

No. 45030-5

COURT OF APPEALS
DIVISION II
OF THE STATE OF WASHINGTON

In Re Detention Of Jerrod D. Stoudmire
STATE OF WASHINGTON, Respondent

v.

JERROD D. STOUDMIRE, Appellant

APPEAL FROM THE SUPERIOR COURT
OF PIERCE COUNTY
THE HONORABLE STANLEY RUMBAUGH

BRIEF OF APPELLANT

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I. ASSIGNMENTS OF ERROR

A. The State Failed To Meet Its Burden To Prove Beyond A Reasonable Doubt That Mr. Stoudmire Meets The Definition Of A Person Who Should Be Committed Under RCW 71.09.

ISSUE PERTAINING TO ASSIGNMENT OF ERROR

A. Did The State Fail To Prove Beyond A Reasonable Doubt That Mr. Stoudmire Meets The Definition Of A Person Who Should Be Indefinitely Committed Under RCW 71.09?

II. STATEMENT OF FACTS

A. Background

In November 1980, at age 15, Jerrod Stoudmire was charged with two counts of indecent liberties. (5/22/13 RP 67). He received a disposition of 26-32 weeks to be served in JRA. (5/22/13 RP 76; CP 6). In 1987, he was charged with one count of indecent liberties and was sentenced to a year and a day. (5/22/13 RP 116;123; CP 7). In September 1993, he pleaded guilty to charges of child rape second and third degree and statutory rape second degree. (5/23/13 RP 21; CP 9-11). Charges of indecent liberties, to which he initially also pleaded guilty, were vacated by

the Washington Supreme Court. (CP 3). He was incarcerated for 198 months. (5/22/13 RP 48; CP 11).

In 2006 Mr. Stoudmire married. (5/28/13 RP 29). Beginning in 2006 and through 2007, Mr. Stoudmire completed the Sex Offender Treatment Program at Twin Rivers. The treatment consisted of arousal reconditioning, Cognitive Behavioral Therapy to address behavior and cognitive distortions, and a relapse prevention program. (5/29/13 RP 90;100). His treatment provider cited he did very well in treatment. (5/29/13 RP 27;101).

In 2007, at the request of the End of Sentence Review Committee, a State appointed psychologist evaluated Mr. Stoudmire to determine whether he appeared to meet the criteria for civil commitment under RCW 71.09. (CP 11). In 2010, the Attorney General's office filed a petition seeking involuntary commitment under RCW 71.09. (CP 2-4). The matter proceeded to a jury trial. At the time of trial, Mr. Stoudmire had been at the Special Commitment Center slightly over 3 years. (5/22/13 RP 47).

B. Trial Testimony

i. Expert Testimony

Dr. Harry Hoberman testified as the State's expert . (5/28/13 RP 40). To form his opinion, he relied on police reports, medical

reports, court decisions, DOC records, SCC records, law enforcement files, reports of charged and uncharged conduct, psychological inventories, and information gleaned from interviews with Mr. Stoudmire in 2007 and 2011. (5/28/13 RP 64;74).

Relying on Mr. Stoudmire's records, his self-reports and the Multiphasic Sex Inventory II instrument, he diagnosed Mr. Stoudmire with a mental abnormality of two paraphilias: pedophilia and hebephelia. (5/28/13 RP 93-94;111;117;142). Generally considered a chronic condition, paraphilia is defined as sexual "fantasies, urges, or behaviors that are recurrent over six months causing difficulty. (5/28/13 RP 105;110). Pedophilia is defined as sexual interest or fantasies, urges or behaviors with children aged 13 and under. (5/30/13 RP 8).

Dr. Hoberman opined that hebephelia, an attraction to pubescent individuals approximately 11-14 years of age, was a subset of paraphilia, not otherwise specified in the DSM. (5/28/13 RP 97-98). It is not listed in the DSM¹ or included in the list of Not Otherwise Specified categories of paraphilias. (5/28/13 RP 105).

¹ At trial, the experts referred to the definitions of paraphilias given in both the Diagnostic and Statistical Manual (DSM) IV-TR and DSM V. The DSM V had been released approximately one week before trial began.

Peer review journal articles authored by members of the Association for the Treatment of Sexual Abusers (ATSA) have argued that hebephilia is an invalid diagnosis. (5/29/13 RP 108).

Mr. Stoudmire reported to Dr. Hoberman that his arousal to female minors would probably be lifelong, but had decreased significantly over the years: through treatment he had changed his thinking and learned interventions to manage thoughts and flashbacks. (5/28/13 RP 94;114-115).

Dr. Hoberman also administered the MMPI II, the Millon Clinical Multiaxial Inventory, Second edition, the Paulhus Deception Scale, and the Personality Disorder Questionnaire Version 4. (5/28/13 RP 69). He diagnosed Mr. Stoudmire with a "Personality Disorder Not Otherwise Specified" (NOS): antisocial personality disorder with narcissistic personality traits. (5/28/13 RP 125-126; 130-131;137). He rated Mr. Stoudmire as having a score of 33 on the psychopathy scale, considered a higher end score. (5/28/13 RP 141-42).

He used three instruments to develop his opinion as to the probability of future offending by Mr. Stoudmire. (5/28/13 RP 149). Despite the test maker's directive to cease use of the Static 99 and instead use the Static-99R, Dr. Hoberman used the earlier version

to help form his opinion. (5/29/13 RP 84). The Static 99 is limited to ten risk factors. The score for an individual examinee is compared to a group of known sexual offenders having a similar score. A predictive number is derived from the known rates of sexual offense reconvictions by the similarly scoring offenders. (5/29/13 RP 8;18-19). He calculated that individuals with scores similar to Mr. Stoudmire had a 52% likelihood of reconviction over a 15 year period and a 44 % likelihood of reconviction over a 10 year period. (5/29/13 RP 14).

He used the SVR-20 (Sexual Violence Risk-20). (5/29/13 RP 23). He testified that instrument showed a high likelihood of future sexual reoffending. (5/29/13 RP 24). Dr. Hoberman also used the Sex Offender Risk Appraisal Guide (SORAG). (5/29/13 RP 60). According to Dr. Hoberman, Mr. Stoudmire's score on the SORAG placed him in the highest risk for reoffense category. The risk was 100%. (5/29/13 RP 127).

He conceded that the SORAG sample Mr. Stoudmire was being compared to consisted of 685 men who were either acquitted by reason of insanity or experienced such psychiatric difficulties that they were brought to the same psychiatric facility as the first group. (5/29/13 RP 124-127). Further, the risk group to which he

assigned Mr. Stoudmire only had an 'n' of 6, and none of the 6 were sex offenders. (5/29/13 RP 127). He also agreed that he had formed an initial opinion that Mr. Stoudmire met the criteria for commitment under RCW 71.09 without having read Mr. Stoudmire's treatment autobiography or his relapse prevention plan. (5/29/13 RP 129;133).

Although Dr. Hoberman stated he had no evidence that Mr. Stoudmire had experienced serious difficulty controlling his sexual behavior since he was incarcerated, he testified in his opinion it was more likely than not that Mr. Stoudmire would engage in predatory acts of sexual violence if not confined to a secure facility. (5/29/13 RP 48;138). Dr. Hoberman also stated, "I think treatment doesn't work – I think the evidence suggests that at this point the effectiveness of treatment for groups of sex offenders has not been demonstrated." (5/29/13 RP 107).

Dr. Hover, the clinical supervisor for the Washington state sex offender treatment program, administered by the Department of Corrections testified the re-offense rates of individuals who complete the sex offender treatment program ranged between 5% and 10% over a 25 year period. (5/30/13 RP 65).

Dr. Rosell testified as an expert for the respondent. (6/3/13 RP 3). He did not administer some of the tests Dr. Hoberman used. (6/3/13 RP 32-33). He reported the MMPI is not predictive and does not assist the clinician in diagnosing an individual with a sexual disorder. He also does not use the MCMI-II, a personality test, because it tends to overpathologize. (6/3/13 RP 34-35).

He diagnosed Mr. Stoudmire based on his history and records with pedophilia and antisocial personality disorder. (6/3/13 RP 35). He noted the DSM-V changed the category from pedophilia to pedophilic disorder. Pedophilia is considered lifelong, but pedophilic disorder can change with or without treatment and with age. (6/3/13 RP 55). The criteria for pedophilic disorder includes individuals who have not only had the deviant fantasies and urges, but has actually acted on the fantasies. (6/4/13 RP 6).

He pointed out that individuals, even when incarcerated, can continue to seek deviant stimuli. (6/3/13 RP 37). There was no evidence Mr. Stoudmire engaged in any deviant behavior while incarcerated for the previous 20 years and in his opinion, the pedophilia diagnosis did not continue to persist. (6/3/13 RP46).

He also noted Mr. Stoudmire's participation in treatment 4-6 hours per week for 14 months, and cited statistics demonstrating

that individuals who completed treatment had a lower recidivism rate than those who did not. One study found only 10% who participated in treatment recidivated over a 5 year period, compared to 19% who did not participate. (6/3/13 RP 113).

He explained that generally antisocial personality disorder remits during the fourth decade and the recidivism rate decreases as individuals age. (6/3/13 RP 49). For the past 16 years Mr. Stoudmire has adjusted very well to the correctional institution: he had one infraction in 16 years, and none in the last 9 years. There has been no evidence of antisocial behavior at the SCC. (6/3/13 RP 51-55).

Using some of the same predictive tests as Dr. Hoberman, Dr. Rosell computed a 13-18% reoffense rate at five years, a 25% rate at 8 years, and 29-35% over a 10-year period. (6/3/13 RP 72;81;93). The percentages do not indicate Mr. Stoudmire's risk to reoffend, rather it is a relative risk compared to other individuals with similar scores that have previously been studied. (6/4/13 RP 15). In Dr. Rosell's opinion, Mr. Stoudmire does not have a mental abnormality or personality disorder that causes him serious difficulty controlling his behavior or that makes him likely to commit sexually violent acts if not confined to a secure facility. In his

opinion, Mr. Stoudmire did not meet the criteria for commitment under RCW 71.09. (6/3/13 RP 128).

ii. Lay Testimony

Janet Busby, a classification counselor at the Monroe Correctional Complex testified on behalf of Mr. Stoudmire. (6/4/13 RP 66). Ms. Busby has worked for the DOC for 24 years. (6/4/13 RP 77). She described him as polite, cooperative and helpful. (6/4/13 RP 74-75). He took on the position of “tier rep” serving as a liaison for staff members and offenders on the unit. (6/4/13 RP 75).

In the years that Mr. Stoudmire was under her purview, he did not engage in any sexually inappropriate behavior. (6/4/13 RP 74). She noted that prior to his participation in sex offender treatment he did not take responsibility for his offenses, meaning he tended to blame his victims. (6/4/13 RP 76;82). She testified that after he completed the program he no longer blamed his victims and took responsibility for the offenses. (6/4/13 RP 77).

Robert Gran, a DOC employee, knew Mr. Stoudmire for 13 or 14 years when he was at the Monroe complex. (6/4/13 RP 98). He described Mr. Stoudmire as sociable and someone who followed the rules. (6/4/13 RP 100). Mr. Stoudmire did not engage

in any sexual misbehavior while he was at Monroe. (6/4/13 RP 101.)

Debra Washington, a correctional officer at Monroe, has known Mr. Stoudmire since 1994 or 1995. (6/4/13 RP 110). She described him as very easy to get along with and very pleasant. (6/4/13 111-112).

Mark DeLong testified he became acquainted with Mr. Stoudmire through a business associate. (6/4/13 RP 113). He considers himself a friend/mentor to Mr. Stoudmire. (6/4/13 Rp 126). Approximately 6 or 7 years earlier, they developed a business supplying snacks to inmates. (6/4/13 RP 119). Although the business has been on hiatus for a few years, he believed that Mr. Stoudmire could and would make it a going concern if he were released into the community.² (6/4/13 RP 124). Being fully aware of Mr. Stoudmire's criminal history, he testified he would not have any difficulty having Mr. Stoudmire move into his neighborhood; but did not believe he would allow Mr. Stoudmire to babysit his children. (6/4/13 RP 123;141;143).

² Mr. DeLong operates another full time business and was unable to devote the time to pursuing the snack supply business. (6/4/13 RP 124).

Dan Metcalf testified he met Mr. Stoudmire in 2004 or 2005 in the context of a prison ministry. (6/5/13 RP 6). He befriended and observed Mr. Stoudmire as he progressed through the treatment program. He stated that in the beginning of their relationship Mr. Stoudmire exhibited distorted and dysfunctional thinking: describing his relationship with the victims as a mutual attraction. (6/5/13 RP 10-11). As he progressed through treatment, he understood the distortions and took the blame for his actions. (6/5/13 RP 12).

Chaplain Gregory Duncan testified he worked at the SCC for 14 years, and at McNeil Island for six years before that. (5/30/13 RP 74). He met Mr. Stoudmire in 2008 or 2009. (5/30/13 RP 77). He described him as one of the easiest residents. (5/30/13 RP 80). He said Mr. Stoudmire developed a program to raise money to buy basic necessity care packages for newly arriving individuals at the SCC. (5/30/13 RP 80-81). He testified that Mr. Stoudmire was the only individual he knew of who participated in the restorative program with a victim's family. The goal of the program was to allow the perpetrator to acknowledge his actions, take responsibility for the trauma he caused to the victim, and the

victim's family to give voice to the trauma and, as able, to extend forgiveness. (5/30/13 RP 81-82).

Jeanette Stoudmire, Mr. Stoudmire's wife also testified on his behalf. (5/30/13 RP 97). They met through a pen pal site in 2004 and married in 2006. (5/30/13 RP 102;116). She participated in his treatment at Twin Rivers and stated she saw a change in him as he progressed through treatment. (5/30/13 RP 122). She was aware of his offense cycle and the necessary steps she could take to confront him to prevent relapse, stating "I would turn him in because I don't want to create another victim out there. My goal is to keep the community safe..." (5/30/13 RP 130;153).

She reported he was empathic toward his victims and "wished he could go back and undo everything." (5/30/13 RP 122). She was in the process of purchasing a suitable home for them and was mindful of the conditions that would be imposed on him regarding proximity to parks, schools, daycares. (5/30/13 RP 126). She stated the release plan included Mr. Stoudmire continuing in his sex offender treatment and marriage counseling for them. (5/30/13 RP 128).

The jury found the State proved beyond a reasonable doubt that Mr. Stoudmire was a sexually violent predator. (CP 607). Mr. Stoudmire makes this timely appeal. (CP 636-638).

III. ARGUMENT

A. The State Failed To Meet Its Burden To Prove Beyond A Reasonable Doubt That Mr. Stoudmire Meets The Definition Of A Person Who Should Be Committed Under RCW 71.09.

The State was required to prove beyond a reasonable doubt that Mr. Stoudmire met the statutory definition of RCW 71.09: (1) he had been convicted of or charged with a crime of sexual violence; and (2) he suffered from a mental abnormality or personality disorder; and (3) that such mental abnormality or personality disorder makes him likely to engage in predatory acts of sexual violence if not confined in a secure facility. RCW 71.09.030; *In re Det. of Young*, 122 Wn.2d 1, 48, 857 P.2d 396 (1995).

In *Thorell*, our Supreme Court reasoned there must be some proof that the diagnosed mental abnormality has an impact on an offender's ability to control his behavior. *In re Det. of Thorell*, 149 Wn.2d 724, 761-62, 72 P.3d 708 (2003). Due process requires the

linking of the offender's "serious difficulty in controlling behavior to a mental abnormality, which together with a history of sexually predatory behavior, gives rise to a finding of future dangerousness." *Id.* See also *Kansas v. Hendricks*, 521 U.S. 346, 358, 117 S.Ct. 2072, 138 L.Ed 2d 501 (1997); *Kansas v. Crane*, 534 U.S 407, 432, 122 S.Ct. 867, 151 L.Ed.2d 856 (2002).

On appeal, if the existence of that link is challenged, the reviewing court must analyze the evidence and determine whether sufficient evidence exists to establish a serious lack of control. *In re Det. of Thorell*, 149 Wn.2d at 736. Mr. Stoudmire challenges whether sufficient evidence exists to establish a serious lack of control.

Here, the State's expert diagnosed Mr. Stoudmire with a mental abnormality of paraphilia. He opined that the mental abnormality affected Mr. Stoudmire's emotional or volitional capacity because sexual arousal and sexual behavior are desirable and motivating states for people and

"so having a paraphilia would mean when someone either creates a situation perhaps through fantasy or by actually seeing or interacting with a person or an object of desire or engaging in an activity that elicits sexual arousal, that affects their emotional capacity. People who are in a heightened state of sexual arousal can be compromised in terms of their self-control...so in that sense a paraphilia by virtue of

creating a strong state of positive emotions can affect someone's ability to choose, make choices, self-regulate their behavior, and so a paraphilia is something that has the capacity to affect both emotional and volitional capacity." (5/28/13 RP 143).

Applying that global synopsis specifically to Mr. Stoudmire, he believed that because Mr. Stoudmire engaged in deviant sexual behaviors as a teenager through age 27, and was confined as both a juvenile and as an adult, his paraphilias predisposed him to commit similar acts in the future. (5/28/13 RP 145).

In the 25 years since his conviction, ample evidence demonstrates that Mr. Stoudmire has the capacity to manage his behavior. Mr. Stoudmire completed sex offender treatment, disclosed unadjudicated victims as part of his treatment, initiated a clarification –reconciliation program with a victim's father, and entered into an age-appropriate marriage. DOC officials consistently testified he was an easy resident, polite, cooperative, and helpful. His record demonstrated that he followed the institutional rules, with one infraction in 16 years. He raised money to provide necessities for newly arriving committees with no benefit to himself, and served as a liaison for staff members and offenders. Most significantly, in 25 years he never once had an instance of sexually appropriate behavior.

Expert testimony at trial was that the latest version of the DSM drew a distinction between pedophilia and pedophilic disorder. The significance of the distinction is that one can be diagnosed a pedophile and yet, not have pedophilic disorder; in other words, like Mr. Stoudmire, not act on an urge or fantasy. The facts in Mr. Stoudmire's case stand in stark contrast to *Thorell*.

In *Thorell*, the State presented overwhelming evidence showing that Thorell had serious difficulty controlling his behavior. During his confinement, he wrote pornographic stories about children, modified children's pictures to make pornography, and collected ads featuring children. *In re Det. of Thorell*, 149 Wn.2d at 759. The court held sufficient evidence had been presented to allow the jury to conclude beyond a reasonable doubt, that Thorell's previous violent offenses, his mental disorder and resulting serious lack of control, led to the likelihood he would engage in future sexually predatory acts if not confined in a secure facility. *Id.*

Here, the State has not met the necessary high burden of showing a link between the paraphilia diagnosis and any serious difficulty in Mr. Stoudmire's ability to control his behavior. Rather, after approximately 25 years of confinement, Mr. Stoudmire's behavior is remarkably benign, as discussed above.

Mr. Stoudmire was also diagnosed with antisocial personality disorder (APD). Individuals with APD are characterized by a pervasive pattern of disregard for and violation of the rights of others. (5/28/13 RP127-128).

To comport with substantive due process, a finding of dangerousness must be linked to the presence of a personality disorder in such a fashion as that it makes it seriously difficult for the person with the disorder to control his behavior. *Crane*, 534 U.S. at 410.

In *Crane*, the Court declined to give the phrase “lack of control” a narrow or technical meaning, but stated “the severity of the mental abnormality itself, must be sufficient to distinguish the dangerous sexual offender whose serious mental illness, abnormality, or disorder subjects him to civil commitment from the dangerous but typical recidivist convicted in an ordinary criminal case.” *Crane*, 534 U.S. at, 413. The Court aptly noted that 40% to 60% of the male prison population is diagnosable with APD. *Id.*

Dr. Hoberman, the State’s expert witnesses testified Mr. Stoudmire met the criteria, but also qualified it in several places. He discussed deceitfulness as a characteristic and added, “Mr. Stoudmire now, at least once he got to SOTP (sex offender

treatment) acknowledged that he committed sexual offenses”, citing both his guilty plea in 1993 and his disclosure of victims in SOTP. (5/28/13 RP 128). With respect to “reckless disregard for the safety of others” he referenced the repeated sexual offending of the victims, but added, “[b]asically, he has indicated that until he got to SOTP, he did not realize that he was actually hurting or doing anything that was damaging to any of the children that he sexually offended against.” (5/28/13 RP 129).

Regarding “lack of remorse as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another” he stated, “I think, in effect, certainly up until the time he was in SOTP, other than the sentencing occasion, he has never expressed remorse for his victims...it’s only ...prior to sentencing...and then subsequently in treatment that he expressed remorse for what he had done.” (5/28/13 RP 131). He remarked that Mr. Stoudmire also met the criteria for narcissistic personality disorder, showing grandiosity and self-centeredness that spoke to a sense of entitlement. (5/28/13 RP 133).

A diagnosis of a personality disorder is not, in itself, sufficient evidence for a jury to find a serious lack of control. *In re Det. of Post*, 145 Wn.App. 728, 755, 187 P.3d 803 (2008)(internal citations

omitted). The basis for involuntary civil commitment is current mental abnormality and current dangerousness. *In re Det. of Henrickson*, 150 Wn.2d 686, 692, 2P.3d 473 (2000). The personality traits that could establish current or future dangerousness such as lack of empathy, deceitfulness, and reckless disregard for the rights and safety of others, were the very elements witnesses testified Mr. Stoudmire could and did manage to control. The State has not met its burden.

To establish Mr. Stoudmire was a sexually violent predator, the State was required to prove he suffers from a mental abnormality or personality disorder that causes serious difficulty in controlling his sexual behavior, and that abnormality or disorder makes him likely to engage in predatory acts of sexual violence if not confined to a secure facility. Based on the previous arguments, Mr. Stoudmire respectfully asks this Court to find insufficient evidence exists to establish a serious lack of control and for this Court to order dismissal.

IV. CONCLUSION

Based on the foregoing facts and authority, Mr. Anderson asks this Court to order dismissal.

Dated this 27th day of January 2014.

Respectfully submitted,

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CERTIFICATE OF SERVICE

I Marie Trombley, attorney for Jerrod D. Stoudmire, do hereby certify under penalty of perjury under the laws of the United States and the State of Washington, that on January 27, 2014, a true and correct copy of the brief of appellant was mailed by USPS first class, postage prepaid to:

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