

62891-7

62891-7

NO. 62891-7-I

IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON

DIVISION ONE

STATE OF WASHINGTON,

Respondent,

v.

ASHLEY ALEXANDER,

Appellant.

ON APPEAL FROM THE SUPERIOR COURT OF THE
STATE OF WASHINGTON FOR KING COUNTY

The Honorable Jeffrey Ramsdell

BRIEF OF APPELLANT

2009 JUL 14 PM 4:05
FILED
CLERK OF COURT
DIVISION ONE
APPELLATE COURT
SEATTLE, WA

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A. ASSIGNMENTS OF ERROR

1. The trial court erred in ordering restitution absent a causal nexus between the charged offense and the restitution sought.

2. The State failed to establish a causal nexus between the restitution claim and the victim's injuries.

3. Admission of unsworn, unauthenticated medical and workers' compensation records at the restitution hearing denied Alexander due process.

B. ISSUES PERTAINING TO ASSIGNMENTS OF ERROR

1. Where a defendant pleads guilty, absent her express agreement to pay restitution for uncharged conduct, restitution may be ordered only for injuries occurring as a result of the precise offense charged. A restitution award must be based, moreover, on a causal relationship between the offense charged and proved and the victim's loss or damages. Ashely Alexander pleaded guilty to the crime of disorderly conduct and did not agree to pay restitution for uncharged conduct. Did the trial court abuse its discretion in ordering restitution for injuries suffered by the victim allegedly as a result of Alexander's uncharged conduct? (Assignments of Error 1 and 2)

2. The Fourteenth Amendment's Due Process Clause requires sentencing decisions be based on materially correct information which in turn requires evidence corroborating hearsay statements. Where the trial court's restitution decision rested entirely upon unsworn hearsay with no corroborative evidence, and Alexander objected to the State's failure to produce a witness to link the restitution claim to her conduct, did the court deny Alexander due process? (Assignment of Error 3)

C. STATEMENT OF THE CASE

Appellant Ashley Alexander fled an incident of domestic violence and sought the assistance of the police. 3RP 4; 2RP 4.¹ Another individual reported the same event to police, characterizing it as "a male and female ... in a physical fight." CP 2. Officer D. Whalen responded. Id. A subsequent report alleged that the individuals were in a car and that the male participant was being dragged by the vehicle. Id.

Whalen called for backup and then pulled the car over. Id. Alexander was in the car. Id. She was distraught. CP 2-3. Unsure whether Alexander was a victim or suspect, Whalen ordered her to

¹ Three transcripts are referenced as follows:
April 25, 2008 - 1RP
June 13, 2008 - 2RP
November 24, 2008 - 3RP

step out of the vehicle and to place her hands on the car. CP 3. Alexander became very upset but complied with this directive. Id. Because Alexander's keys were in her hand, however, Whalen believed she might use them as a weapon, and attempted to "gain control" of Alexander by physically grasping her by the arm. Id.

Alexander became hysterical and a struggle ensued. CP 3-4. Believing she was the subject of an illegal arrest, Alexander tried to free herself. CP 4. Whalen grabbed Alexander's legs and as Alexander tried to kick free she struck Whalen. Id. A number of other officers joined the melee and Alexander was eventually handcuffed, but not before her nose was bloodied. Id. The Seattle Fire Department was summoned because of Alexander's injuries. Id.

The State initially charged Alexander with assault in the third degree, but because Alexander had been fleeing a domestic violence incident, the State amended the charge against Alexander to the misdemeanor of disorderly conduct. CP 1, 7; 3RP 4. Alexander pleaded guilty to this crime. CP 8-18. 1RP 4-13.

The plea agreement required Alexander to stipulate that the facts contained in the certification for determination of probable cause were true for purposes of sentencing. CP 17. With respect

to restitution, however, the State did not obligate Alexander to enter an agreement. Id. Instead, the plea agreement required only, "The defendant shall pay restitution in full to the victim(s) on charged counts[.]" Id.

At a restitution hearing, the State submitted a claim in the amount of \$6535.22 allegedly based on worker's compensation and medical treatment of Whalen's injuries. Supp. CP __ (Sub No. ____).² Alexander objected to the restitution on several bases. CP 26-41; 4RP 7-9, 21-34. Alexander principally argued that there was no causal nexus between the restitution claim and the charged crime. CP 26-29; 4RP 21-34. Alexander also objected to the admission of the medical diagnoses and other records absent testimony verifying both causation and the amounts sought.

The State conceded that it did not secure Alexander's agreement to pay restitution on uncharged counts or on the crime originally charged in the information. 4RP 35. The court agreed:

I think you've persuaded me that the way the [plea agreement] form is constructed [is] that the box that's

² The restitution paperwork submitted by the King County Prosecuting Attorney to the court was not filed at the time of the hearing. By agreement of the parties, the documents have been submitted. The documents have not yet received a sub number from the Clerk's Office, but once this has occurred a supplemental designation will be filed with this Court. A copy of the restitution documentation is attached to this brief as an Appendix for the Court's convenience.

checked doesn't show an agreement; it just shows what the State is going to recommend at sentencing. I'm convinced now you're right on that.

Id.

Nonetheless, the court granted the State's restitution request, finding that under State v. Thomas, 138 Wn. App. 78, 155 P.3d 998 (2007), the State was entitled to claim restitution for uncharged conduct even absent an agreement from the parties. CP 29-31. The Court commented that Thomas was a Division Two case, and Division One "might take a different tack on this." 3RP 36. Alexander appeals. CP 44-48.

D. ARGUMENT

1. THE TRIAL COURT ERRED IN ORDERING RESTITUTION ABSENT A CAUSAL LINK BETWEEN THE CHARGED CRIME AND THE DAMAGES SOUGHT.

a. Absent Alexander's agreement to pay restitution for uncharged crimes, the trial court lacked statutory authority to order restitution where no causal link existed between the charged offense and the damages sought. The authority of a court to order restitution following a criminal conviction is governed by statute. RCW 9.92.060(2); RCW 9.95.210(2);³ State v. Hennings, 129

³ Because Alexander pleaded guilty to a misdemeanor, the provisions of the SRA do not apply.

Wn.2d 512, 519, 919 P.2d 580 (1996). According to RCW 9.95.210, restitution for misdemeanor offenses may be ordered in only two circumstances: (1) for injuries occurring as a result of the precise offense charged; and (2) pursuant to the express terms of a plea agreement.⁴ RCW 9.95.210; State v. Eilts, 94 Wn.2d 489, 492-93, 617 P.2d 993 (1980), superseded in part by statute as stated in State v. Barr, 99 Wn.2d 75, 78, 678 P.2d 1247 (1983); State v. Miszak, 69 Wn. App. 426, 428, 848 P.2d 1329 (1993).

“[R]estitution for loss beyond the scope of the crime charged is properly awardable only when the defendant enters into an ‘express agreement’ to make such restitution as part of the plea bargain process.” Miszak, 69 Wn. App. at 429; accord State v. Woods, 90 Wn. App. 904, 907, 953 P.2d 834 (1998) (“A restitution order must be based on the existence of a causal relationship between the crime charged and proved and the victim’s damages.”) (emphasis added); State v. Johnson, 69 Wn. App. 189, 191, 847 P.2d 960 (1993).

⁴ RCW 9.95.210 provides in relevant part:
As a condition of probation ... the superior court may ... require the defendant ... to make restitution to any person or persons who may have suffered loss or damage by reason of the commission of the crime in question or when the offender pleads guilty to a lesser offense or fewer offenses and agrees with the prosecutor’s recommendation that the offender be required to pay restitution to a victim of an offense or offenses which are not prosecuted pursuant to a plea agreement[.]

A sentencing court's imposition of restitution is reviewed for an abuse of discretion. State v. Enstone, 137 Wn.2d 675, 679, 974 P.2d 828 (1999). An abuse of discretion occurs when the lower court's decision is "manifestly unreasonable, or exercised on untenable grounds, or for untenable reasons." State v. Wilson, 100 Wn. App. 44, 47, 995 P.2d 1260 (2000). Here, the trial court abused its discretion by ordering restitution for Alexander's crime of disorderly conduct because there was no causal nexus between that crime and the damages sought.

In Eilts, the Court construed the same statute at issue in the present case. The defendant was convicted of seven counts of fraud involving seven victims. In addition to compensating these victims, the trial court ordered restitution be paid to additional alleged victims who were not named in the information. 94 Wn.2d at 492-93. Applying principles of statutory construction, the Court concluded, "the phrase 'crime in question' refers only to the specific crime or crimes of which a defendant is charged and convicted." Id. at 493. The Court accordingly vacated the portion of the restitution order that exceeded the trial court's statutory authority. Id. at 496.

The principle enunciated in Eilts has never been overruled. See, e.g., Miszak, 69 Wn. App. at 427 (finding restitution order

“manifestly erroneous” where court imposed restitution “for losses that were not shown to have been incurred as a result of the offense Myszak was charged with”); Woods, 90 Wn. App. at 907 (holding restitution must be based on causal link between charged crime and damages); State v. Hartwell, 38 Wn. App. 135, 141, 684 P.2d 778 (1984) (“Eilts limits restitution to victims of crimes charged and proven at trial.”).

In Myszak, the defendant pleaded guilty to attempted theft in the second degree based on the theft of jewelry on February 27, 1989, the crime charged in the information. 69 Wn. App. at 427. In his statement on plea of guilty, Myszak admitted, “On February 27, 1989 . . . I took an article of jewelry that belonged to Marjorie Dolinar with intent to deprive her of that jewelry. The jewelry was valued [at] at least \$250.” Id. Dolinar submitted a letter claiming losses for 13 items that took place “systematically” over a period of “months.” Id. at 428. This Court found that because Myszak had not agreed to pay for losses incurred as a result of uncharged incidents of theft, the trial court exceeded its statutory authority in compensating Dolinar for the full amount claimed, and reversed the restitution order. Id. at 428-29.

Similarly, in Woods, the State sought restitution for items contained in a truck that was stolen in August, even though the defendant was only accused of having possessed the vehicle in September. 90 Wn. App. at 906. Division Two refused to “relate back” Woods’s conviction to August for purposes of restitution, finding it improper to impose restitution for Woods’s “general scheme” or based on acts “connected with” the crime charged. 90 Wn. App. at 907-909.

As these cases illustrate, and under the plain language of RCW 9.95.210, it was “manifestly erroneous” for the trial court to order restitution for uncharged crimes absent an express agreement between Alexander and the State that she should pay for uncharged conduct. Under the amended information, the State prosecuted Alexander for disorderly conduct, contrary to RCW 9A.84.030(1)(a). CP 7. In her guilty plea, Alexander admitted the elements of this offense, specifically: “On November 6, 2007, in King County, Washington, because I was frustrated and afraid I did use abusive language and thereby create a risk of assault.” CP 10; 1RP 8. Alexander agreed to pay restitution for this offense but not for any other crime. Because there was no causal link between the

charged offense and the damages sought, the court abused its discretion in ordering restitution.

b. The authority on which the trial court relied conflicts with controlling decisions from this Court and the Supreme Court and is distinguishable on its facts. In finding restitution proper, the trial court relied on Division Two's recent opinion in Thomas. 3RP 29-31. As shown, this opinion squarely conflicts with the many decisions from this Court and the Washington Supreme Court holding restitution may be awarded only where it is linked to the charged offense. But even assuming the reasoning in Thomas to have some merit, that decision must be distinguished from the instant case.

In Thomas, the State prosecuted the defendant for vehicular assault. The State introduced expert testimony at trial that Thomas had caused the accident that was the subject of the charges; Thomas introduced expert testimony that she did not. 138 Wn. App. at 80. The jury left the vehicular assault form blank but found Thomas guilty of the lesser included offense of DUI. Id. at 81. The sentencing court found by a preponderance of the evidence that Thomas's DUI caused the victim's injuries. Id. at 83.

On review, Division Two upheld the restitution award, concluding the jury's determination that the State had not proven the greater offense beyond a reasonable doubt was not a factual bar to the trial court finding Thomas caused the injuries by a preponderance of the evidence. Id. Again, the court's reasoning conflicts with the many decisions construing the statute as permitting restitution only for the crime of conviction.

But there is also a critical factual distinction between Thomas and this case. In Thomas, the charged crime of vehicular assault was still before the court; it had neither been amended nor dismissed. Here, however, the State filed an amended information. CP 7. "The general rule is that an amended information supersedes the original." State v. Oestreich, 83 Wn. App. 648, 651, 922 P.2d 1369 (1996) (citing, inter alia, State v. Navone, 180 Wash. 121, 123-24, 39 P.2d 384 (1934); State v. Kinard, 21 Wn. App. 587, 589-90, 585 P.2d 836 (1978) (holding filing of amended information constitutes abandonment of original charges), rev. denied, 92 Wn.2d 1002 (1979)).

Thus, looking to the crime charged – disorderly conduct – and the facts admitted in Alexander's guilty plea, even under

Thomas the court lacked statutory authority to order restitution for Whalen's injuries. The restitution order must be reversed.

2. ASSUMING *ARGUENDO* THE RESTITUTION AWARD WAS PROPER, THE STATE DID NOT PROVE A CAUSAL LINK BETWEEN THE RESTITUTION AMOUNTS CLAIMED AND ALEXANDER'S OFFENSE.

Even assuming *arguendo* that the State was entitled to seek restitution for uncharged conduct, the State did not present sufficient evidence to establish a causal connection between the damages sought and Alexander's conduct. "A causal connection is not established simply because a victim or insurer submits proof of expenditures[.]" State v. Dennis, 101 Wn. App. 223, 227, 6 P.3d 1173 (2000) (quoting State v. Dedonado, 99 Wn. App. 251, 257, 991 P.2d 1216 (2000)); accord State v. Bunner, 86 Wn. App. 158, 936 P.2d 419 (1997). This is because "[s]uch expenditures may be for items of substantially greater or lesser value than the actual loss." Dedonado, 99 Wn. App. at 257.

In Bunner, the State's sole evidence of restitution for a second-degree rape of a child conviction was a DSHS medical recovery report listing medical services charged and the amounts DSHS had paid. 86 Wn. App. at 159. This Court held the restitution order was based on insufficient evidence and so violated

Bunner's right to due process. Id. at 160. Likewise, in State v. Hahn, 100 Wn. App. 391, 996 P.2d 1125 (2000), the Court reversed a restitution order where medical reports "merely state[d] the name of the service provider, the service date, date paid, billed amount and amount paid." Id. at 400.

In comparison, in State v. Blanchfield, 126 Wn. App. 235, 108 P.3d 173 (2005), Division Two of this Court held a trial court did not abuse its discretion in ordering restitution where the victim testified at the restitution hearing as to the basis for specific medical payments and outlined the nexus between the medical treatments and the charged assault. Id. at 242. Here, by contrast, although Whalen's testimony established a nexus between Alexander's conduct and Whalen's injuries, Whalen was unable to explain the reasons for specific medical payments or substantiate the claims made.

In State v. Keigan C., 120 Wn. App. 604, 607, 86 P.3d 798 (2004), this Court explained that when evaluating the causal link between the charged and proved offense and the victim's losses or damages, the reviewing Court uses a "but for" test. This Court relied on two prior decisions, State v. Tettters, 81 Wn. App. 478, 914

P.2d 784 (1996), and Woods, to explain how the “but for” test should properly be applied. 86 P.3d at 800.

In Tetters, a prosecution for possession of stolen property, this Court reversed a restitution order compensating the owner of a stolen vehicle for items contained in the vehicle at the time of the theft, holding “the loss of the property was not shown to be causally related to Tetters’s crime.” 81 Wn. App. at 480. This Court reasoned:

The necessary causal relationship between the crime and the victim's loss has not been established in this case. No evidence has been presented to suggest that Tetters was in possession of the vehicle either from the time it was taken, or when the items were taken from the vehicle.

Id. at 481 (emphasis added).

The Tetters Court distinguished a Division Three case in which restitution for stolen property not in the defendant’s possession at the time of arrest was held to be appropriate. Tetters, 81 Wn. App. at 480 (citing State v. Mead, 67 Wn. App. 486, 491, 836 P.2d 257 (1992)). In Mead, the defendant had been convicted of burglary and possession of stolen property. In dispute was the trial court’s order requiring Mead to pay for the victim’s lost coin collection, which was in a glass display case stolen during the

burglary. Division Three held that it was reasonable to infer a causal relationship between the loss of the coins and Mead's criminal act because, in addition to numerous items stolen during the burglary, Mead possessed the broken frames and glass in which the coin collection had been kept. Mead, 67 Wn. App. at 491; see also Woods, 90 Wn. App. at 910 (commenting it was reasonable for the Mead Court to infer that based on his possession of the broken glass case and frames, Mead was responsible for the loss of the coins and that such possession was causally related to the loss of the coins).

Alexander made a timely and specific objection to the adequacy of the nexus and through a written pleading placed the State on notice that she was disputing both causation and the basis for estimating loss. CP 29-30; 3RP 5-9. She expressly objected to the State's failure to produce the witnesses to establish that "a [medical] provider actually made the findings that are now being testified to." 3RP 7-8. Yet the State did not produce a witness to correlate the several bills to a medical diagnosis. The State did not even obtain additional records to show that a diagnosis had been made. This Court should conclude the State's evidence did not

establish a causal link between the losses claimed and Alexander's conduct.

3. THE IMPOSITION OF RESTITUTION BASED SOLELY ON UNSWORN, UNAUTHENTICATED DOCUMENTS VIOLATED ALEXANDER'S RIGHT TO DUE PROCESS OF LAW AND TO CONFRONT WITNESSES, REQUIRING REVERSAL OF THE RESTITUTION ORDER.

a. Even under existing case law outlining the requirements of due process at sentencing, the restitution order deprived Alexander of due process. Federal and state courts have concluded an unqualified Sixth Amendment right to confrontation does not apply at sentencing. These courts, however, have recognized that due process protections do apply. At a minimum, principles of due process require that sentencing decisions be based on materially correct information. "Due process requires that some minimal indicia of reliability accompany a hearsay statement. This requirement demands extrinsic corroborating evidence that supports the hearsay statement." United States v. Egge, 223 F.3d 1128, 1132 (9th Cir. 2000) (Internal quotations omitted); United States v. Martinez, 413 F.3d 239, 244 (2nd Cir. 2005) (citing Egge); see also, State v. S.S., 67 Wn.App. 800, 807-08, 840 P.2d 891 (1992) (adopting federal corroboration rule); State v. Kisor, 68

Wn.App. 610, 620, 844 P.2d 1038, rev. denied, 121 Wn.2d 1023 (1993). “Information relied upon at sentencing is false or unreliable if it lacks some minimal indicium of reliability beyond mere allegation.” State v. Ford, 137 Wn.2d 472, 481, 973 P.2d 452 (1999) (citations omitted); accord, State v. Mendoza, 165 Wn.2d 913, 920, 205 P.3d 113 (2009).

In Kisor, the Court held the State does not meet its burden or satisfy due process requirements where its proof rested solely on conclusory affidavits. The court reasoned, “When the evidence is comprised of hearsay statements, the degree of corroboration required by due process is not proof of the truth of the hearsay statements ‘beyond a reasonable doubt’, but rather, proof which gives the defendant a sufficient basis for rebuttal.” Id. (citing S.S., 67 Wn. App. at 807-08).

b. The State’s restitution claim did not satisfy the requirements of due process. Here, despite Alexander’s objection to the sufficiency of the State’s evidence, the State’s restitution claim was based on a variety of documents which were hearsay, were not linked to the charged crime, and did not afford Alexander a fair basis for rebuttal.

The State submitted two kinds of documents in support of its claim for damages: a list of dates which Whalen had allegedly claimed as “time loss,” and a number of health insurance claim forms detailing charges for specific office visits.

The Kisor Court’s analysis of the deficiencies in the evidence presented in that case is instructive here. In pertinent part, Kisor had been convicted of harming a police dog. The State submitted an affidavit from Clark County’s risk manager setting forth the cost of Kisor’s offense. 68 Wn. App. at 613-14. The court found imposition of restitution based on the affidavit violated due process, reasoning as follows:

[T]he restitution award was based upon the State's affidavit, which contained the hearsay declarations of Aadne Benestad. The affidavit appears to us to be nothing more than a rough estimate of the costs associated with purchasing a new animal and training it. Other than Benestad’s statement, that she “checked” with the Tacoma police and the Spokane Canine Training Unit, there is no indication of where Benestad obtained the figures as to the cost of purchasing the animal and training it and the dog’s handler. Although Benestad referenced an advertisement from the West Virginia Canine College, there is nothing in that advertisement that supports the figures advanced by Benestad. In short, Benestad's affidavit is not substantial credible evidence of the restitution figure set by the court. Due process was offended by the trial court's reliance upon the State's affidavit and we thus reverse

the restitution order and remand for a new restitution hearing.

Kisor, 68 Wn. App. at 620.

The restitution order here similarly was based solely on the multiple layers of hearsay contained in the State's documentation, none of which was shown to be linked to the crime or the victims' losses. This Court should hold the order violated due process and reverse and vacate the restitution order.

E. CONCLUSION

For the foregoing reasons, this Court should reverse and vacate the restitution order.

DATED this 14th day of July, 2009.

Respectfully submitted:



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Attorneys for Appellant

State v. Alexander, COA No. 62891-7-I

Appendix

E-FILED IN KING COUNTY SUPERIOR COURT
(E-FILE CONFIRMATION RECEIPT ATTACHED)
DATE: 1-10-09

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR KING COUNTY**

STATE OF WASHINGTON,)	No. 07-1-08242-1 SEA
)	
Respondent,)	
)	
v.)	COVER SHEET
)	
ASHLEY ALEXANDER,)	
)	
Defendant/Appellant.)	

Attached hereto are: Documents considered by the Court at Restitution Hearing held on 11-24-08 [Volume 1 of 2].

(These documents are being filed with the authorization and agreement of the King County Prosecuting Attorney.)

s/ Susan F. Wilk
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City of Seattle

Greg Nickels, Mayor

Personnel Department
Mark M. McDermott, Director

Workers' Compensation

FAX Transmittal

DATE: July 9, 2008

TO: Victim Assistance Unit

FAX #: (206) 205-6104

FROM: Taren Beck, Claims Analyst, Workers' Compensation Unit
FAX # 206) 470-6781 - Phone # (206) 684-7856

RE: Injured Employee: Diane P Whalen #
Date of Incident: November 6, 2007
State Claim Number: SA52873
City Claim Number: 0701295

cause #071082421

Number of pages including transmittal page - 12

Per your request, we have attached an updated payment history list for the above referenced claim.

Medical = 1,198.40 Time loss = 5,336.82

Restitution checks should be sent to the City of Seattle Workers' Compensation Unit, to my attention. Please indicate the City claim number or the State claim number on each check sent to our office.

Thank you for your assistance.

Total paid = \$6,535.22

Taren Beck

City of Seattle - Worker's Compensation
 ATS/Comp - Payment History Query
 0701295 - DIANE WHALEN 11/06/2007
 Includes Transactions From 01/01/1901 Thru 07/09/2008

Categories: *Ind *Med *ORD Exp

Form	Date	Amount	Code	From Date	Thru Date	Payee	Group	# of Days
00041211940	11/23/2007	437.47	3 T1	11/11/2007	11/13/2007	WHALEN, DIANE		0
00041211939	11/23/2007	370.29	1 T2	11/11/2007	11/13/2007	WHALEN, DIANE		3
00041212172	12/07/2007	591.74	3 T1	11/14/2007	11/27/2007	WHALEN, DIANE		0
00041212171	12/07/2007	1,728.02	1 T2	11/14/2007	11/27/2007	WHALEN, DIANE		14
04001304666	12/13/2007	94.72	2 M1	11/26/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	90.00	2 M3	11/27/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	113.84	2 M3	11/26/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	221.54	2 M1	11/19/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	151.90	2 M1	11/12/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	211.68	2 M1	11/11/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001308644	12/21/2007	90.00	2 M3	12/06/2007		EDMONDS PHYSICAL THERAPY & SPORTS REHAB EDM		
04001308644	12/21/2007	90.00	2 M3	12/04/2007		EDMONDS PHYSICAL THERAPY & SPORTS REHAB EDM		
00041212439	12/21/2007	481.28	3 T1	11/28/2007	12/11/2007	WHALEN, DIANE		0
00041212438	12/21/2007	1,728.02	1 T2	11/28/2007	12/11/2007	WHALEN, DIANE		14
04001316306	01/09/2008	94.72	2 M1	12/10/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001336227	02/26/2008	40.00	2 M1	02/10/2008		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		

6,535.22

Total

City of Seattle - Worker's Compensation
 ATS/Comp - Payment History Query
 0701295 - DIANE WHALEN 11/06/2007
 Includes Transactions From 01/01/1901 Thru 07/09/2008

Categories: *Ind Med *ORD Exp

Form	Date	Amount	Code	From Date	Thru Date	Payee	Group	# of Days
00041211940	11/23/2007	437.47	3 T1	11/11/2007	11/13/2007	WHALEN, DIANE		0
00041211939	11/23/2007	370.29	1 T2	11/11/2007	11/13/2007	WHALEN, DIANE		3
00041212172	12/07/2007	591.74	3 T1	11/14/2007	11/27/2007	WHALEN, DIANE		0
00041212171	12/07/2007	1,728.02	1 T2	11/14/2007	11/27/2007	WHALEN, DIANE		14
00041212439	12/21/2007	481.28	3 T1	11/28/2007	12/11/2007	WHALEN, DIANE		0
00041212438	12/21/2007	1,728.02	1 T2	11/28/2007	12/11/2007	WHALEN, DIANE		14
		5,336.82						

↑
 Time loss

Categories: Ind *Med ORD Exp

Form	Date	Amount	Code	From Date	Thru Date	Payee	Group	# of Days
04001304666	12/13/2007	✓ 94.72	2 M1	11/26/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	✓ 90.00	2 M3	11/27/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	✓ 113.84	2 M3	11/26/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	✓ 221.54	2 M1	11/19/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	✓ 151.90	2 M1	11/12/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001304666	12/13/2007	✓ 211.68	2 M1	11/11/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001308644	12/21/2007	✓ 90.00	2 M3	12/06/2007		EDMONDS PHYSICAL THERAPY & SPORTS REHAB EDM		
04001308644	12/21/2007	✓ 90.00	2 M3	12/04/2007		EDMONDS PHYSICAL THERAPY & SPORTS REHAB EDM		
04001316306	01/09/2008	✓ 94.72	2 M1	12/10/2007		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		
04001336227	02/26/2008	✓ 40.00	2 M1R	02/10/2008		PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLI		

		1,198.40						

Medical

To Alison # Cause
071082421

1500

CITY OF SEATTLE
PO BOX 3402B
SEATTLE, WA 98124

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

OK TO PAY
PBW

1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE <input type="checkbox"/> (Sponsor's SSN) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID) FECA <input type="checkbox"/> (SSN) OTHER <input checked="" type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) C 10 2007	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) WHALEN, DIANE		3. PATIENT'S BIRTH DATE MM DD YY 10 03 1973 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) CITY OF SEATTLE POLICE DEPT		5. PATIENT'S ADDRESS (No., Street) [REDACTED]	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) [REDACTED]	
8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. DIANE WHALEN CIm#: SA52873 b. Amount: \$94.72 Date Paid: 12/13/2007 c. Check #: 4001304866 PBW M1 Payee: PUGET SOUND FAMILY PHYSICIANS LAKESHORE CLINIC	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. INSURED'S POLICY GROUP OR FECA NUMBER SA 52873 12. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> 13. EMPLOYER'S NAME OR SCHOOL NAME 14. INSURANCE PLAN NAME OR PROGRAM NAME 15. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 11 26 2007		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY 11 08 2007		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY N/A	
16. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17. NPI	
18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		19. RESERVED FOR LOCAL USE	
20. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to Item 24E by Line) 1. 840.9 3. 1780.4 2. 723.4	
22. MEDICAID RESUBMITTAL CODE DEC 7 2007 ORIGINAL OF NO.		23. PRIOR AUTHORIZATION NUMBER WORKERS COMPENSATION UNIT	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) EPT/HPCS MODIFIER E. DIAGNOSIS POINTER		F. \$ CHARGES G. DAYS OR UNITS H. ICD-9 CODE I. QUAL. J. RENDERING PROVIDER ID. #	
1 11 26 07 11 26 07 11 99213 123		104 00 1 NPI 1720138969	
2		NPI	
3		NPI	
4		NPI	
5		NPI	
6		NPI	
25. FEDERAL TAX I.D. NUMBER 911625339 26. PATIENT'S ACCOUNT NO. E372967 27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 104.00 29. AMOUNT PAID \$ 0.00 30. BALANCE DUE \$ 104.00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MARY JO KINTNER MD MD00014182 11 30 2007		32. SERVICE FACILITY LOCATION INFORMATION PSFP DBA EDMONDS FAMILY MEDICI 7315 212TH ST SW STE 101 EDMONDS WA 98026	
33. BILLING PROVIDER INFO & PH # (425) 6703559 PSFP DBA EDMONDS FAMILY MEDICINE CLD 7315 212TH ST SW STE 101 EDMONDS WA 98026 7310		SIGNED DATE a. NPI b. 1720138969	

PBW

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
8409	Sprain Shoulder/Arm Nos

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
7234	Brachial Neuritis Nos

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
7804	Dizziness And Giddiness



CPT-4 Code	Category	CPT-4 Description	Benchmark
99213	Evaluation & Managment	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history -- an expanded problem focused examination -- medical decision mak.	\$38.02

CPT-4 Codes and Definitions Source - American Medical Association

Disclaimer: Information provided by MyHealthScore.com is assembled and updated through several sources. It is our intention to accurately reference all information provided us, however data entry, data transfer, and other errors will occur. Please be aware of this potential problem and verify the information you decide to use. If you do find errors on this site, please E-mail the corrections to us at your earliest convenience.

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CITY OF SEATTLE PERSONNEL DEPT
WORKERS' COMPENSATION UNIT
PO BOX 34028
SEATTLE

OK TO PAY
PBW

Form with multiple sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/GROUP HEALTH PLAN/PROX/BK/LUNG/OTHER; 2. PATIENT'S NAME; 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME; 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP; 7. INSURED'S ADDRESS; 8. PATIENT STATUS; 9. EMPLOYMENT; 10. IS PATIENT'S CONDITION RELATED TO; 11. INSURED'S POLICY GROUP OR FECA NUMBER; 12. PAYEE INFORMATION; 13. SIGNATURE; 14. DATE; 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS; 16. DATES PATIENT UNABLE TO WORK; 17. NAME OF REFERRING PROVIDER; 18. HOSPITALIZATION DATES; 19. RESERVED FOR LOCAL USE; 20. OUTSIDE LAB; 21. DIAGNOSIS OR NATURE OF ILLNESS; 22. MEDICAID REDEMPTION CODE; 23. WORKERS' COMPENSATION UNIT; 24. A-E. DATE(S) OF SERVICE; 25. FEDERAL TAX I.D. NUMBER; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT?; 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. BALANCE DUE; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 32. SERVICE FACILITY LOCATION INFORMATION; 33. BILLING PROVIDER INFO & PH #.

PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

RECEIVED

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
8470	Sprain Of Neck

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
7295	Pain In Limb



CPT-4 Code	Category	CPT-4 Description	Benchmark
97001	Medicine	Physical therapy evaluation.	\$55.85

CPT-4 Codes and Definitions Source - American Medical Association

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CPT-4 Code	Category	CPT-4 Description	Benchmark
97530	Medicine	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.	\$21.19

CPT-4 Codes and Definitions Source - American Medical Association

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Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
8409	Sprain Shoulder/Arm Nos

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
7234	Brachial Neuritis Nos

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
7804	Dizziness And Giddiness

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR KING COUNTY

STATE OF WASHINGTON,)
)
 RESPONDENT,)
)
 v.)
)
ASHLEY ALEXANDER,)
)
 APPELLANT.)

NO. 07-1-08242-1 SEA

DECLARATION OF SERVICE

I, MARIA ARRANZA RILEY, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOLLOWING IS TRUE AND CORRECT:

ON THE 10TH DAY OF JULY, 2009, I CAUSED A TRUE AND CORRECT COPY OF THE **RESTITUTION DOCUMENTS (VOLUME 1 OF 2)** TO BE SERVED ON THE FOLLOWING IN THE MANNER INDICATED BELOW:

<input checked="" type="checkbox"/>	KING COUNTY PROSECUTING ATTORNEY	<input checked="" type="checkbox"/>	U.S. MAIL
	APPELLATE UNIT	<input type="checkbox"/>	HAND DELIVERY
	KING COUNTY COURTHOUSE, W-554	<input type="checkbox"/>	_____
	516 THIRD AVENUE		
	SEATTLE, WA 98104		

SIGNED IN SEATTLE, WASHINGTON, THIS 10TH DAY OF JULY, 2009.



X _____

Washington Appellate Project
1511 Third Avenue, Suite 701
Seattle, WA 98101
(206) 587-2711

E-FILED IN KING COUNTY SUPERIOR COURT
(E-FILE CONFIRMATION RECEIPT ATTACHED)
DATE: 7-10-09

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR KING COUNTY**

STATE OF WASHINGTON,)	No. 07-1-08242-1 SEA
)	
Respondent,)	
)	
v.)	COVER SHEET
)	
ASHLEY ALEXANDER,)	
)	
Defendant/Appellant.))	

Attached hereto are: Documents considered by the Court at Restitution Hearing held on 11-24-08 [Volume 2 of 2].

(These documents are being filed with the authorization and agreement of the King County Prosecuting Attorney.)

s/ Susan F. Wilk
State Bar Number 28250
Washington Appellate Project
1511 Third Ave, Ste 701
Seattle, WA 98101
Telephone: (206) 587-2711
Fax: (206) 587-2711

Washington Appellate Project
701 Melbourne Tower
1511 Third Avenue
Seattle, Washington 98101
Phone (206) 587-2711
Fax (206) 587-2710



CPT-4 Code	Category	CPT-4 Description	Benchmark
99214	Evaluation & Management	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history -- a detailed examination -- medical decision making of moderate complexity. Counse.	\$57.53

99214

Submit Query

CPT-4 Codes and Definitions Source - American Medical Association

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CPT-4 Code	Category	CPT-4 Description	Benchmark
72050	Radiology	Radiologic examination, spine, cervical; minimum of four views.	\$46.43

72050

Submit Query

CPT-4 Codes and Definitions Source - American Medical Association

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1500

CITY OF SEATTLE
PO BOX 34028
SEATTLE, WA 98124

OK TO PAY
PBW

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/06

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN PECA OTHER
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (BSN or ID) (SSN) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
WHALEN, DIANE

3. PATIENT'S BIRTH DATE
10 03 1973 M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
CITY OF SEATTLE POLICE DEPT

5. PATIENT'S ADDRESS (No., Street)
[REDACTED]

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
[REDACTED]

8. PATIENT STATUS
Single Married Other
Employed Full-Time Student Part-Time Student

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
a. OTI
b. OTI MN
c. EM
d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State) _____
c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR PECA NUMBER
SA52873

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNATURE ON FILE DATE 11 12 2007

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)
11 08 2007

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM/DD/YY
11 08 2007

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM/DD TO MM/DD

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM/DD TO MM/DD

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO CHARGES \$ 0.00

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
1. 840.9 a. 780.4
2. 723.4 4.

22. MEDICAID RE submission ORIGINAL 7 2007

23. PRIOR AUTHORIZATION NUMBER
WORKERS' COMPENSATION

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
DATE(S) OF SERVICE	PLACE OF SERVICE	EMG	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	UNIT ID.	RENDERING PROVIDER ID. #	
11 12 07 - 11 12 07	11		99213 (4.72)	123	104 00	1	NPI	1326144908	
11 12 07 - 11 12 07	11		1048M (1.8)	123	30 00	1	NPI	1326144908	
11 12 07 - 11 12 07	11		L3670 (15.70)	123	25 00	1	NPI	1326144908	
							NPI		
							NPI		
							NPI		

24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. UNIT ID. I. RENDERING PROVIDER ID. #

25. FEDERAL TAX I.D. NUMBER 911625339 99N EIN

26. PATIENT'S ACCOUNT NO. E367796

27. ACCEPT ASSIGNMENT? YES NO

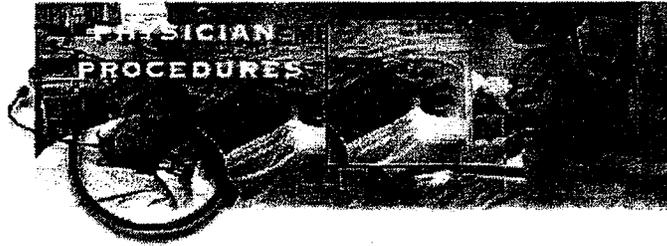
28. TOTAL CHARGE \$ 162 00 29. AMOUNT PAID \$ 0 00 30. BALANCE DUE \$ 162 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
ROBERT BETTIS MD MD43001 11 30 2007

32. SERVICE FACILITY LOCATION INFORMATION
PSFP DBA EDMONDS FAMILY MEDICINE
7315 212TH ST SW STE 101
EDMONDS WA 98026

33. BILLING PROVIDER INFO & PH # (425) 6703559
PSFP DBA EDMONDS FAMILY MEDICINE CL
7315 212TH ST SW STE 101
EDMONDS WA 98026 7310

SIGNED DATE NPI # 1326144908



CPT-4 Code	Category	CPT-4 Description	Benchmark
99213	Evaluation & Managment	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history -- an expanded problem focused examination -- medical decision mak.	\$38.02

99213

CPT-4 Codes and Definitions Source - American Medical Association

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1500

CITY OF SEATTLE
PO BOX 34028
SEATTLE, WA 98124

OK TO PAY
PBW

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA PICA

1. MEDICARE MEDICAID TRICARE CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1) **DEC 10 2007**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
WHALEN, DIANE

3. PATIENT'S BIRTH DATE MM DD YY **10 03 1973** SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
CITY OF SEATTLE POLICE DEPT

5. PATIENT'S ADDRESS (No., Street)
[REDACTED]

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
[REDACTED]

CITY STATE WA

8. PATIENT STATUS
Single Married Other

9. EMPLOYED Full-Time Student Part-Time Student

10. IS PATIENT'S CONDITION RELATED TO:
EMPLOYMENT? (Current or Previous) YES NO
AUTO ACCIDENT? YES NO PLACE (State)
OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER
N/A SAS 2873

12. INSURED'S DATE OF BIRTH MM DD YY M F

13. EMPLOYER'S NAME OR SCHOOL NAME

14. INSURANCE PLAN NAME OR PROGRAM NAME

15. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO If yes, return to and complete item 8 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 11 11 2007

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)
MM DD YY 11 06 2007

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY **N/A**

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB CHARGES YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
1. **L840.9** 3. **L780.4**

22. MEDICAID REIMBURSEMENT CODE **DEC 7 2007** ANAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER
WORKERS COMPENSATION UNIT

A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPFOOT Family Plan	I. ID. CLIAL	J. RENDERING PROVIDER ID. #
11 11 07 - 11 11 07	11		99202	123	129 00	1		NPI	1326144908
11 11 07 - 11 11 07	11		73030	123	69 00	1		NPI	1326144908
11 11 07 - 11 11 07	11		1040M	123	40 00	1		NPI	1326144908
11 11 07 - 11 11 07	11		1048M	123	30 00	1		NPI	1326144908

24. FEDERAL TAX I.D. NUMBER **911625339** SSN EIN

25. PATIENT'S ACCOUNT NO. **E367465** 27. ACCEPT ASSIGNMENT? YES NO

26. TOTAL CHARGE \$ **264 00** 28. AMOUNT PAID \$ **0 00** 30. BALANCE DUE \$ **264 00**

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
ROBERT BETTIS MD MD43001 11 30 2007

32. SERVICE FACILITY LOCATION INFORMATION
PSFP DBA EDMONDS FAMILY MEDICINE 7315 212TH ST SW STE 101 EDMONDS WA 98026

33. BILLING PROVIDER INFO & PH # **(425) 6703559 PSFP DBA EDMONDS FAMILY MEDICINE CLD 7315 212TH ST SW STE 101 EDMONDS WA 98026 7310**

2m

P.B.W.

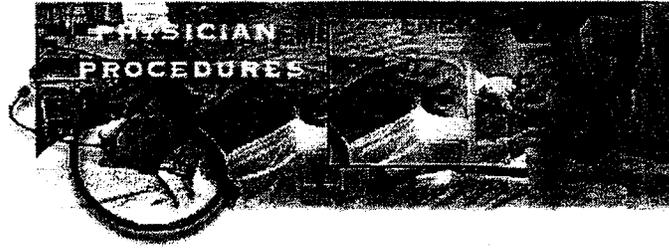


CPT-4 Code	Category	CPT-4 Description	Benchmark
99202	Evaluation & Managment	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history -- an expanded problem focused examination -- and straightforward medical decision making..	\$48.44

CPT-4 Codes and Definitions Source - American Medical Association

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CPT-4 Code	Category	CPT-4 Description	Benchmark
73030	Radiology	Radiologic examination, shoulder; complete, minimum of two views.	\$28.60

73030

Submit Query

CPT-4 Codes and Definitions Source - American Medical Association

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1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/08

CITY OF SEATTLE PERSONNEL DEPT
WORKERS' COMPENSATION UNIT
PO BOX 34028
SEATTLE

WA 981-4028 PAV
PBW

MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER
1a. INSURED'S ID NUMBER (For Program in Item 1)
DEC 14 2007

PATIENT'S NAME (Last Name, First Name, Middle Initial) WHALEN DIANE P
3. PATIENT'S BIRTH DATE 10 03 1973 SEX M F
4. INSURED'S NAME (Last Name, First Name, Middle Initial) WHALEN, DIANE P

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other
7. INSURED'S ADDRESS (No., Street)
8. PATIENT STATUS Single Married Other
9. EMPLOYED Full-Time Student Part-Time Student

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? YES NO PLACE (State)
c. OTHER ACCIDENT? YES NO
11. INSURED'S POLICY GROUP OR FECA NUMBER SA52873

12. INSURED'S DATE OF BIRTH 10 03 1973 SEX M F
13. EMPLOYER'S NAME OR SCHOOL NAME CITY OF SEATTLE
14. INSURANCE PLAN NAME OR PROGRAM NAME

15. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO
16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNATURE ON FILE DATE 11262007
17. RESERVED FOR LOCAL USE

18. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 11 06 2007
19. NAME OF REFERRING PROVIDER OR OTHER SOURCE KITNER MD, MARY JO
20. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 847.0
22. MEDICAID RESUBMISSION CODE
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPBDT Partly Paid I. ID. QUAL. J. RENDERING PROVIDER ID. #

12042007 12042007 11 97530 1,2 90.00 2 NPI

12062007 12062007 11 97530 1,2 90.00 2 NPI

25. FEDERAL TAX ID NUMBER 91 1256230 SSN EIN X
26. PATIENT'S ACCOUNT NO. 013461 WC 3
27. ACCEPT ASSIGNMENT? YES NO

28. TOTAL CHARGE \$ 180.00 29. AMOUNT PAID \$ 180.00 30. BALANCE DUE \$ 180.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including Degrees or Credentials) DAVID G LOWE PT 12/11/2007
32. SERVICE FACILITY LOCATION INFORMATION EDMONDS-PT & SPORTS REHAB PS 7315 212TH ST SW STE 104 EDMONDS WA 98026

33. BILLING PROVIDER INFO & PH * (425) 774 3226
EDMONDS PT & SPORTS REHAB PS
7315 212TH STREET SW SUITE 104
EDMONDS WA 98026 7610
a. 114566 b. 911256230

SIGNATURE DATE
NUGC Instruction Manual available at: www.nucc.org
APPROVED OMB-0938-0999 FORM CMS-1500 (06-05)

2 Labels

RECEIVED

PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

PBW

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
8470	Sprain Of Neck

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
7295	Pain In Limb



CPT-4 Code	Category	CPT-4 Description	Benchmark
97530	Medicine	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.	\$21.19

CPT-4 Codes and Definitions Source - American Medical Association

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1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CITY OF SEATTLE
PO BOX 34028
SEATTLE, WA 98124

OK TO PAY
PBW

JAN 04 2008

1 MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
2 PATIENT'S NAME (Last Name, First Name, Middle Initial) WHALEN, DIANE
3 PATIENT'S BIRTH DATE 10 03 1973 SEX M
4 INSURED'S NAME (Last Name, First Name, Middle Initial) CITY OF SEATTLE POLICE DEPT
5 PATIENT'S ADDRESS (No., Street)
6 PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other
7 INSURED'S ADDRESS (No., Street)
8 PATIENT STATUS Single Married Other
9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10 IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous)
b. AUTO ACCIDENT?
c. OTHER ACCIDENT?
11 INSURED'S POLICY GROUP OR FECA NUMBER N/A SA52873
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
14 DATE 12 10 2007
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
18. OUTSIDE LAB?
19. MEDICAID RESUBMISSION CODE
20. PRIOR AUTHORIZATION NUMBER

DIANE WHALEN Cim#: SA52873
Amount: \$94.72 Date Paid: 1/9/2008
Check #: 4001316306 PBW M1
Payee: PUGET SOUND FAMILY
PHYSICIANS LAKESHORE CLINIC

RECEIVED
JAN 4 2008

WORKERS' COMPENSATION UNIT

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)
22 FEDERAL TAX ID NUMBER 911625339
23 BSN EIN
24 PATIENT'S ACCOUNT NO. E379582
25 ACCEPT ASSIGNMENT? YES NO
26 TOTAL CHARGE \$ 104.00
27 AMOUNT PAID \$ 0.00
28 BALANCE DUE \$ 104.00
29 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
30 SERVICE FACILITY LOCATION INFORMATION
31 BILLING PROVIDER INFO & PH #

Enter a full or partial Diagnosis Code. Do not enter a period. Then press the Run Query Button.

Diagnosis Code

ICD9 Diagnosis Code Search Results

Diagnosis Code	Description
8409	Sprain Shoulder/Arm Nos



CPT-4 Code	Category	CPT-4 Description	Benchmark
99213	Evaluation & Management	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history -- an expanded problem focused examination -- medical decision mak.	\$38.02

99213

Submit Query

CPT-4 Codes and Definitions Source - American Medical Association

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CPT-4 Code	Category	CPT-4 Description	Benchmark
99080	Medicine	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.	?

CPT-4 Codes and Definitions Source - American Medical Association

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR KING COUNTY

STATE OF WASHINGTON,)
)
RESPONDENT,)
) NO. 07-1-08242-1 SEA
v.)
)
ASHLEY ALEXANDER,)
)
APPELLANT.)

DECLARATION OF SERVICE

I, MARIA ARRANZA RILEY, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOLLOWING IS TRUE AND CORRECT:

ON THE 10TH DAY OF JULY, 2009, I CAUSED A TRUE AND CORRECT COPY OF THE **RESTITUTION DOCUMENTS (VOLUME 2 OF 2)** TO BE SERVED ON THE FOLLOWING IN THE MANNER INDICATED BELOW:

[X] KING COUNTY PROSECUTING ATTORNEY (X) U.S. MAIL
APPELLATE UNIT () HAND DELIVERY
KING COUNTY COURTHOUSE, W-554 () _____
516 THIRD AVENUE
SEATTLE, WA 98104

SIGNED IN SEATTLE, WASHINGTON, THIS 10TH DAY OF JULY, 2009.



X _____

Washington Appellate Project
1511 Third Avenue, Suite 701
Seattle, WA 98101
(206) 587-2711

**IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON
DIVISION ONE**

STATE OF WASHINGTON,)	
)	
Respondent,)	
)	NO. 62891-7-I
v.)	
)	
ASHLEY ALEXANDER,)	
)	
Appellant.)	

DECLARATION OF DOCUMENT FILING AND SERVICE

I, MARIA ARRANZA RILEY, STATE THAT ON THE 14TH DAY OF JULY, 2009, I CAUSED THE ORIGINAL **OPENING BRIEF OF APPELLANT** TO BE FILED IN THE **COURT OF APPEALS - DIVISION ONE** AND A TRUE COPY OF THE SAME TO BE SERVED ON THE FOLLOWING IN THE MANNER INDICATED BELOW:

[X] KING COUNTY PROSECUTING ATTORNEY	(X)	U.S. MAIL
APPELLATE UNIT	()	HAND DELIVERY
KING COUNTY COURTHOUSE	()	_____
516 THIRD AVENUE, W-554		
SEATTLE, WA 98104		

[X] ASHLEY ALEXANDER	(X)	U.S. MAIL
13321 SE 279 TH PL	()	HAND DELIVERY
KENT, WA 98042	()	_____

SIGNED IN SEATTLE, WASHINGTON THIS 14TH DAY OF JULY, 2009.

X _____ 

FILED
COURT OF APPEALS DIVISION ONE
STATE OF WASHINGTON
2009 JUL 14 PM 4:55

Washington Appellate Project
701 Melbourne Tower
1511 Third Avenue
Seattle, WA 98101
Phone (206) 587-2711
Fax (206) 587-2710