison with the current case, the respondent-attorney was neither suffering from a mental illness nor under the influence of drugs or alcohol (i.e. no *Braun* mitigation) when he engaged in his criminal conduct; whereas Mr. Dreisbach was clearly suffering from a mental illness and under the influence of both drugs and alcohol when he engaged in his criminal conduct. In addition, the respondent-attorney was in the midst of his duties as attorney when he engaged in his criminal conduct; whereas Mr. Dreisbach specifically stayed home from work on the day of his criminal episode

due to symptoms of his mental illness. Like the respondent-attorney, however, Mr. Dreisbach has no prior criminal or disciplinary record. Mr. Dreisbach also has numerous witnesses available to testify to his fitness and excellent character reputation.

In the case of *Office of Disciplinary Counsel v. Grady*, No. 155 DB 1997 (D. Bd. Rpt. 4/5/99; S.Ct. Order 7/15/99), the respondent-attorney, an Assistant District Attorney, verbally accosted the Judge in his robing room over a ruling excluding evidence the ADA believed to be necessary to win his case. When defense counsel tried to interrupt, the ADA assaulted him, got him in a headlock, and banged his head against a wall. The Judge held the ADA in contempt and fined him \$2,500. The District Attorney suspended him without pay for 30 days, placed him on probation for a year, and banned him from returning to the courtroom for a minimum of six months. No criminal charges were brought; however, the admitted conduct of the respondent-attorney would clearly have been sufficient to warrant numerous criminal charges including felonious assault. The Hearing Committee recommended a private reprimand. However, the majority of the Board recommended a six-month suspension, with one member dissenting for a public censure, and one member dissenting for a suspension of a year and one day. The Court imposed a six-month suspension.

In comparison with the current case, the respondent-attorney was neither suffering from a mental illness nor under the influence of drugs or alcohol (i.e. no *Braun* mitigation) when he engaged in his criminal conduct; whereas, Mr. Dreisbach was clearly suffering from a mental illness and under the influence of both drugs and alcohol when he engaged in his criminal conduct. In addition, the respondent-attorney was in the midst of his duties as an attorney (i.e. attacking a Judge and another attorney while

in the Judge's chambers) when he engaged in his criminal conduct; whereas Mr. Dreisbach specifically stayed home from work on the day of his criminal episode due to symptoms of his mental illness.

In the case of *Office of Disciplinary Counsel v. Gibson*, No. 161 DB 2002 (D.Bd. Rpt. 8/25/04; S.Ct.Order 11/4/04) the attorney was convicted of Aggravated Assault, Aggravated Harassment By Prisoner, Simple Assault, and summary offenses of Disorderly Conduct and Public Drunkenness for conduct during a barroom brawl which spilled out into the street and the police were called. The attorney did not cooperate with the police, spat on the police officers, and punched one in the face while she was attempting to put him in an ambulance to go to the hospital for injuries he sustained in the fight. The Supreme Court placed the attorney on temporary suspension. At the disciplinary hearing, the attorney presented *Braun* mitigation, acknowledged his misbehavior, but denied spitting and punching the police officer. ODC recommended a two-year suspension, which the Hearing Committee recommended. A majority of the Board recommended a private reprimand and requested that the Court dissolve the temporary suspension. Four members dissented and recommended a year suspension retroactive to the date of the temporary suspension, 12/9/02, which sanction the Court imposed. In effect, the attorney was suspended for two years.

In comparison with the current case, respondent-attorney's *Braun* mitigation only consisted of an "after the fact" conclusion that he was an alcoholic under the influence of alcohol when he engaged in his criminal behavior; whereas during Mr. Dreisbach's criminal episode he was not only under the influence of alcohol but also multiple prescription medications while suffering symptoms of his underlying mental illness.

More importantly, respondent-attorney was convicted of multiple felonies and his sentence included imprisonment; whereas Mr. Dreisbach was only convicted of misdemeanors and his sentence did not include any restrictive portion.

In the case of *Office of Disciplinary Counsel v. Anthony J. McKnight, No. 156 DB 1994 (D.Bd. Rpt. 2/7/01; S.Ct. Order 4/2/01)*, the respondent-attorney was convicted of Simple Assault in the Superior Court of the District of Columbia after he acted in a menacing manner toward his ex-fiancé and threw a beer on her while they were at an entertainment establishment. His conduct was part of a course of destructive and harassing behavior toward the ex-fiancé, which lasted for approximately fourteen months. He was sentenced to 180 days in jail, suspended as to all but 45 days, followed by two years probation during which he was required to enter and complete a domestic intervention program. His discipline was aggravated by the following factors: a prior informal admonition; two counts of contempt for failing to appear in court, on which he was fined \$500 each; an additional count of contempt on which he was sentenced to 100 hours of community service; and, failure to withdraw in civil and criminal cases after being transferred to inactive status. The Hearing Committee and the Disciplinary Board recommended, and the Court imposed, a suspension of one year and one day.

In comparison with the current case, the respondent-attorney was neither suffering from a mental illness nor under the influence of drugs or alcohol (i.e. no *Braun* mitigation) when he engaged in his criminal conduct; whereas Mr. Dreisbach was clearly suffering from a mental illness and under the influence of both drugs and alcohol when he engaged in his criminal conduct. Significantly, respondent-attorney's

threatening conduct continued for approximately fourteen months; whereas Mr. Dreisbach's entire criminal episode lasted less than one hour. In addition, respondent-attorney was sentenced to imprisonment; whereas Mr. Dreisbach's sentence did not include any restrictive portion. Finally, prior to his criminal conduct respondent-attorney had already received an informal admonition, been found in contempt on numerous occasions, and failed to properly withdraw from cases after being transferred to inactive status; whereas Mr. Dreisbach had never received any prior discipline, had never been found in contempt, and withdrew from the practice of law six months prior to being voluntarily suspended.

16. It is respectfully submitted that the Mr. Dreisbach's misconduct is more serious than that of the attorneys who were privately reprimanded, but not as serious as those who were suspended for longer than six months.

17. Allowing credit for interim suspension time is appropriate when the period of interim discipline reflects cooperation with the Disciplinary Board, evidences a period of rehabilitation of the Respondent, *In re Anon.*, 43 DB 86, 50 Pa.D&C 3d 310 (1988), *In re Anon.* 121 DB 8, 5 Pa.D&C 4th 289 (1989) or where formal suspension, such as results from criminal charges or conviction, has been imposed, *Office of Disciplinary Counsel v. Costigan*, 584 A.2d 296 (Pa. 1999). The proposed disposition will allow Attorney Dreisbach to re-start his law practice, support his family, and present the opportunity to perform some of his required public service utilizing his legal skills and talent, without the need to petition for reinstatement.

WHEREFORE, ODC and Mr. Dreisbach respectfully request that:

- (a) Pursuant to Rule 215(e) and 215(g), Pa.R.D.E., the three-member

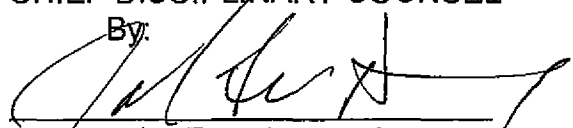
panel of the Disciplinary Board review and approve the above Joint Petition in Support of Discipline On Consent and file its recommendation with the Supreme Court of Pennsylvania in which it is recommended that the Supreme Court enter an Order:

- (i) suspending Mr. Dreisbach from the practice of law for six months, retroactive to March 12, 2010, the effective date of the Supreme Court's Order temporarily suspending Respondent;
 - (ii) directing that Mr. Dreisbach be immediately reinstated; and,
 - (iii) directing Mr. Dreisbach to comply with all the provisions of Rule 217, Pa.R.D.E.;
- (b) Pursuant to Rule 215(i), the three-member panel of the Disciplinary Board order Mr. Dreisbach to pay the necessary expenses incurred in the investigation and prosecution of this matter as a condition to the grant of the Petition and that all expenses be paid by Mr. Dreisbach before the imposition of discipline under Rule 215(g), Pa.R.D.E.

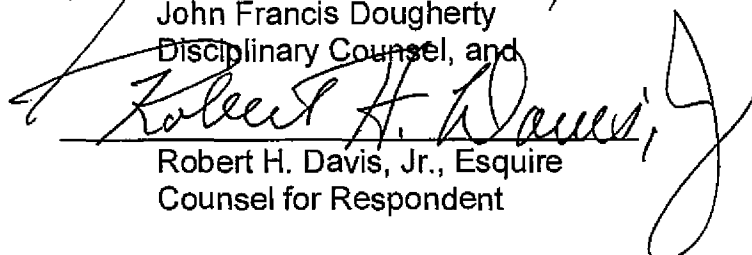
Respectfully submitted,

OFFICE OF DISCIPLINARY COUNSEL
PAUL J. KILLION
CHIEF DISCIPLINARY COUNSEL

By:



John Francis Dougherty
Disciplinary Counsel, and



Robert H. Davis, Jr., Esquire
Counsel for Respondent

BEFORE THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL ,	:	No. 1574 Disc. Docket No. 3
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v.	:	No. 8 DB 2010
	:	- Disciplinary Board
CHRISTOPHER ARTHUR DREISBACH,	:	
Respondent	:	Attorney Reg. No. 201434
	:	(Dauphin County)

AFFIDAVIT UNDER RULE 215(d), Pa.R.D.E.

Respondent, Christopher A. Dreisbach, hereby states that he consents to the imposition of a suspension from the practice of law for a period of six months, retroactive to May 12, 2010, the date of the Order temporarily suspending him from practice, as jointly recommended by Petitioner, Office of Disciplinary Counsel, and Respondent, and further states that:

1. His consent is freely and voluntarily rendered; he is not being subjected to coercion or duress; he is fully aware of the implications of submitting the consent; and he has consulted with counsel in connection with the decision to consent to discipline;
2. He is aware that there is presently pending an investigation into allegations that he has been guilty of misconduct as set forth in the Joint Petition;
3. He acknowledges that the material facts set forth in the Joint Petition are true; and

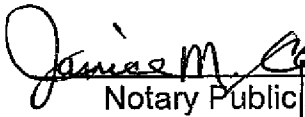
Exhibit "A"

4. He consents to the recommended discipline because he knows that if the charges pending against him continue to be prosecuted in the pending proceeding, he could not successfully defend against them.



Christopher Arthur Dreisbach
Respondent

Sworn to and subscribed
before me this 18th
day of December, 2010.



Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Janice M. Ciatone, Notary Public
City of Harrisburg, Dauphin County
My Commission Expires May 9, 2014
Member, Pennsylvania Association of Notaries

RECEIVED

JUL 22 2010

Cumberland Psychiatric Associates

20 Erford Road, Suite 204

Lemoyne, PA 17040

717-761-8332

717-761-8340 (fax)

Robert Davis
121 Pine Street
Harrisburg, PA 17101

Re: Christopher Dreisbach
July 19, 2010

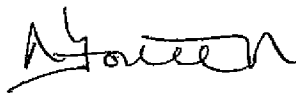
Dear Mr. Davis,

I have enclosed a case summary on the above patient, Christopher Dreisbach, at his request. I have also attached a copy of my CV, which will describe my educational experiences, career positions, and clinical activities which span a 30 year practice in the field of psychiatry along with an invoice for services rendered.

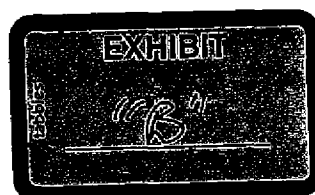
In addition to the clinical summary, I have attempted to give my clinical views on the events of August 2009 which involved Mr. Dreisbach and which lead to the criminal charges.

I hope that you find this information to be helpful.

Sincerely,



Richard Fonte, M.D.



Case Summary: Christopher Dreisbach

Evaluation and Treatment Summary:

Mr. Dreisbach was seen in my office for a psychiatric evaluation on August 13, 2007. At that time, he was a self-referred 29 year-old married man who presented with complaints of anxiety and depression.

His past history was significant for an episode of panic attacks in 1998 which responded well to a treatment of Xanax and antidepressants for a duration of about one year. He did well until 2006 when he notes an increase in life stressors and a return of anxiety symptoms. He reports a significant worsening of symptoms about two months before his initial presentation, including symptoms of anxiety, tension, nervousness, racing thoughts, irritability, insomnia, in addition to a depressed mood, decreased interest and energy. Prior to my evaluation, he was treated by his primary care physician with Effexor 75mg and Ambien. His alcohol use increased during this episode, although he was alcohol abstinent for two months prior to my evaluation.

My initial diagnosis was that of a Major Depressive Episode with a history of Panic Disorder – in remission. My treatment involved an increase in his Effexor to 150 and later to 225 mg along with Desyrel 50 mg for insomnia. I also began to see him for regular psychotherapy sessions. My chart notes show that while there was some initial improvement with this method, there were episodes of worsening in December 2007 and again in April and October 2008. The October episode was significant because that was the first time that I noticed hypomanic symptoms, including increased energy, racing thoughts, increase in goal-directed activities, elevated mood, along with an increase in anxiety and insomnia and resultant alcohol usage. It was at this time that I mentioned that he probably had a Bipolar II disorder and we began to discuss the value of starting a mood stabilizer. As with many bipolar patients, their first response to hearing the diagnosis is that of denial and resistance to use of mood stabilizers. As a result, mood stabilizers were not started at this time and treatment with antidepressants continued throughout 2009, during which time I observed an increase in mood swings, depression and irritability, along with episodes of severe insomnia. These episodes continued until August 2009 when Mr. Dreisbach reported a significant increase in anxiety, agitation and insomnia. He reports that after a very difficult weekend of anxiety and insomnia, he decided to take a sick day on Monday. He reports that he took an Ambien tablet in the morning in an attempt to obtain some sleep. When that didn't work, he reports that he took a second Ambien. He reports that following the second dose of Ambien, he began having memory problems and confusion, which are reported side effects of Ambien. He subsequently drove to the State store to purchase a box of wine, and returned home where he consumed an unspecified amount. He reports that he neither recalls deciding to go to the state store nor

purchasing a box of wine. Afterward, his memory continued to be profoundly disturbed to the point where the next event that he can clearly remember was being restrained in the ER at the Hershey Medical Center.

Events related to the Criminal Episode:

As noted above, his response to the two tablets of Ambien was that of confusion, memory disturbance, and, according to the police reports and witness statements, agitation, aggression, personality changes, rambling speech, and possibly perceptual changes. These symptoms are characteristic of a delirium and have been reported as side effects to the use of Ambien. We also know that he probably drank a significant amount of alcohol while in this confused state which probably worsened the clinical picture. For example, the police report states that he was incoherent, exhibited rambling speech, and seemed to be experiencing perceptual disturbances. Later, he became combative, incoherent, and started acting in a bizarre behavior (flailing his arms and walking in traffic). The witness statement notes that while in the ambulance, he removed his restraints, appeared agitated, and became aggressive, swinging at the EMT and throwing objects in the ambulance.

The clinical description and acute onset of bizarre behavior and personality changes is consistent with a diagnosis of delirium secondary to the use of Ambien and worsened by the alcohol. It should be noted that this type of self-medication with alcohol and/or sleeping medication is typical of untreated bipolar patients.

After his evaluation at the Hershey Medical, Mr. Dreisbach was hospitalized at the Pennsylvania Psychiatric Institute and later at the Sheppard Pratt Psychiatric Hospital where the diagnosis of Bipolar Disorder was confirmed and appropriate treatment was started.

Subsequent Treatment

I continued to follow Mr. Dreisbach after his hospitalization and during the subsequent months, made some adjustments to his medication. He is currently on Lamictal 200mg and has progressed well over the past several months. His mood appears to have stabilized and he no longer experiences the severe mood swings and episodes of depression and irritability. In addition, he remains alcohol abstinent for now almost one year since his hospitalization, and I continue to see him on a regular basis for psychotherapy. He has slowly become more involved in volunteer activities, including daily work at the National Alliance on Mental Illness (NAMI) where he appears to be able to function at a high level.

Conclusion:

Mr. Dreisbach appears stable and his Bipolar Disorder and Alcohol Abuse both seem controlled. My opinion is that he is fit to return to the practice of law and he is committed to continued treatment and rehabilitation.

Finally, it is my opinion that to a reasonable degree of medical certainty there was a direct and substantial causative relationship between his bipolar disorder, alcohol abuse, Ambien use, and episode of delirium, which then lead to the subsequent criminal episode. Further, I am willing to express and explain this opinion as a sworn witness in any possible disciplinary/reinstatement hearing regarding his fitness to practice law.

A handwritten signature in black ink, appearing to read "R. Fonte", written in a cursive style.

**Richard Fonte, M.D.
July 19, 2010**

CURRICULUM VITAE

RICHARD J. FONTE, M.D.

Office: 20 Erford Road, Suite 204
Lemoyne, PA 17040
717-761-8332
rfonte@comcast.net

Home: 317 North 26th Street
Camp Hill, PA 17011
717-737-8702

ACADEMIC APPOINTMENTS

Clinical Associate Professor
Department of Psychiatry
Milton S. Hershey Medical Center
Penn State College of Medicine

Hershey, PA
March 2008 - present

Assistant Professor
Department of Psychiatry
Milton S. Hershey Medical Center
Penn State College of Medicine

Hershey, PA
July 1995 – February 2008

Clinical Assistant Professor
Department of Psychiatry
Milton S. Hershey Medical Center
Penn State College of Medicine

Hershey, PA
July 1987 – June 1995

Visiting Assistant Professor
Department of Occupational Therapy
Elizabethtown College

Elizabethtown, PA
September – December 1985

Assistant Professor
Department of Behavioral Medicine and Psychiatry
West Virginia University School of Medicine

Morgantown, WV
July 1979 – June 1983

EDUCATION

West Virginia University Medical Center
Department of Behavioral Medicine and Psychiatry
Residency – Psychiatry

Morgantown, WV
July 1975- June 1979

CMDNJ – New Jersey Medical School
M.D.

Newark, NJ
1971-1975

Villanova University
B.S. in Biology

Villanova, PA
1967 – 1971

PROFESSIONAL EXPERIENCE

Cumberland Psychiatric Associates
Private Practice – Adult Psychiatry

Lemoine, PA
December 1999 - present

Medical Director
Adult Partial Hospitalization Program
Milton S. Hershey Medical Center
Penn State College of Medicine

Hershey, PA
July 1995 – February 2008

Medical Director
Anxiety Disorders Clinic
Milton S. Hershey Medical Center
Penn State College of Medicine

Hershey, PA
July 1998 – February 2008

Chairman, Department of Psychiatry
Harrisburg Hospital

Harrisburg, PA
July 1992 – June 1997

Director, Adult Partial Hospitalization Program
Director, Adult Outpatient Services
Harrisburg Institute of Psychiatry

Harrisburg, PA
July 1987 – June 1997

Director of Education, Department of Psychiatry
Harrisburg Hospital

Harrisburg, PA
July 1987 – June 1995

Director, Anxiety Disorders Program
Capital Psychiatric and Psychological Associates

Harrisburg, PA
July 1987 – June 1995

Assistant Chairman, Department of Psychiatry
Harrisburg Hospital

Harrisburg, PA
July 1987 – June 1992

Staff Psychiatrist
Dauphin County MH/MR

Harrisburg, PA
July 1984 – June 1987

Private Practice
Adult Psychiatry

Harrisburg PA
July 1983 – July 1987

Director, Center of Behavioral Medicine
Polyclinic Medical Center

Harrisburg, PA
July 1983 – June 1984

Director, Anxiety Disorders Clinic
Director, Outpatient Clinics
Department of Behavioral Medicine and Psychiatry
West Virginia University Medical Center

Morgantown, WV
July 1980 – June 1983

ACCREDITATIONS

National Board of Medical Examiners
July 1975
American Board of Psychiatry and Neurology
Board Certified – November 1981

LICENSE

Pennsylvania (1983)
West Virginia (1976) – inactive

ORGANIZATIONS

American Psychiatric Association
Central Pennsylvania Psychiatric Society

PRESENTATIONS

National:

The Use of Propranolol in the Treatment of Anxiety Disorders
Presented at the 135th Annual Meeting
American Psychiatric Association,
Toronto, Canada, May 20, 1982

Regional:

Psychopharmacology of Obsessive Compulsive Disorder
Regional Symposium on *Obsessive Compulsive Disorder Across the Lifespan*
Education, Health Services, and Outcomes Research Division,
Penn State College of Medicine
Malvern, PA, October 2006

Diagnosis and Treatment of Adult Anxiety Disorders
Regional Symposium on *Adult Anxiety Disorders*
Central Pennsylvania Psychiatric Institute
Penn State College of Medicine
Allentown, PA, April 2004,
Lancaster, PA, November 2004
Reading, PA, March 2005
Milton Hershey S. Medical Center, Hershey, PA, April 2006

Biological Aspects of Anxiety Disorders
Regional Symposium on “*The Anxious Patient*”
Central Pennsylvania Psychiatric Institute
Penn State College of Medicine

Harrisburg, PA, 1999
Reading, PA, York, PA, 2000
Scranton, PA, State College, PA, 2001
Hidden Valley, PA, 2002

Anxiety Disorders

Temple University School of Medicine
Family Practice Review, Lancaster, PA, March 20, 2002

Obsessive-Compulsive Disorder

Regional Symposium Sponsored by the Mental Health
Association of Cumberland, Dauphin, & Perry Counties
October 24, 1990

Local:

Department of Psychiatry Grand Rounds
Milton S Hershey Medical Center
Penn State College of Medicine
Obsessive Compulsive Disorder, October 1999
Panic Disorder, January 2001
Mood Disorders and the Thyroid, March 2002
Postpartum Depression, May 8, 2003

Penn State Psychiatry Symposium
Penn State College of Medicine
Update on OCD, April 11, 2002
Mood Disorders and the Thyroid, April 17, 2003
Postpartum Depression, September 2004

Diagnosis and Treatment of Anxiety Disorders
Grand Rounds, Carlisle Regional Medical Center
Carlisle, PA, March 2002

Anxiety and Depression in the Medical Setting

Department of Family Medicine, Pinnacle Health System
Harrisburg PA, February 28, 2003
Department of Internal Medicine, Grand Rounds
Milton S. Hershey Medical Center, March 19, 2004
VA Hospital, Department of Psychiatry, Grand Rounds,
Coatesville, PA, March 2004
St. Joseph's Medical Center, Family Medicine Grand Rounds,
Reading, PA, August 2004

VA Hospital, Department of Psychiatry, Grand Rounds,
Altoona, PA, August 2004

Antenatal and Postnatal Depression

Department of Obstetrics and Gynecology, Grand Rounds,
Milton S. Hershey Medical Center, March 2005

Postpartum Depression

Pinnacle Health System, Department of Psychiatry,
Harrisburg, PA, March 2005

Women's Health Conference

Penn State College of Medicine
Hershey, PA, April 2007

Women and Depression

Women's Health Conference 2005

Penn State College of Medicine
Grantsville, PA, April 2005

Diagnosis and Treatment of Obsessive Compulsive Disorder

Department of Psychiatry, Pinnacle Health System
Harrisburg, PA March 2006

RESEARCH ACTIVITIES

Longitudinal Study of Patients with Nocturnal Panic Disorder

Anxiety, Stress, and Trauma Research Network

Department of Psychiatry

Penn State College of Medicine

2003 - 2008

Use of Propranolol in Patients with Panic Disorders and
Mitral Valve Prolapse

Department of Psychiatry

West Virginia University Hospitals

1981 - 1983

PUBLICATIONS

Fonte, R.J., Stevenson, J.M.: The Use of Propranolol in the
Treatment of Anxiety Disorders. *Hillside Journal of
Clinical Psychiatry*, Vol. 7, No. 1., 1985.

Cumberland Psychiatric Associates

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RECEIVED

SEP 20 2010

Robert H. Davis, Jr., Esquire
121 Pine Street
Harrisburg, PA 17101-1209

Re: Christopher Dreisbach
File No. C3-09-922
September 24, 2010

Dear Mr. Davis,

I am responding to your request for additional information regarding the above patient, Christopher Dreisbach. In particular, I have had the opportunity to review the letter of August 16, 2010 which you received from John Francis Dougherty of the Office of Disciplinary Counsel. In his letter, Mr. Dougherty mentioned specific questions that were raised after his review of my report of July 11, 2010 and your letter of July 23, 2010.

The first question has to do with the medications prescribed to Mr. Dreisbach by myself. At the time of the incident in August 2009, Mr. Dreisbach was prescribed Effexor 150 mg. On the day of the incident, however, Dreisbach ingested Effexor, Wellbutrin, and Ambien. Regarding the Ambien prescription, it should be noted that I never prescribed Ambien, but I believe that his family physician prescribed it for him prior to my initial evaluation. I did prescribe the Wellbutrin for an earlier bout of severe depression, but I had recommended that he discontinue its use in April 2009. It is also noted that there was a history of alcohol and Ambien use/abuse prior to my initial evaluation in 2007. His use of Ambien and Wellbutrin on the day of the incident in August 2009 was apparently his own decision to self-medicate his agitation and insomnia. It is my opinion that the agitation and insomnia were symptoms of a worsening of his bipolar disorder (a mixed episode with symptoms of hypomania and depression) and it is common for bipolar patients to self-medicate during their mood cycles.

The second question is in regard to the possible side effects of Ambien (zolpidem). In his understanding of the Ambien literature, Mr. Dougherty states that the behavioral changes associated with the use of Ambien (sleeping, driving cars, with amnesia for these events) "occurs after going to sleep and prior to waking." Some behavioral changes associated with Ambien use have been noted to occur during the sleep cycle, however, the psychiatric literature also has several articles documenting behavioral changes associated with Ambien that can occur during the waking state, either in single dose short-term use or after prolonged

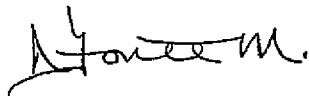
usage. This includes: delirium (1,2,3,9,10), psychosis, including auditory and visual hallucination and delusional thinking (4,5), amnesia, including total absence of recall (6,11,12), and driving impairment (14). In addition, the literature reports zolpidem-associated psychosis when combined with antidepressants (7,8,14). Of particular note is the article by Elko et al (7) which reports a series of five patients presenting to the emergency room with visual hallucinations lasting several hours. Most had been taking zolpidem for less than a week and all five were concurrently taking an antidepressant, including venlafaxine (Effexor), bupropion (Wellbutrin), fluoxetine, sertraline, or desipramine. The authors suggest that a pharmacodynamic interaction between the antidepressants and zolpidem may lead to prolonged behavioral changes in susceptible individuals.

I think that this last point about possible drug-to-drug interactions is especially pertinent in the case of Mr. Dreisbach. Here we have a patient with bipolar disorder with poorly controlled mood cycles who tries to self-medicate his symptoms with sleeping pills and alcohol. This is in addition to his prescribed medication (an antidepressant). A short time afterwards, symptoms of a severe behavioral change are recorded in the police reports. These include agitation, aggression, personality changes, rambling speech, possible perceptual changes, incoherent speech and bizarre behavior. The possible explanations for the acute behavioral changes include (1) zolpidem-induced delirium/psychosis alone, (2) a drug-to-drug interaction of zolpidem, antidepressants, and alcohol leading to delirium/psychosis, (3) Either 1 or 2 along with a worsening of his underlying bipolar disorder leading to psychosis.

After my review of the facts of this case and my interview with the patient, it is clear to me with a reasonable degree of medical certainty that the behavioral changes seen at the time of the incident were the result of a patient with a worsening mental illness and some type of drug-drug-alcohol interaction that acted as a direct and substantial cause of his behavior resulting in the related episode.

I hope that this information is helpful and provides further clarification of the events in question.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Fonte".

Richard Fonte, M.D.

References:

1. **Freudenreich O, Menza M. Zolpidem-related delirium: a case report. J Clin Psychiatry 2000; Jun 61(6):449-450.**
2. **Brodeur MR, Stirling AL. Delirium associated with zolpidem. Annals of Pharmacotherapy 2001; Vol 35, No.12: 1562-1564.**
3. **Hill Kp, Oberstar JV, Dunn ER, Zolpidem-induced delirium with mania in an elderly woman 2004; Psychosomatics 45: 88-89.**
4. **Markowitz JS, Brewerton TD, Zolpidem-induced psychosis. Ann Clin Psychiatry 1996; Jun 8(2):89-91.**
5. **Huang CL, Chang CJ, Hung CF. Zolpidem-induce distortion in visual perception. The Annals of Pharmacotherapy 2003; Vol 37: 683-686.**
6. **Tsai MJ, Tsai YH, Huang TB. Compulsive activity and anterograde amnesia after zolpidem use. Clin Toxicol. 2007; 45(2):179-81.**
7. **Elko Cj, Burgess JL, Robertson WO. Zolpidem-associated hallucinations and serotonin reuptake inhibition: a possible interaction. J Toxicol Clin Toxicol 1998; 36(3):195-203.**
8. **Kito S, Koga Y. Visual hallucinations and amnesia associated with zolpidem triggered by fluvoxamine: a possible interaction. Int Psychogeriatr 2006; Dec; 18(4):749-51.**
9. **Bharadwaj SP, Grover S, Padhy SK. Dependence syndrome and intoxication delirium associated with zolpidem. Nat Med J India 2007 Jul; 20(4):180-81.**
10. **Pies RW. Dose-related sensory distortions with zolpidem. J Clin Psychiatry. 1995; Jan 56(1):35-36.**
11. **Le Bon O, Neu D. Total absence of recall of discussion occurred shortly after ingestion of 10 mg of zolpidem. Pharmacopsychiatr 2009; May 42(3): 126-7.**
12. **Tsai MJ, Tsai MH, Yang Sc. Transient global amnesia-like episode due to mistaken intake of zolpidem. J Patient Saf 2009; Mar 5: 32-34.**
13. **Logan BK, Couper FJ. Zolpidem and driving impairment. J Forensic Sci 2001; Jan 46(1):105-110.**
14. **Coleman DE, Ota K. Hallucination with zolpidem and fluoxetine in an impaired driver. J Forensic Sci 2004; Mar 49(2): 392-3**

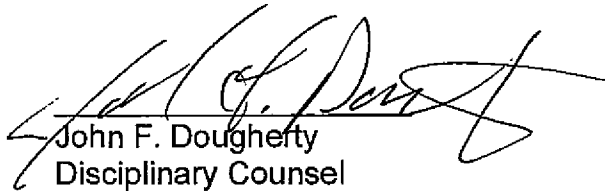
BEFORE THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA

OFFICE OF DISCIPLINARY COUNSEL , Petitioner	:	No. 1574 Disc. Docket No. 3 - Supreme Court
v.	:	No. 8 DB 2010 - Disciplinary Board
CHRISTOPHER ARTHUR DREISBACH, Respondent	:	Attorney Reg. No. 201434 (Dauphin County)

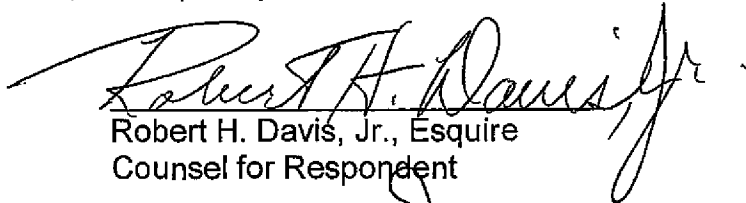
VERIFICATION

The statements contained in the foregoing Joint Petition In Support of Discipline on Consent Under Rule 215(d), Pa.R.D.E. are true and correct to the best of our knowledge or information and belief and are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

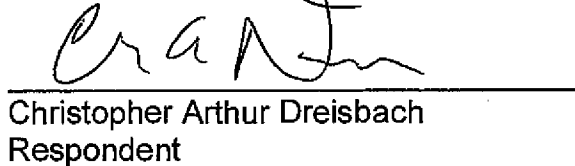
12-13-10
Date


John F. Dougherty
Disciplinary Counsel

12-13-2010
Date


Robert H. Davis, Jr., Esquire
Counsel for Respondent

12/13/10
Date


Christopher Arthur Dreisbach
Respondent

BEFORE THE DISCIPLINARY BOARD OF THE
SUPREME COURT OF PENNSYLVANIA

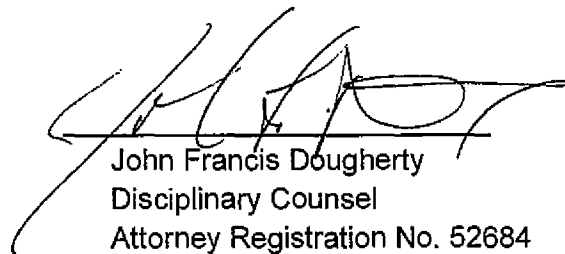
OFFICE OF DISCIPLINARY COUNSEL ,	:	No. 1574 Disc. Docket No. 3
Petitioner	:	- Supreme Court
	:	
v.	:	No. 8 DB 2010
	:	- Disciplinary Board
	:	
CHRISTOPHER ARTHUR DREISBACH,	:	Attorney Reg. No. 201434
Respondent	:	(Dauphin County)

CERTIFICATE OF SERVICE

I hereby certify that on December 7th, 2010, I served the *Joint Petition in Support of Discipline on Consent Under Rule 215(d), Pa.R.D.E.* upon all parties of record in this proceeding in accordance with the provisions of 204 Pa. Code §89.22 (relating to service by a participant), as follows:

Personal service on:

Robert H. Davis, Jr., Esquire
121 Pine Street
Harrisburg, PA 17101-1209



John Francis Dougherty
Disciplinary Counsel
Attorney Registration No. 52684
100 Pine Street, Suite 400
Harrisburg, PA 17101
717-772-8572