NO. 92724-3

SUPREME COURT OF THE STATE OF WASHINGTON

In re the Detention of:

RICHARD HATFIELD,

Petitioner.

ANSWER TO PETITION FOR REVIEW

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I. INTRODUCTION

This case involves an appeal from an order of the trial court determining that Richard Hatfield, now deceased, is a sexually violent predator. Hatfield, who had a long history of sexual offenses against children, became psychotic shortly before his commitment trial. On appeal, he argued that, because his psychosis rendered him unable to benefit from treatment at the Special Commitment Center, he had no realistic opportunity to improve his condition and eventually obtain release. As such, he argued, his commitment violated substantive due process.

Hatfield's case does not merit review. First, because he is deceased and no substitution of parties has been made, his case is moot, and does not present issues of general public interest such that it survives his death. Second, it is well established that the treatment and the conditions of his confinement available to Hatfield after commitment are not relevant to the question of whether he did or did not meet criteria for commitment at the time of trial. Nor does the constitutionality of his commitment depend upon whether he could have been successfully treated or cured. Hatfield's Petition for Review should be dismissed as moot or, in the alternative, denied.

II. ISSUES PRESENTED FOR REVIEW

The State does not believe that Hatfield has raised any issues that are appropriate for review pursuant to RAP 13.4(b). However, if this Court were to accept review, the issue presented would be:

Can Hatfield, within the context of a sexually violent predator proceeding, challenge the specific conditions of his pre-trial detention or treatment at the Special Commitment Center in an attempt to invalidate his commitment as a sexually violent predator?

III. STATEMENT OF THE CASE

The deceased, Richard Hatfield, was a repeat sex offender with a long history of sexual offenses against children age 13 and under. He reported having had over 100 victims (VRP at 175) and was convicted of two sexually violent offenses as that term is defined in RCW 71.09.020(17). In 1992, he was convicted of Attempted Lewd and Lascivious Conduct With A Minor Under 14 in Fresno County, California. CP at 158. This crime is the equivalent of Washington's Attempted Child Molestation Second Degree, a sexually violent offense pursuant to RCW 71.09.020(17). CP at 158. In that incident, he encountered a group of boys in a residential neighborhood. VRP at 180. He isolated one of the boys, 13, by offering to take him to play pinball. *Id.* Once alone with the boy, he pushed him to the ground, attempted to grab the boy's testicles and unzip his pants, and stated that he was going to fellate the boy "whether you like it or not." *Id.*

Six years later, in 1998, he was convicted of his second sexually violent offense, based on a sexual assault of a boy in Clark County, Washington. CP at 158. In that incident, Hatfield started a conversation with a group of young boys about the size of their penises, taunting them that they "don't have anything yet." VRP at 196. He rubbed his hand back and forth over the genitals of one of the

boys, who was 10. *Id.* In addition, he gave the boys candy and paid one of them $2.00 to try to get an erection. *Id.* This incident was reported to the police, and Hatfield was convicted of Child Molestation First Degree. CP at 158.

In addition to his criminal history, Hatfield has an extensive psychiatric history, having presented, historically, with manic and hypomanic symptoms, depressive episodes, depression, various forms of anxiety and social phobia. VRP at 541.

In February of 2012, shortly before Hatfield was scheduled to be released following the 1998 conviction for Child Molestation, the State filed a petition in Clark County Superior Court asserting that he was a sexually violent predator pursuant to RCW 71.09. CP at 1. Hatfield was taken into custody and was continuously confined pursuant to RCW 71.09 until his death in February of this year.

On October 10, 2013, the parties appeared before the trial court indicating that, since the initiation of the sex predator action, concerns had developed regarding Hatfield's competency. Supplemental VRP ("Supp. VRP") at 828-854. Following the conclusion of a hearing at which the testimony of experts for the State and for Hatfield was considered, the trial court signed an order appointing a GAL for Hatfield. *Id.* at 874; CP at 176.

Trial began on April 7, 2013. The State presented only one witness, Dr. Henry Richards. Dr. Richards is a clinical psychologist who served as superintendent of the Special Commitment Center ("SCC") from 2004 until

2008. VRP at 128, 130. Dr. Richards assigned Hatfield a primary, or "central," diagnosis of Pedophilia, or pedophilic disorder (VRP at 145-146, 223) and described Hatfield's roughly 20-year history of sexual contacts and attempted sexual contacts with young (11-13 years old) males. *Id.* at 173-206. In addition, he assigned diagnoses of psychotic disorder, cyclothymic disorder,[1] bipolar disorder II, avoidant personality disorder, other specified personality disorder with mixed antisocial and passive-aggressive negativistic traits, alcohol dependence in a controlled environment, rapid eye movement sleep behavior disorder, attention deficit hyperactivity disorder, and generalized anxiety disorder. *Id.* at 157-66. Dr. Richards testified that each of these various conditions contributed to the Hatfield's mental abnormality to some extent, and that these disorders "predispose Mr. Hatfield to the commission of sexual acts in a degree constituting Mr. Hatfield a menace to the health and safety of others." *Id.* at 224. After considering a variety of factors, Dr. Richards concluded that Hatfield was likely to engage in predatory acts of sexual violence if not confined. *Id.* at 294.

The trial court also heard testimony from Hatfield's two experts, Dr. Fabian Selah, M.D. (VRP at 531-650) and Dr. Brian Abbott, Ph.D. VRP at 651-755. After the conclusion of testimony, the trial court entered Findings of

[1] Dr. Richards explained that cyclothymic disorder is "a dysregulation of mood that is pretty much background, ongoing, rapid changes in mood, extreme depression, highs and lows that are disruptive to the individual." VRP at 158.

Fact, Conclusions of Law, and an Order committing Hatfield to the custody of DSHS as a sexually violent predator. CP at 154-59. Hatfield timely appealed.

Hatfield raised two issues on appeal, only one of which is raised in this Petition. First, he argued that his GAL's absence from his trial, after having waived Hatfield's presence at trial, violated the GAL statute and deprived him of a fair trial.[2] Second, he argued that his commitment violated his right to due process because, due to his psychosis, it did not provide him with a realistic opportunity for improvement. The Court of Appeals rejected both arguments and affirmed. *In the Matter of the Detention of Richard Hatfield*, 191 Wn. App. 378, 362 P.3d 997(2015). Devoting roughly one page of its 26-page decision to the issue of the conditions of Hatfield's confinement and his treatment, the court summarily disposed of this argument, noting that "the combined force of the *Turay*[3] and *McClatchey*[4] decisions forecloses Hatfield's present claim." *Id.* 191 Wn. App. at 404.. Hatfield timely sought review. On February 24, the parties were informed that Hatfield had been declared brain dead and had been taken off life support and died some time thereafter.

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[2] The State will not further discuss the Court of Appeals' decision regarding Hatfield's GAL in that he did not raise this issue in his Petition.

[3] *In re Detention of Turay,* 139 Wn.2d 379, 404, 986 P.2d 790 (1999).

[4] *In re Detention McClatchey,* 133 Wn.2d 1, 5, 940 P.2d 646 (1997)

IV. ARGUMENT

A. There Is No Petitioner Currently Before This Court

Richard Hatfield is deceased and there has been no substitution of parties as required by RAP 3.2.[5] As such, there is no party currently before this Court in this case. As previously argued,[6] in light of Hatfield's death, this case is now moot and should be dismissed as such. In the event that it is not dismissed as moot, Hatfield's Petition should be denied as the issue raised is foreclosed by well-established precedent of this Court.

B. Issues Relating To The Conditions Of Hatfield's Confinement Are Beyond The Scope Of A Sex Predator Trial, and Hatfield Cannot Invalidate His Commitment Based On Conditions Of Confinement

In his Petition, Hatfield argued that, because he was psychotic prior to trial, he could not possibly benefit from sex-offender-specific treatment, and as such, his commitment as a sexually violent predator was unconstitutional. Pet. at 1. The State does not concede that the treatment that was or would have been offered to Hatfield upon commitment is in any way inadequate. In any case, the treatment available to Hatfield and the conditions of his confinement after commitment was not relevant to the question of whether he did or did not meet criteria for commitment at the time of trial. Nor does the constitutionality

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[5] Pursuant to RAP 3.2(b), "A party with knowledge of the death...of a party to review...shall promptly move for substitution of parties..."

[6] *See* State's Reply to Petitioner's Answer To State's Motion to Dismiss Hatfield's Petition As Moot, filed March 17, 2016.

of his commitment depend upon whether he could have been successfully treated or cured once committed. Hatfield's constitutional challenge fails.

The sex predator statute has repeatedly been found to comport with substantive due process. *In re the Personal Restraint of Andre Young*, 122 Wn.2d 1, 25-42, 857 P.2d 989 (1993); *Kansas v. Hendricks*, 521 U.S. 346, 358 117 S. Ct. 2072, 138 L. Ed. 2d 501 (1997); *In re the Detention of Thorell,* 149 Wn.2d 724, 742, 72 P.3d 708 (2003); *In re McCuistion,* 174 Wn.2d 369, 384, 275 P.3d 1092 (2012). Hatfield does not address these cases, but attempts to argue that alleged conditions of his pre-commitment confinement invalidate his commitment. It is, however, well established that inadequate conditions of confinement cannot invalidate an otherwise lawful commitment order.

This Court has determined that attempts to invalidate commitment by arguing that conditions of confinement at the SCC are inadequate "demonstrate a fundamental misunderstanding of the purpose of an SVP commitment proceeding." *In re Turay,* 139 Wn.2d at 404. There, Turay had attempted to introduce evidence of the conditions of confinement at the SCC as well as the verdict in his federal litigation relating to those conditions at trial.[7] *Id.*

[7] Turay filed a lawsuit in the United States District Court for the Western District of Washington against several officials at the SCC. In this suit, which he maintained under 42 U.S.C. § 1983, Turay alleged that the conditions of his confinement at the SCC were unconstitutional and thus violated his civil rights under the United States Constitution. A federal court jury found that the officials at the SCC had violated Turay's constitutional right to access to adequate mental health treatment and awarded him $100.00 in compensatory damages. Following receipt of the verdict, the United States District Court placed the SCC under an injunction "narrowly tailored to remedy this constitutional violation." *Turay,* 139 Wn.2d at 386. The injunction was dismissed in 2007, the federal court concluding that DSHS

Upholding the trial court's decision to exclude such testimony, This Court, citing RCW 71.09.060(1), stated that "[t]he trier of fact's role in an SVP commitment proceeding, as the trial judge correctly noted, is to determine whether the defendant constitutes an SVP; *it is not* to evaluate the potential conditions of confinement." (Emphasis in original).[8] "The particular DSHS facility to which a defendant will be committed," the court continued, "should have no bearing on whether that person falls within [the] definition of an SVP." *Id.* Moreover, the court noted, a person committed under RCW 71.09 "may not challenge the actual conditions of their confinement, or the quality of the treatment at the DSHS facility until they have been found to be an SVP and committed under the provisions of RCW 71.09." *Id.,* citing *In re Detention McClatchey,* 133 Wn.2d at 5.[9]

Nor does Hatfield's citation to *Detention of D.W. v. DSHS*, 181 Wn.2d 201, 332 P.3d 423 (2015) change this result. Pet. at 6,8,10. *D.W.* arose within the context of Pierce County's practice of temporarily placing persons detained pursuant to RCW 71.05 in facilities that were not certified evaluation and

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had "worked long and hard to meet the constitutional requirements identified by this Court, and there is no longer any basis or the Court's continued oversight." http://seattletimes.nwsource.com/ABPub/2007/03/26/2003637061.pdf

[8] RCW 71.09.060(1) provides, in pertinent part, "[t]he court or jury shall determine whether, beyond a reasonable doubt, the person is a sexually violent predator.... If the court or jury determines that the person is a sexually violent predator, the person shall be committed to the custody of the department of social and health services [DSHS] for placement in a secure facility operated by the department of social and health services for control, care and treatment...."

[9] This holding, "applies with equal force" where it is the State, rather than the respondent, who seeks to introduce testimony relating to the conditions of confinement. *In re Detention of Post*, 170 Wn.2d 302, 311, 241 P.3d 1234 (2010).

treatment facilities. 181 Wn.2d at 206. While the *D.W.* Court reviewed constitutional principles relating to detention and treatment of the mentally ill and noted that the Involuntary Treatment Act "embraces these principles," the case was decided on the basis of statutory and regulatory language specific to RCW 71.05. *Id.* at 210. The case has nothing to do with RCW 71.09 or the Special Commitment Center, and does not affect the analysis in this case. *Id.*, 181 Wn.2d at 206.

Moreover, the United States Supreme Court has rejected the idea that civil commitment is constitutional only for those for whom treatment is available. In *Hendricks,* the Court considered the constitutionality of a SVP scheme modeled on and almost identical to that of Washington State. There, Hendricks argued that Kansas' SVP Act "is necessarily punitive because it fails to offer any legitimate 'treatment.'" *Id.* 521 U.S. at 365. "Without such treatment," Hendricks alleged, "confinement under the Act amounts to little more than disguised punishment." *Id.* This argument is virtually identical to that made by Hatfield, who claims that, because "there is no available effective treatment at the SCC," his commitment to the SCC "is nothing more than an indefinite confinement without a realistic opportunity for Hatfield's condition to improve." App. Br. at 38. The *Hendricks* Court soundly rejected this argument, noting that, while it had "upheld state civil commitment statutes that aim both to incapacitate and to treat, we have never held that the Constitution

prevents a State from civilly detaining those for whom no treatment is available, but who nevertheless pose a danger to others." 521 U.S. at 365.

> A State could hardly be seen as furthering a "punitive" purpose by involuntarily confining persons afflicted with an untreatable, highly contagious disease. Similarly, it would be of little value to require treatment as a precondition for civil confinement of the dangerously insane when no acceptable treatment existed. To conclude otherwise would obligate a State to release certain confined individuals who were both mentally ill and dangerous simply because they could not be successfully treated for their afflictions.

Id. (internal citations to authority omitted). *See also In re Morgan,* 180 Wn.2d 312, 323, 330 P.3d 774 (2014)(holding that due process does not prohibit the commitment of incompetent persons, or require that they be held under the general civil commitment law, RCW 71.05, until competency is restored.)

This does not mean that Hatfield is without an avenue for relief. As noted by the *Turay* Court, the remedy for unconstitutional conditions of confinement at the SCC is an injunction action and/or an award of damages. 139 Wn.2d at 420. *See also Young v. Seling*, 531 U.S. 250, 266, 148 L.Ed.2d 734, 121 S.Ct. 727 (2001) (outlining potential remedies for "the alleged conditions and treatment regime at the Center.") The remedy, however, is not reversal or dismissal of the SVP petition. *Id.*

C. The Trial Court's Order Committing Hatfield Was Not "Contingent" Upon Remission Of His Psychosis

Hatfield argued that his "qualifying mental abnormality" was "conditional and contingent," and dependent upon successful treatment for his psychosis. Pet. at 10-11. He further argued that this "unique circumstance" distinguishes his case from that of *Turay* and gave rise to a due process claim. *Id.* There are two problems with this argument: First, it is not supported by the evidence or by the Findings and Conclusions entered by the trial court, to which he does not assign error. Second, despite his efforts to characterize his as a constitutional challenge, it is, at its core, an argument about the sufficiency of the evidence.

Hatfield argued that the existence of a "qualifying mental abnormality"—and hence his commitment—was "contingent" upon successful treatment because it would not "surface" until he was successfully treated. Pet. at 10-11. In other words, in his pre-trial, decompensated state, he could not be said to meet criteria for commitment, and suggested that the trial court's Order reflected this understanding. There was, however, nothing remotely "contingent" about the trial court's findings, which were clear and unambiguous. The trial court found that Hatfield's "mental abnormality ***is current***, although the symptoms of the mental abnormality ***may*** be being masked ***in some manner*** by Respondent's psychotic symptoms." CP at 156, Finding of Fact No. 10 (emphasis added). "There was no evidence presented," the trial court continued, "that the presence of psychosis wipes out an

individual's sexual proclivities." CP at 157, Finding of Fact No. 13. "The totality of the evidence, both substantive and expert, supports the conclusion that the Respondent ***is*** more likely than not to commit a predatory act of sexual violence if not confined in a secure facility." *Id.,* Finding of Fact. No. 14 (emphasis added).

The trial court's Conclusions of Law were equally clear:

> 5. Beyond a reasonable doubt, Respondent ***has*** a mental abnormality as defined by RCW 71.09.020(8).
>
> 6. Beyond a reasonable doubt, Respondent ***currently suffers*** from that mental abnormality.
>
> 7. Beyond a reasonable doubt, Respondent's mental abnormality ***causes*** him serious difficulty controlling his sexually violent behavior.
>
> 8. Beyond a reasonable doubt, Respondent ***is likely*** to engage in predatory acts of sexual violence unless he is confined in a secure facility.
>
> 9. The State has proven, beyond a reasonable doubt, that Respondent ***is a sexually violent predator*** as that term is defined in RCW 71.09.020(18)

CP at 158 (emphases added).

There is nothing "contingent" about any of these Findings or Conclusions, and there was nothing in the trial court's order that supports Hatfield's claim that "the mental abnormality that ***would*** qualify Hatfield for commitment ***will not surface*** until Hatfield obtains effective treatment for his psychotic condition." Pet. at 10 (emphasis added). Moreover, while certain of the language in the trial court's order is perhaps inartful, Hatfield's central

argument is nonsensical. Had the trial court in fact believed that commitment could only be imposed upon remission of his psychosis through treatment that had not yet happened, it would not have entered an order commiting him.

Hatfield's argument is essentially that there is insufficient evidence to show that, in his decompensated state, he could be said to meet criteria for commitment. Although he couches his challenge in the language of due process, this is not a constitutional issue; it is an issue of evidentiary sufficiency that does not merit review.

D. The Record Does Not Support Hatfield's Claims That His Treatment At The SCC Was Inadequate

Even if this Court were to consider Hatfield's argument regarding the adequacy of his treatment at the SCC, this argument fails, in that his assertions regarding the unavailability of appropriate treatment at the SCC are based on a mischaracterization of the record. Hatfield asserts that the State's expert, Dr. Henry Richards, "conceded the SCC could not provide the medical treatment [Dr. Saleh] deemed necessary. RP 295." Pet. at 8. First, the fact that Hatfield was able to find an expert who believed that he should receive different care than that with which he was provided demonstrates only that there could be a difference of opinion regarding the care Hatfield required. Nor is Hatfield's assertion regarding Dr. Richards' "concession" supported by the record. Dr. Richards was asked whether Western State Hospital "is a better place for Mr. Hatfield's current condition than the SCC." VRP at 130. Dr. Richards has had

considerable experience dealing with psychotic persons: After completing his Ph.D in 1987, Dr. Richards worked as an intern and fellow on the special treatment unit St. Elizabeth's John Howard Pavilion, a forensic facility for Secret Service cases, including persons who made threats against the President of the United States, such as John Hinckley. *Id.* at 122. While there, he worked on the special treatment unit, which provides intensive treatment for "severely psychotic" offenders, providing him with an "unusual exposure to psychotic, dangerous people." *Id.* at 122-23. In addition, he worked at Western State Hospital for two separate periods of time and as superintendent of the SCC for four years. *Id.* at 130. While at the SCC, he was responsible for "everything," including staffing, policies, and procedures of the institution. *Id.* at 129.

Responding to the question as to whether Western State Hospital would be a "better place" for Hatfield, Dr. Richards responded that "it is not a better place if the issue is treatment...." *Id.* at 295. Dr. Richards stated that he was not aware of any medical treatments that Hatfield's condition required "that couldn't be met at the SCC but could be met at Western State Hospital" and that, although there are certain "unusual interventions" that are available at Western State Hospital that are not available at the SCC, "it hasn't been determined that [Hatfield] would be in need of them[.]" *Id.* This testimony does not even vaguely resemble Hatfield's characterization of the testimony at trial.

Moreover, while Dr. Saleh believed that medical testing to determine possible physiological bases for Hatfield's psychosis was required, Dr.

Richards testified that he would refer the psychotic person to a psychiatrist "and have them make that decision." VRP at 312. Hatfield, while at the SCC, was under the care of a psychiatrist at the SCC and was being treated with several anti-psychotic medications. *Id.* at 597-98. A difference of opinion between experts regarding the need for additional medical consultation does not render care at the SCC inadequate.

Hatfield also asserted repeatedly that he was "locked in a cell 23 hours per day, stripped naked, and forcibly medicated with a medication that has already proven ineffective at improving his condition. RP 577-78, 682." Pet. at 9. *See also* Pet. at 1. While it appears that it was at times necessary, due to psychotic episodes, to confine Hatfield and remove clothing that he might use to harm himself or to flood his room, Hatfield's inflammatory statement is not supported by the evidence presented at trial. Due to his psychotic condition, the SCC at times placed Hatfield in the Intensive Management Unit. The Intensive Management Unit, or "IMU," is a "seclusion area" for people presenting with "behavioral issues." VRP at 554. While there, staff checks the resident every 15 minutes and enters that information in a log. *Id.* at 555. Although it is unclear precisely how much time Hatfield was confined in the IMU, there was no evidence that this was done on anything other than an "as needed" basis. One of his experts, Dr. Abbott, testified that he was placed there for roughly 65 days over a nine-month period of time—that is, for roughly seven days each month, or fewer than 2 days each week. *Id.* at 682.

Hatfield's allegations regarding being "stripped naked" are also misleading. Dr. Abbott testified that, before a resident is placed in the IMU, the resident's clothing is sometimes removed because "there is concern about how they might hurt themselves or use their clothing to hurt themselves." VRP at 741. The resident's normal clothing having been removed, the resident is then given other clothing "where they can't do anything to harm themselves." VRP at 741. In Hatfield's case, on one occasion, Hatfield's clothing having been removed, he "stuffed the toilet" with the substitute clothing he was given, which then was removed as well. VRP at 742.

Likewise, Hatfield's allegation that he was being treated with drugs with "potentially lethal side effects RP 550[,]" is misleading. Pet. at 9. The drug referred to here is Seroquel, and there is nothing in the record suggesting that the use of Seroquel to treat actively psychotic persons is controversial: When questioned, Hatfield's expert, Dr. Saleh, identified Seroquel as an example of an antipsychotic medication that would be administered to a patient presenting with active symptoms of psychosis. VRP at 548. While trial counsel for Hatfield elicited from Dr. Saleh a list of frightening and dramatic "possible adverse effects" of Seroquel, including "fever, rigidity, confusion, disorientation," and "death," there was no testimony suggesting that Hatfield ever suffered any adverse effects from its administration to him. Indeed, upon objection by the State that there had been no testimony that Hatfield had actually ever suffered any of these side effects, Hatfield's counsel responded that her questioning relating to the drug's

potential effects was intended only to elicit testimony to the effect that the drugs being administered Hatfield affected his sexual functioning. *Id.* at 551.[10] The testimony which Hatfield now seeks to rely upon as proof of his inadequate treatment at the SCC was never introduced for that purpose, and cannot be considered as evidence thereof at this juncture.

V. CONCLUSION

In his brief before the Court of Appeals, Hatfield proposed that the court "reverse the trial court and remand for proceedings that adequately address Hatfield's mental health condition." Brief of Appellant at 40.[11] Hatfield is deceased, and this Court can no longer order the remedy he proposed. No party has been substituted to pursue this appeal, nor has any determination of continuing indigency been made. Hatfield's arguments were factually tied to the particulars of his case and of his personal medical condition. There is no realistic possibility that those claims would result in holdings of sufficient importance to justify continuing expenditure of public funds on this appeal. As argued under separate cover, this case should be dismissed as moot.

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[10] " Ms. Sanders: So, the side effects that I will ultimately be tying into is that there is—there is—I believe the expert will testify that there is [sic] some side effects to do with sexual functioning, which I think is directly relative [sic] to this case." VRP at 551.

[11] That request for relief has changed somewhat with his current Petition, in which he now asks the Court to "grant review ...and consider the merits of Hatfield's substantive due process claim."

Even if this case is considered on its merits, review should be denied. The sole issue Hatfield raised on appeal is governed by well- settled law and presents no basis for review. For the aforementioned reasons, this Court should affirm the trial court's order committing Hatfield as a sexually violent predator.

RESPECTFULLY SUBMITTED this 24th day of March, 2016.

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NO. 92724-3

WASHINGTON STATE SUPREME COURT

In re the Detention of: RICHARD HATFIELD, Appellant.	DECLARATION OF SERVICE

I, Allison martin, declare as follows:

On March 24, 2016, I served via electronic mail a true and correct copy of Answer to Petition For Review and Declaration of Service, addressed as follows:

Kevin March
sloanej@nwattorney.net, marchk@nwattorney.net

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this 24 day of March, 2016, at Seattle, Washington.

Allison Martin
ALLISON MARTIN

OFFICE RECEPTIONIST, CLERK

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Subject: In re Hatfield, 92724-3

Good Afternoon,

Attached for filing, please find Answer to Petition for Review and Declaration of Service.

Filed on Behalf of:

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