

NO. 33332-5-II

**COURT OF APPEALS, DIVISION II
OF THE STATE OF WASHINGTON**

HUBERT CARL RANSLEBEN,

Appellant,

v.

STATE OF WASHINGTON,

Respondent.

RESPONDENT'S BRIEF

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I. ISSUES PRESENTED

- A. **Did the trial court err in civilly committing Ransleben as a sexually violent predator because, while Ransleben meets the criteria for commitment as a sexually violent predator, he also suffers from a mental disorder that does not predispose him to commit predatory acts of sexual violence?**
- B. **Was Ransleben denied effective assistance of counsel in his civil commitment proceeding because he is incompetent?**

II. STATEMENT OF THE CASE

A. Procedural History.

The Respondent, State of Washington, initiated this action on March 1, 2001, by filing a petition seeking the involuntary civil commitment of Hubert Ransleben (Ransleben) as a sexually violent predator (SVP) pursuant to RCW 71.09, Washington's Sexually Violent Predator Act. CP at 1-2. On August 28, 2002, the trial court found Ransleben to be incapacitated and appointed John O'Melveny as his guardian ad litem (GAL). CP at 74-77. Mr. O'Melveny served as Ransleben's GAL throughout the proceedings below. CP at 236.

On September 27, 2004, the parties stipulated to a bench trial on the written record. CP at 186-88. The trial court admitted 15 exhibits, including certified copies of Ransleben's criminal conviction records and an RCW 71.09 evaluation by Dr. Charles Lund. *Id.*

On January 31, 2005, the trial court issued a written “Decision of the Court.” CP at 223-29. The court granted the State’s Petition and directed the State to prepare findings, conclusions and an order. CP at 29. On May 4, 2005, the trial court entered the State’s proposed Findings of Fact, Conclusions of Law and Order of Commitment. CP at 233-36.

B. Ransleben’s Sexual Criminal History.

On January 24, 1990, Ransleben was convicted of Communication With a Minor For Immoral Purposes. Exhibit (Ex.) 4,¹ CP at _____ (attached as Appendix 1). Later that year, on November 30th, he was convicted of Child Molestation in the Second Degree. Ex. 7, CP at _____ (attached as Appendix 2). One year later, on November 22, 1991, he was charged with Assault, in that he “did intentionally commit a non-consensual touching, caressing, or fondling of the genitals or female breasts, whether or not covered or clothed, of another[.]” Ex. 10, CP at ____ (attached as Appendix 3). He was convicted of Criminal Assault on January 8, 1992. Ex. 12, CP at _____ (attached as Appendix 4). Lastly, on August 3, 1993, Ransleben was convicted of Child Molestation in the First Degree. Ex. 15, CP at _____ (attached as Appendix 5).

¹ A Supplemental Designation of Clerk’s Papers requesting exhibits 2, 4, 7, 10, 12, and 15, was mailed on this date, May 22, 2006. Copies of the designated exhibits are included herein as Appendices 1-6.

C. Dr. Lund's Forensic Psychological Evaluation of Ransleben.

Dr. Charles A. Lund evaluated Ransleben, pursuant to RCW 71.09.040, to determine whether, in his opinion, Ransleben met the criteria for civil commitment under RCW 71.09. Ex. 2, CP at ___ (attached as Appendix 6). Dr. Lund reviewed approximately 1800 pages of documents. App. 6 at 1. He interviewed and tested Ransleben over a period of five hours, and interviewed Ransleben's forensic therapist. App. 6 at 3. Dr. Lund ultimately concluded that Ransleben meets the criteria for civil commitment under RCW 71.09.

1. Ransleben's mental disorders.

After considering all of the available information, Dr. Lund offered the following diagnostic impression of Ransleben:

- Axis I: 302.2 Pedophilia, Sexually attracted to males and females, Non-exclusive type
- 293.9 Mental Disorder Not Otherwise Specified Due to Head Trauma and Seizure Disorder
- 303.9 Alcohol Dependence, in remission in a controlled environment
- 305.60 Cocaine Abuse, in remission in a controlled environment
- 305.20 Marijuana Abuse, remission in a controlled environment

- Axis II: V62.89- Borderline Intellectual Functioning to 317.00 Mild Mental Retardation

App. 6 at 28.

Dr. Lund explained that Pedophilia, by definition, “includes fantasies, urges, and overt behaviors involving deviant interests[.]” *Id.* For Ransleben, the diagnosis is “based on his lengthy history of involvement in sexual contact with children of both sexes.” *Id.* Ransleben’s Pedophilia, therefore, “predisposes him to commit predatory acts of sexual violence against children of both sexes, although the more likely targets would appear to be females.” *Id.* at 33.

Dr. Lund reported that Ransleben’s Mental Disorder Not Otherwise Specified, due to Head Trauma and Seizure Disorder, does not predispose him to commit predatory acts of sexual violence. *Id.* at 29. Nevertheless, it “limits his problem solving abilities, flexibility, understanding, and abilities to engage in meeting in a functional sense the demands of daily living.” *Id.* It also:

...most likely influences extremely distorted perceptions he has about experiences and contributes to the paranoid flavor of many of his perceptions about peers, mental health service providers, treatment staff, and agents of the court. The disorder would appear to contribute in part to the intractability of his pattern of antisocial behavior and his difficulty profiting from experience of exposure to natural consequences and see his own behavior as a primary contributing factor in these experiences.

Id. Ultimately, Dr. Lund concluded, Ransleben’s organic deficits “interfere with appreciating the role of his own behavior in criminal

justice intervention and learning new skills to prevent the reoccurrence of the same behavior.” *Id.* at 31.

Ransleben’s substance abuse diagnoses, while not predisposing him to commit predatory crimes of sexual violence, “would be viewed as risk factors for the occurrence of sexual violence, given that he has the mental abnormality Pedophilia[.]” *Id.* at 29. Therefore, they “would relate to engaging in a variety of other forms of dysfunctional behavior which could precede involvement in a sexual offense[.]” *Id.*

Ransleben’s Borderline Intellectual Functioning to Mild Mental Retardation diagnosis relates to his learning and cognitive deficits. *Id.* at 30. While it does not directly predispose him to commit predatory acts of sexual violence, it is, like his other conditions, an extremely complicating factor. It affects his:

...problem solving abilities, reasoning, judgment, memory functioning, and impulse control. It also affects abilities with respect to life management, the ability to profit from experience, and partially accounts for his difficulties accessing treatment and services in a wide range of settings and service delivery systems.

Id.

2. Ransleben’s recidivism risk.

To assess Ransleben’s recidivism risk, Dr. Lund utilized multiple methodologies: (1) he utilized clinical risk assessment, based upon

research-derived and/or clinically significant risk factors; (2) he considered studies of the long-term recidivism rates for child molesters who offend outside of their families; and (3) he relied upon actuarial risk assessment. *Id.* at 30.

Dr. Lund found at least 11 empirical risk factors that appeared to be “clinically meaningful and relevant.” *Id.* at 31. These include factors such as: having victims of both sexes; having organically-based cognitive deficits; and denial of risk. *Id.* Based upon those 11 factors alone, Dr. Lund concluded that “Mr. Ransleben would be at extremely high risk to reoffend.” *Id.*

The long-term recidivism studies, on which Dr. Lund relied, show that those who offend against non-familial victims – as does Ransleben – have higher recidivism rates. *Id.* Rates are also higher for those who are repeat offenders, like Ransleben. *Id.* at 32. Furthermore, the results of the studies must be considered underestimates because they do not take into account undetected sexual offenses. *Id.* at 31-32.

Finally, Dr. Lund relied upon actuarial risk assessment, utilizing three different instruments. *Id.* at 32. Ransleben’s results on each instrument were similar, in that he fell within the high risk group on each. *Id.* Percentile-wise on each instrument, he was scored at the 88th, 92nd,

and 93rd percentiles. *Id.* Each of these results is associated with a high recidivism risk. *Id.*

Regarding protective factors that may lower risk, Dr. Lund noted:

There does not seem to be a compelling argument that could be made to support the conclusion that he has a realistic strategy that he can implement to manage dynamic risk in the community. His history of failure to distance himself from children, poor adjustment in the context of past parole and probation supervision, denial of risk and victim access, combined with problems of poor judgment, limited impulse control, risk of reinvolvement with alcohol and drugs, and deficits in interpersonal functioning would suggest that there is little basis for adjusting risk assessments downward from the levels based on static or historical factors alone.

Id. at 32-33. Ultimately, Dr. Lund concluded, “. . . his risk of sexual violence towards [children] is extremely high, indicating he is likely to commit predatory acts of sexual violence, unless he is confined in a secure facility.” *Id.* at 33.

III. ARGUMENT

A. Ransleben is eligible for civil commitment under RCW 71.09.

Ransleben concedes that, to the extent he has been diagnosed with Pedophilia, he meets the definition of an SVP. Opening Brief of Appellant at 6. He nevertheless argues that he cannot be civilly committed as an SVP because his additional diagnosis of Mental Disorder Not Otherwise Specified, due to Head Trauma and Seizure Disorder, is an

illness that can only be addressed through the mental health commitment process of RCW 71.05. Ransleben's risk to the community, however, cannot be safely managed through an RCW 71.05 commitment. Ransleben meets the criteria for civil commitment as a sexually violent predator and was properly confined to a secure setting where he cannot harm another child.

Through RCW 71.09, the Legislature sought to provide an alternative to the traditional mental health commitment process for those who, like Ransleben, persistently engage in predatory sexual violence, due to a mental abnormality:

The legislature finds that a small but extremely dangerous group of sexually violent predators exist who do not have a mental disease or defect that renders them appropriate for the existing involuntary treatment act, chapter 71.05 RCW, which is intended to be a short-term civil commitment system that is primarily designed to provide short-term treatment to individuals with serious mental disorders and then return them to the community. In contrast to persons appropriate for civil commitment under chapter 71.05 RCW, sexually violent predators generally have personality disorders and/or mental abnormalities which are unamenable to existing mental illness treatment modalities and those conditions render them likely to engage in sexually violent behavior. The legislature further finds that sex offenders' likelihood of engaging in repeat acts of predatory sexual violence is high. The existing involuntary commitment act, chapter 71.05 RCW, is inadequate to address the risk to reoffend because during confinement these offenders do not have access to potential victims and therefore they will not engage in an overt act during confinement as required by the involuntary treatment act

for continued confinement. The legislature further finds that the prognosis for curing sexually violent offenders is poor, the treatment needs of this population are very long term, and the treatment modalities for this population are very different than the traditional treatment modalities for people appropriate for commitment under the involuntary treatment act.

RCW 71.09.010.

Ransleben suffers from Pedophilia. It is his Pedophilia that predisposes him to commit predatory acts of sexual violence against children of both sexes. App. 6 at 28. This is one of the disorders that the Legislature had in mind when adopting RCW 71.09, because a short-term commitment under RCW 71.05 cannot begin to address Ransleben's long-term risk and needs.

Ransleben's diagnosis of Mental Disorder Not Otherwise Specified, due to Head Trauma and Seizure Disorder, does *not* predispose him to commit predatory acts of sexual violence. App. 6 at 29. It contributes to his recidivism risk, however, by preventing him from realizing the deviance of his behavior and from learning new skills to prevent himself from reoffending. *Id.* at 31. Ransleben's argument that he should be committed under RCW 71.05 because of this disorder ignores the fact that it is his Pedophilia that causes him to molest children.

Ransleben relies on a case where a person diagnosed with Pedophilia challenged his commitment under RCW 71.05, arguing that he

should have been committed under RCW 71.09. *Detention of Pugh*, 68 Wn. App. 687, 845 P.2d 1034 (1993). *Pugh* is distinguishable. Mr. Pugh was initially confined under RCW 71.05 prior to the enactment of RCW 71.09. 68 Wn. App. at 689-90; Laws of 1990, ch. 3, § 1001 *et seq.* He was released after RCW 71.09 took effect, but before the *Pugh* decision was published. 68 Wn. App. at 690. The *Pugh* decision is a very early, limited holding that there was no error in an RCW 71.05 commitment: “[t]hus, the commissioner did not err in committing Pugh under RCW 71.05, as he suffers from mental disorders.” *Id.* at 693. *Pugh* does not stand for the proposition that someone with Ransleben’s diagnoses cannot or should not be committed under RCW 71.09.

Conversely, it is evident that Ransleben cannot be safely committed under RCW 71.05. He meets the criteria for civil commitment under RCW 71.09. In such cases the Legislature has determined that a traditional mental health facility such as Western State Hospital is not sufficiently secure:

. . . The Department shall not place the person, even temporarily, in a facility on the grounds of any state mental facility or regional habilitation center because these institutions are insufficiently secure for this population.

RCW 71.09.060(3).

The record in this case supports the Legislature's decision. Doctors employed by Western State Hospital (WSH) provided declarations to the trial court about the inability of WSH to protect the public from sexual predators. CP at 206-11. Ira S. Klein, M.D., WSH's Medical Director, informed the court that WSH does not admit those who meet the criteria of RCW 71.09. CP at 206. He noted multiple concerns with placing Ransleben at WSH. Admission of Ransleben would violate mental health system protocols. CP at 207. "Historically WSH has had difficulty managing patients in this environment when one patient's pedophilia[c] tendencies are exposed to another patient who behaves and looks 'child-like'." CP at 208. All WSH patients have the opportunity to earn grounds privileges. *Id.* Those without grounds privileges still walk the grounds accompanied by staff. *Id.* Patients have sometimes escaped during escorted trips across the grounds. *Id.* Even some of those with the least amount of privileges have escaped. *Id.* WSH is adjacent to the Child Study and Treatment Center and Firwood High School; children frequently walk on the WSH grounds. *Id.*

Ransleben can be committed as a sexually violent predator because he meets the criteria of RCW 71.09. While he also suffers from mental disorders that do not predispose him to commit predatory acts of sexual violence, these disorders heighten his risk of offending against children in

the future. No traditional mental health facility can sufficiently protect the public from him, and this Court should affirm his commitment.

B. Civilly Committing An Incompetent Person Under RCW 71.09 Does Not Create An Ineffective Assistance Of Counsel Issue

Ransleben has raised an issue of first impression in Washington: Does civilly committing an incompetent person raise an ineffective assistance of counsel issue? The other known Washington case involving similar facts addressed only the issue of whether an incompetent respondent could be tried on a criminal charge in an RCW 71.09 trial. *In re Detention of Greenwood*, 130 Wn. App. 277, 122 P.3d 747 (2005). The *Greenwood* court held that, where a criminal defendant has been found incompetent to stand trial for a sexually violent offense, it does not violate due process to determine whether he actually committed that offense at a civil proceeding under RCW 71.09.060(2). *In re Detention of Greenwood*, 130 Wn. App. 277, para. 17-18, 122 P.3d 747, 751 (2005).

Ransleben limits his argument to his right to effective assistance of counsel.² As he concedes, in an RCW 71.09 proceeding, his right to

² Because Ransleben raises only an ineffective assistance of counsel issue, the State does not address the due process issues that have arisen in other states. *See In re Fisher*, 164 S.W.3d 637 (Tex. 2005); *In re Branch*, 890 So. 2d 322 (Fla. Dist. Ct. App. 2004); *Missouri ex rel. Nixon v. Kinder*, 129 S.W.3d 5 (Mo. Ct. App.), *cert. denied*, 543 U.S. 979, 125 S. Ct. 490, 160 L. Ed. 2d 357 (2004); *In re Cabbage*, 671 N.W.2d 442 (Iowa 2003); *In re Smith*, 600 N.W.2d 258 (Wis. Ct. App. 1999). Most of these cases support commitment of the incompetent, the others are distinguishable.

counsel is statutory, not constitutional. *In re Detention of Petersen*, 138 Wn.2d 70, 91, 980 P.2d 1204 (1999).

1. Summary of argument.

The right to be competent in criminal cases does not extend to SVP cases under RCW 71.09. RCW 71.09 itself provides no such right, nor can the right to be competent be implied from the statutory right to assistance of counsel, which RCW 71.09 provides. Additionally, there is no general civil procedure statute in Washington that gives SVP respondents the right to be competent. Instead, an incompetent person's rights are protected in civil cases through the appointment of a guardian ad litem (GAL). *See* RCW 4.09.060. In sum, a respondent in a Washington SVP commitment proceeding has no statutory right to competency.

2. The right to be competent in a criminal proceeding

The Supreme Court has consistently recognized a criminal defendant's right to be competent. *Cooper v. Oklahoma*, 517 U.S. 348, 354, 116 S. Ct. 1373, 134 L. Ed. 2d 498 (1996); *Medina v. California*, 505 U.S. 437, 453, 112 S. Ct. 2572, 120 L. Ed. 2d 353 (1992); *Drope v. Missouri*, 420 U.S. 162, 171-72, 95 S. Ct 896, 43 L. Ed. 2d 103 (1975); *Pate v. Robinson*, 383 U.S. 375, 378, 86 S. Ct 836, 15 L. Ed. 2d 815 (1966). This right finds its source in the Due Process Clauses of the 5th and 14th Amendments of the Federal Constitution.

U.S. Const. Amend. V; Amend. XIV §1. *See Dusky v. United States*, 362 U.S. 402, 402, 80 S. Ct. 788, 4 L. Ed. 2d 824 (1960).

3. Ransleben does not have a statutory right to be competent in an RCW 71.09 commitment proceeding

Neither Washington’s Sexually Violent Predator statute, RCW 71.09, or its general statutory provisions regarding civil procedure, provide a respondent with a statutory right to be competent during his SVP commitment proceeding. Rather, the plain language of RCW 71.09 provides that no such right exists. At most, an incompetent respondent may be entitled to the appointment of a GAL, in accordance with Washington’s general rules of civil procedure.

a. RCW 71.09 does not provide a right to be competent

RCW 71.09 specifically addresses the commitment of incompetent persons, indicating a clear legislative intent to include incompetent persons within the purview of this statutory scheme. For instance, RCW 71.09.030(3), in discussing the filing of an SVP petition, provides that such filing may occur “when it appears that . . . a person who has been charged with a sexually violent offense and who has been determined to be incompetent to stand trial is about to be released[.]”

More importantly, RCW 71.09.060(2) provides that, in pursuing commitment of a person who has been found incompetent to stand trial on

the predicate criminal offense, and additional hearing is required regarding that past offense. During such a hearing “all constitutional rights available to defendants at criminal trials, *other than the right not to be tried while incompetent*, shall apply.” RCW 71.09.060(2) (emphasis added). The language of the statute therefore demonstrates that the Legislature has determined that the security interests of the community outweigh the liberty interests of incompetent SVPs.

The Supreme Court of Iowa relied on identical language in that state’s SVP law in holding that the Iowa legislature foresaw the possibility of SVP commitment proceedings involving incompetent respondents. *In re Cabbage*, 671 N.W.2d 442 (Iowa 2003). *Cabbage* determined that such cases should go forward despite a respondent’s incompetency:

Thus, not only does no provision of the SVPA [Sexually Violent Predator Act] convey a statutory right to be competent during proceedings instituted pursuant to the act, this provision further evinces legislative refusal to convey such a statutory right.

Id. at 445, n.1

Where another state made a contrary determination, it is an exception that proves the rule. In 1999, the Court of Appeals of Wisconsin determined that the Wisconsin Sexually Violent Person Act, Wis. Stat. Ann. § 980.01-.12, affords a respondent the right to be competent. *In re Smith*, 600 N.W.2d 258, 259-60 (Wis. Ct. App. 1999).

There are, however, fundamental differences between Washington's and Wisconsin's statutory schemes for commitment of SVPs. Wisconsin's statute is different from Washington's in three important ways, including: (1) its rights-providing language in general, (2) its references to incompetency in particular and (3) its location within the larger state code.

Unlike RCW 71.09, Wisconsin's statute expressly provides that "all constitutional rights available to a defendant in a criminal proceeding are available to the person [in an SVP proceeding]." Wis. Stat. Ann. § 980.05(1m). The *Smith* court found that this language unambiguously communicated the legislature's intent to provide respondents in Wisconsin SVP proceedings with the right to be competent. 600 N.W.2d at 261 ("If a criminal defendant has the right to be competent at trial, then so too does a ch. 980 respondent.").

In contrast, there is no language in RCW 71.09 that expressly, or impliedly, grants respondents the same rights as criminal defendants in general, or the right to be competent in particular. Certainly, some procedural rights normally accorded only to criminal defendants, such as appointed counsel and 12-person juries, are made applicable to respondents in SVP proceedings. RCW 71.09.050(1), (3). However, RCW 71.09 specifically enumerates all such procedural rights and the right to be competent is not found anywhere in the statute.

Second, Wisconsin's SVP statute is significantly different than Washington's SVP statute in terms of its language, or lack thereof, regarding incompetent persons. Under Wisconsin's law, "the definition of a sexually violent person does not include a person who has allegedly committed a sexually violent offense but who was not convicted because he or she was found incompetent and unlikely to obtain competency." *Smith*, 600 N.W.2d. at 263 (citations omitted). Hence, the *Smith* court concluded, "the legislature obviously intended to deal with such a person under the other commitment proceedings available." *Id.*

Finally, the Wisconsin and Washington statutes differ in that Wisconsin's law is found in the criminal procedure section of its code, while RCW 71.09 is included in the mental health section of the Washington code. This disparate treatment of the two statutes further indicates the Wisconsin legislature's intent to have its courts treat commitment of SVPs as a criminal matter. *See In re Smith*, 600 N.W.2d at 262 (distinguishing SVP commitment proceedings from other civil commitment proceedings and noting "If anything, a ch. 980 case is more akin to a criminal proceeding because of the rights [the state] affords.").

On the other hand, Washington's legislature has manifested no such intent. Instead, by including RCW 71.09 in the mental health section, the legislature indicated that SVP proceedings are most analogous

to civil commitment proceedings under RCW 71.05. Viewed together with the statute's plain language about the process for commitment of persons previously found incompetent to stand trial for a sexually violent offense, the location of RCW 71.09 within the mental health sections of the RCW confirms that the statute is not to be treated as the equivalent of a criminal statute.

In sum, while Wisconsin has found that the right to be competent accorded to criminal defendants should be extended to respondents committed under its SVP law, no such extension is warranted under the specific statutory scheme governing civil commitment of SVPs in Washington. Rather, the plain language of RCW 71.09, as well as its location within the larger Washington code, expresses the legislature's intent to include incompetent persons with the class of persons who may be civilly committed as sexually violent predators.

b. The right to be competent cannot be implied from the statutory right to counsel provided by RCW 71.09.050(1)

RCW 71.09.050(1) provides, in pertinent part:

At all stages of the proceedings under this chapter, any person subject to this chapter shall be entitled to the assistance of counsel, and if the person is indigent, the court shall appoint counsel to assist him or her.

Ransleben argues that his right to counsel under RCW 71.09.050(1) inherently connotes a right to be competent in order to assist his counsel. However, this Court should reject his argument, just as the *Cubbage* court did. Mr. Cubbage analogized his Iowa SVP commitment proceeding to an extradition proceeding, in which some courts have implied a right to competency from a statutory right to counsel. *Cubbage*, 671 N.W.2d at 445. Ransleben has also cited an extradition case which stated that the right to counsel

. . . becomes meaningless ‘as the sound of tinkling brass’ if an accused lacks mental capacity to knowingly and intelligently confer with counsel with respect to the charges or issues brought against him and to assist counsel by means of supplying information pertinent to those issues.

Missouri ex rel. Reed v. Frawley, 59 S.W.3d 496, 499 (Mo. 2001).

Extradition cases, however, can be distinguished from other civil proceedings. *Cubbage*, 671 N.W.2d at 446. The liberty interests at stake in both extradition and civil commitment proceedings do not automatically trigger the constitutional protections afforded to criminal defendants. In extradition proceedings, courts *have* extended some criminal due process protections. However, it is not appropriate for the courts to engage in a similar extension in civil commitment cases because extradition cases are, unlike civil commitment cases, very closely linked to an underlying criminal case.

For example, in *Frawley*, the accused was to be extradited under a Missouri statute, modeled on the Uniform Criminal Extradition Act, to face charges of armed robbery and aggravated vehicular hijacking in Illinois. 59 S.W.3d at 497. Ultimately, the *Frawley* court held that the accused was entitled to a competency hearing before the court could proceed with his extradition hearing. *Id.* at 499. This conclusion appears reasonable because Frawley’s claim of incompetence in the extradition context necessarily implicated issues central to his criminal charges. A finding of incompetence would have rendered Frawley ineligible for criminal prosecution. Given that the extradition court was thus empowered to make decisions which would significantly impact Frawley’s rights in the criminal context, it is only logical that the fundamental right to be competent in a criminal proceeding should be extended under such circumstances. In other words, an extradition proceeding may properly be deemed a “critical” pre-trial stage of the criminal proceeding such that the accused’s Sixth Amendment trial rights, including the right to be competent, are implicated. *See United States v. Wade*, 388 U.S. 218, 227, 875 S. Ct. 1926, 18 L. Ed. 2d 1149 (1967) (utilizing analogous argument concerning right to counsel in context of pre-trial confrontation related to identification of defendant by witnesses).

However, this logic does not apply in the context of a RCW 71.09

proceeding, where the decision of a court has no ramifications for any future criminal proceeding. See *Cabbage*, 671 N.W.2d at 446 (citing *In re Garren*, 620 N.W.2d 275, 283-84 (Iowa 2000); *In re Ewolat*, 634 N.W.2d 622, 624 (Iowa 2001); *In re Williams*, 628 N.W.2d 447, 451 (Iowa 2001)). Therefore, a claimed right to competency based on precedent from the extradition context must fail.

4. Appointment of a GAL for Ransleben was the appropriate statutory protection for him

Ransleben's right to effective representation was protected when the trial court appointed him a GAL pursuant to RCW 4.08.060. His GAL had "complete statutory power to represent [his] interests." *In re Dill*, 60 Wn.2d 148, 150, 372 P.2d 541 (1962) (citing *Rupe v. Robinson*, 139 Wash. 592, 595, 247 P. 954 (1926)).

Appointment of a GAL is the generally accepted means of protecting the interests of incompetent persons involved in civil actions in Washington's courts. RCW 4.08.060. It also has been recognized, by at least one other jurisdiction, as an appropriate means to protect an incompetent respondent's rights during his SVP commitment proceeding. See *Missouri ex rel. Nixon v. Kinder*, 129 S.W.3d 5, 8 (Mo. Ct. App.), *cert. denied*, 544 U.S. 979, 125 S.Ct. 480, 160 L.Ed. 2d 357 (2004); see also *In re Branch*, 890 So.2d 322, 330 (Fla. Dist. Ct. App. 2004)

(Canday, J., dissenting) (“The ability of counsel and a guardian ad litem to defend the interests of an incompetent respondent in a Ryce Act proceeding by challenging the evidence relied on by the State and introducing contradictory evidence provides a meaningful opportunity to be heard”).

Washington law provides a right to be competent exclusively in the context of criminal proceedings. Specifically, RCW 10.77.050 provides that “No incompetent person shall be tried, convicted, or sentenced for the commission of an offense so long as such incapacity continues.” No similar right to competency exists in the civil context. Instead, RCW 4.08.060 provides that an incompetent person involved in a civil action “shall appear by guardian, or if he or she has no guardian, or in the opinion of the court the guardian is an improper person, the court shall appoint one to act as guardian ad litem.”

RCW 71.09 is unquestionably civil in nature. *In re Detention of Young*, 122 Wn.2d 1, 23, 857 P.3d 989 (1993); *In re the Detention of Thorell*, 149 Wn.2d 724, 744, 72 P.3d 708 (2003). The appointment of a GAL to assist Ransleben at his SVP commitment proceeding complies with the full extent of protections afforded him as an incompetent person under Washington statutory law. Therefore, Ransleben’s commitment as a sexually violent predator should be affirmed.

CONCLUSION

For the foregoing reasons, the State requests that this Court affirm Ransleben's commitment as a sexually violent predator.

RESPECTFULLY SUBMITTED this 22nd day of May, 2006.

ROB MCKENNA
Attorney General



MALCOLM ROSS, WSBA #22883
Assistant Attorney General
ALISON KILLEN
Rule IX Intern
Attorneys for Petitioner State of Washington

Appendix 1



Pierce County District Court No. One

Criminal Division

930 Tacoma Avenue South, Room 601
Tacoma, Washington 98402
(253) 798-7487

Civil-Infraction Division

1902 96th Street South
Tacoma, Washington 98444
(253) 798-7487

MEMORANDUM

DATE: July 19, 2004
FROM: Albertha Missy Loney
RE: 1989 Communicating with Minor for Immoral Purpose

We no longer have the actual physical copy of the court records for this particular case. Our retention schedule for Criminal Traffic and Non-Traffic cases are five years, after that time frame the records are destroyed.

The only reference we still have to that particular charge of Communicating with a Minor for Immoral Purpose is on our Micro-fiche. According to our Micro-fiche Mr. Ransleben was found guilty and the disposition date was January 24, 1990.

If you have any questions, please contact me at (253) 798-7295 or Fax (253) 798-6616.

Sincerely,

A. Missy Loney
Albertha Missy Loney
Records Lead Supervisor

DISTRICT COURT PIERCE COUNTY, WASHINGTON

I, *[Signature]* do hereby certify that this document is a full, true and correct copy of the original document on file in the above entitled court.

Certified on 7/19 *04*



Appendix 2

FILED

BY: _____

1990

SUPERIOR COURT OF WASHINGTON - COUNTY OF SKAGIT, Wash. Co. Clerk

By _____ Deputy

STATE OF WASHINGTON,)

Plaintiff,)

v.)

HUBERT C. RANSLEBEN,)

Defendant.)

NO. 90 1 00175 9

JUDGMENT & SENTENCE
(FELONY) - PRISON
WARRANT OF COMMITMENT

SID: OCA:
DOB: 09/27/59 OIN: SWPD 90-04-1800
ORI: WA0290000 DOA: 04/29/90

I. HEARING

1.1 A sentencing hearing in this case was held on: 11/29/90

1.2 Present were:

- Defendant: Hubert C. Ransleben
- Defendant's Attorney: Thomas R. Kamb
- (Deputy) Prosecuting Attorney: Dave Needy
- Other:

1.3 The Information charged the defendant with the crime(s) of:

- Count I: Child Molestation Second Degree
- Count II: _____
- Count III: _____

1.4 The state has moved for dismissal of Count(s) _____

1.5 Defendant was asked if there was any legal cause why judgment should not be pronounced, and none was shown.

II. FINDINGS

Based on the testimony heard, statements by defendant and/or victims, arguments of counsel, the case record to date, and () the presentence report, the court finds:

2.1 CURRENT OFFENSE(S): The defendant was found guilty on 09/17/90 by (plea) ~~XX~~ of:

Ct.No. I Crime: Child Molestation in the Second Degree
RCW 9A.44.086 Crime Code _____
Date of Crime April 1990 Incident No. SWPD 90-04-1800

Ct.No. _____ Crime: _____
RCW _____ Crime Code _____
Date of Crime _____ Incident No. _____

Ct.No. _____ Crime: _____
RCW _____ Crime Code _____
Date of Crime _____ Incident No. _____

- 1 () Additional current offenses attached as Appendix A.
- 2 () With a special verdict/finding for use of deadly weapon
on Count(s): _____
- 3 () Other current convictions listed under different cause
4 numbers used in calculating the offender score are
(list offense and cause number): _____
- 5 () Current offenses encompassing the same criminal conduct
and counting as one crime in determining the offender
6 score are (RCW 9.94A.400(1)): _____

7 2.2 CRIMINAL HISTORY: Prior convictions constituting
8 criminal history for purposes of calculating the
offender score are (RCW 9.94A.360):

9 Crime	Sent. Date	Adult/Juv. Crime	Date of Crime	Crime State
10 _____	_____	_____	_____	_____
11 _____	_____	_____	_____	_____
12 _____	_____	_____	_____	_____

- 13 () Additional criminal history is attached in Appendix B.
- 14 () Prior convictions served concurrently and counted as one
15 offense in determining the offender score are (RCW
9.94A.360(11)): _____

16 2.3 SENTENCING DATA:

17 Ct. No.	Offender Score	Serious. Level	Range	Max. Term
18 Ct. No. <u>I</u>	<u>0</u>	<u>VI</u>	<u>12+-14 months</u>	<u>10 yrs/\$20,000</u>
19 Ct. No. _____	_____	_____	_____	_____
Ct. No. _____	_____	_____	_____	_____

- 20 () Additional current offense sentencing data is attached
in Appendix C.

21 2.4 EXCEPTIONAL SENTENCE:

- 22 () Substantial and compelling reasons exist which justify
23 a sentence (above) (below) the standard range for
Count(s) _____. Findings of fact and
24 conclusions of law are attached in Appendix D.

25 III. JUDGMENT

26 IT IS ADJUDGED that defendant is guilty of the crime(s) of:
Child Molestation in the Second Degree

IV. ORDER

IT IS ORDERED that defendant serve the determinate sentence and abide by the conditions set forth below.

4.1 Defendant shall pay to the Clerk of this Court:

(a) \$ _____, Total restitution (joint and several with co-defendant(s)) _____ Cause No(s). _____ to:

Name	Address	Amount
_____	_____	\$ _____
_____	_____	\$ _____

The defendant shall make restitution as follows:

- () Pay \$ _____ per month commencing _____
- () Pay \$ _____ in full on or before _____
- () According to schedule established by supervising CCO
- () Obligations set out in the Schedule of Restitution, attached as Appendix E.
- () According to the Order of restitution to be filed with the court at a future date.
- () Other: _____

The court has not ordered restitution.

- (b) \$ 100.00, Victim assessment;
- (c) \$ 70.00, Court costs/filing fees;
- (d) \$ _____, Contribution to drug fund, payable to: _____
- (e) \$ _____, Fine;
- (f) \$ _____, Recoupment for attorney's fees to: _____
- (g) \$ _____, Sheriff's fees;
- (h) \$ _____, Other costs for: _____

(i) The Clerk of the Court shall credit monetary payments to the above obligations in the above-listed order. RESTITUTION SHALL BE PAID FIRST.

(j) Payments on Sections (b) through (h) above shall be made to Skagit County Superior Court Clerk by cash, certified check or money order according to the following schedule: _____ as set per CCO

(k) The defendant shall remain under the court's jurisdiction and the supervision of the Department of Corrections pursuant to RCW 9.94A.120(11) for a period up to ten years to assure payment of all financial obligations.

4.2 The court DISMISSES Count(s) _____

1 4.3 CONFINEMENT OVER ONE YEAR: Defendant is sentenced to a
2 term of total confinement in the custody of the
3 Department of Corrections as follows commencing
4 immediately:

5 12 months and 1 day(s) for Count No. I
6 months and day(s) for Count No. II
7 months and day(s) for Count No. III

- 8 () The terms in Counts No. _____ are
9 (concurrent) (consecutive).
10 () The sentence herein shall run (concurrently)
11 (consecutively) with _____
12 () Total number of months of confinement is _____
13 (X) Credit is given for time served prior to this date:
14 () _____ days.
15 (X) To be determined.
16 (XX) Defendant shall be placed into Community Placement
17 following release from total confinement (App. G).

18 The following Appendices are attached to this Judgment and
19 Sentence and are incorporated by reference:

- 20 () App. A, Additional Current Offenses (Paragraph 2.1)
21 () App. B, Additional Criminal History (Paragraph 2.2)
22 () App. C, Additional Current Offense(s) Sentencing
23 Data (Paragraph 2.3)
24 () App. D, Findings of Fact and Conclusions of Law for
25 an Exceptional Sentence (Paragraph 2.4)
26 () App. E, Schedule of Restitution (Paragraph 4.1(c))
27 () App. F, Additional Conditions (Paragraph 4.3)
28 (XX) App. G, Order on Community Placement (Par 4.3)
29 (XX) App. H, Sex Offender Notice of Registration Requirements

DATED: November 30, 1990

Janice K. Brink
JUDGE

Presented by:

SKAGIT COUNTY PROSECUTING ATTORNEY

23 By Dave Needy
24 Dave Needy WSB#11133
(Deputy) Prosecuting Attorney

25 Approved as to form and content:

26 Thomas R. Kamb
27 Thomas R. Kamb WSB# 16-944
28 Lawyer for Defendant

FINGERPRINTS



Right Hand
Fingerprints of:

Attested by:

Hubert C. Ransleben

Dated: November 30, 1990

By:

CERTIFICATE

OFFENDER IDENTIFICATION:

I, Phyllis Coole-McKeehen, Clerk
of this Court, certify that
the above is a true copy of
the Judgment and Sentence and
Warrant of Commitment in this
action on record in my office.

Date of Birth: 09/27/59
Sex: Male
Race: White

DATED:

PHYLLIS COOLE-McKEEHEN
Clerk

By:

Deputy Clerk

JUDGMENT & SENTENCE (FELONY)
PRISON/WARRANT OF COMMITMENT
Page 5 of 6

1
2
3 WARRANT OF COMMITMENT

4 THE STATE OF WASHINGTON:

5 TO: The Sheriff of Skagit County, and to the proper officers
6 of the Department of Corrections.

7
8 The defendant: Hubert C. Ransleben
has been convicted in the Superior Court of the State of
9 Washington of the crime(s) of:

10 Count I: Child Molestation in the Second Degree
Agency SWPD # 90-04-1800

11 Count II: _____
Agency _____ # _____

12 Count III: _____
Agency _____ # _____

13 Additional: _____
Agency _____ # _____

14 and the court has ordered that the defendant be punished
15 by serving the determined sentence of 12msldydays/months
on Count I; _____ days/months on Count II; and _____
16 days/months on Count III, to commence: 10/28/90

17
18 Defendant shall receive Yes 780 day(s) credit for time
served prior to this date.

19 YOU, THE SHERIFF, ARE COMMANDED to receive the defendant
20 for classification, confinement and placement in the
Department of Corrections as ordered in the Judgment and
21 Sentence.

22 DATED: November 30 1990

23
24 Stanley K. Bush
25 JUDGE

26 PHYLLIS COOLE-McKEEHEN
27 Clerk

28 By Jan Seddema
Deputy Clerk

APPENDIX G

ORDER ON COMMUNITY PLACEMENT

The defendant shall be placed into Community Placement following release from total confinement and the following conditions shall be imposed (RCW 9.94A.120(8)(b)(c)):

1. Report to and be available for contact with the assigned Community Corrections Officer as directed;
2. Work at a Department of Corrections approved education, employment, and/or community service;
3. Defendant shall not use controlled substances except pursuant to a lawfully issued prescription;
4. Defendant shall not possess controlled substances while in community custody;
5. Pay Community Placement fees as determined by the Department of Corrections.

IN ADDITION, the following special conditions shall be imposed:

- Remain within or outside _____
(geographic boundaries)
- No direct or indirect contact with the victim of the crime.
- No direct or indirect contact with _____
- Participate in crime related treatment or counseling services, to-wit: _____
- Abstain from any consumption of alcohol.
- Prior approval of living arrangements by Department of Corrections.
- Comply with crime related prohibitions.

Appendix 3

**WASHINGTON
UNIFORM CRIMINAL COMPLAINT
AND
COURT DOCKET**

COURT COPY
B 18740

STATE OF WASHINGTON VS. NAMED DEFENDANT

ENTERED DISCIS
TACOMA, WASHINGTON

IN THE
MUNICIPAL
COURT OF TACOMA
STATE OF
WASHINGTON
COUNTY OF PIERCE

LEA
NCIC
NO. 1-27-441

COURT
NCIC
NO. WA027101J

THE UNDERSIGNED BEING FIRST SWORN ON OATH SAYS:

ON OR ABOUT the 21st day of November 19 91 AT 8:30 AM.
PM.

ARRESTING OFFICER #228 E-1 BLOTTER NO. 91 325 031

LOCATION
1745 South "M" St.

DEFENDANT'S NAME
Hubert Carl Ransleben, III

DID THEN AND THERE WILLFULLY AND UNLAWFULLY COMMIT THE FOLLOWING OFFENSE(S)

did intentionally commit a non-consensual touching, caressing, or fondling of the genitals or female breasts, whether or not covered or clothed, of another;

AMENDED *Assault.*

OFFENSE(S)

Having read 91 268 0895, and believing the contents thereof to be true and correct to the best of my knowledge, under the laws of the State of Washington, I certify under penalty of perjury that there exists probable cause for a bench warrant to issue against the above-named defendant for violation of Tacoma City Ordinance 8.12.090

Christopher D. Beck

COMPLAINANT
SUBSCRIBED AND SWORN TO BEFORE ME JUDGE - NOTARY PUBLIC - COMMISSIONER

THIS 22nd DAY OF November, 19 91

ADDRESS
1745 South "M" St.
CITY STATE ZIP CODE
Tacoma, WA 98405

DEFENDANT INFORMATION

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	BAIL	DATE BOOKED	AGENCY NO.
M	W	9-27-59	5-10	145	HAZ	Bro		

ABSTRACT OF JUDGMENT

CRG	PLEA	CNG	JUDGMENT	FINE	SUSPENDED	COSTS	OTHER	TOTAL
	G NG		G NG D BF	200	200	CTS		
	G NG		G NG D BF					
	G NG		G NG D BF					

JUDGMENT DATE JAN - 8 1992 TOTALS: \$
 TO SERVE 365 DAYS IN JAIL WITH 365 SUSPENDED CATS 30
 FURTHER CONDITIONS OF JUDGMENT SEE REVERSE

TACOMA MUNICIPAL COURT, PIERCE COUNTY, WASHINGTON

Jinda Hall do hereby certify that this document is a full, true and correct copy of the original document on file in the above entitled court

Certified on 8-3 20 04

B 18740

Appendix 4

DEFENDANT
RANSLEBEN, HUBERT CARL

CASE: B00018740 TCA
Criminal Non-Traffic
Agency No. 912680895

Home Phone: [REDACTED]

AKA No aliases on file.

OFFICER
81744 TCA SMITH, MICHAEL D

CHARGES

Violation Date:		DV Plea	Finding
1 08.12.090	SEXUAL ASSAULT	Not Guilty	Amended
2 08.12.013	CRIMINAL ASSAULT		Guilty

TEXT

S 11/22/1991 Case Filed on 11/22/1991 LMN
OFF 1 SMITH, MICHAEL D Added as Participant
ARR INC Set For 11/22/1991 09:30 AM In Room 1

U
S
BLOTTER#91325031, OFFCR#228(E1) LOC: 1745 SO M ST 0830 HRS.
Defendant Arraigned on Charge 1 KMH
Plea/Response of Not Guilty Entered on Charge 1
DAC, BAIL 2000 C/B. GS.

U
S
ARR INC: Held JRW
11/27/1991 PTR NP Set For 12/02/1991 09:00 AM In Room 2 KMH
JTR NP Set For 12/23/1991 09:05 AM In Room 2

12/02/1991 PTR NP Rescheduled to 12/04/1991 09:00 AM in Room 2 RLM
U
RESCHEDULED PTR PER DAC (TM).

12/04/1991 RESET TO 01/08/92, PRESERVE JURY, PTR RESET TO 12/11/91 TO IBH
INSURE DISCOVERY COMPLETE PER PRO-TEM POOLE
S
PTR NP: Not Held, Hearing Canceled CAD
OTH RESET: Held

12/05/1991 JTR NP on 12/23/1991 09:05 AM in Room 2 Canceled IBH
PTR NP Set For 12/11/1991 09:00 AM In Room 2
JTR NP Set For 01/08/1992 09:05 AM In Room 2
JTR NP on 01/08/1992 09:05 AM in Room 2 Canceled
JTR NP Set For 01/08/1992 09:05 AM In Room 2

12/11/1991 PTR NP: Held MMF
91345100613 Miscellaneous Payment Received 1.00 DDC
for OTH CERT/CC FEE

U
DEF PRESERVED JURY, DISCOVERY COMPLETE PER PRO-TEM BON IBH
01/07/1992 JURY CANCELED/TO BE NJT PER LEGAL (HH) GML
S 01/08/1992 JTR NP: Not Held, Hearing Canceled MMF
STI: Held
Case Heard Before Judge RGT IBH
Charge 1 Amended to: CRIMINAL ASSAULT
Case Heard Before Judge RGT
Finding/Judgment of Guilty for Charge 2
Court Imposes Fine on Charge 2: 200.00
with 200.00 Suspended
Court Imposes Jail Time of 365 D on Charge 2
with 335 D Suspended

Docket continued on next page

TACOMA MUNICIPAL COURT, PIERCE COUNTY, WASHINGTON

Linda Hall do hereby certify
that this document is a full, true and correct copy
of the original document on file in the above
entitled court

Certified on 8-3 .20 04

CASE: B00018740 TCA
Criminal Non-Traffic
Agency No. 912680895

DEFENDANT
RANSLEBEN, HUBERT CARL

TEXT - Continued

S	01/08/1992	No Contact Order : 10 M	IBH
		Judge TURCO, RALPH G Imposed Sentence	KLB
	01/15/1992	Defendant in Compliance with jail sentence on Charge 2	IBH
		Case Disposition of CL Entered	
		Case Disposition Changed to Open	
	06/14/2001	Defendant Complied with No Contact Order	KLB
		Case Disposition of CL Entered	
U		CASE REVIEW AUDIT - NCO CANCELLED IN 1993.	

ACCOUNTING SUMMARY

	Total Due	Paid	Credit	Balance
Timepay: N	1.00	1.00		

ADDITIONAL CASE DATA

Case Disposition
Disposition: Closed Date: 06/14/2001

Personal Description

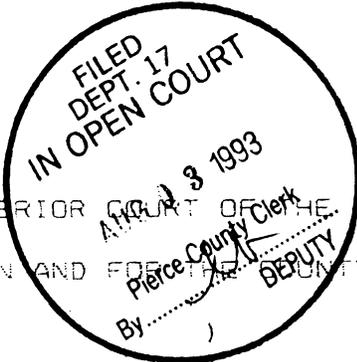
Sex: M Race: W DOB: 09/27/1959
Dr.Lic.No.: [REDACTED] State: WA Expires: 1987
Employer:
Height: 5 10 Weight: 175 Eyes: HAZ Hair: BRO
Identifying Information:
REVOKED LIC

Hearing Summary

Held	ARRAIGN INCUSTODY	ON 11/22/1991 AT 09:30 AM IN ROOM 1	WITH GS
Held		ON 12/04/1991 AT 09:00 AM IN ROOM 2	WITH PRO
Held	PRE-TRIAL CONFERENCE	ON 12/11/1991 AT 09:00 AM IN ROOM 3	WITH PRO
Held		ON 01/08/1992 AT 09:05 AM IN ROOM 2	WITH RGT

End of docket report for this case

Appendix 5



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

STATE OF WASHINGTON,

Plaintiff,

NO. 93-1-00758-4

vs.

JUDGMENT AND SENTENCE
(FELONY)

HUBERT CARL RANSLEBEN,

Defendant.

AUG 03 1993

DOB: 09/27/59
SID No.: WA11425673
Local ID No.:

I. HEARING

1.1 A sentencing hearing in this case was held on 8-3-93.

1.2 The defencant, the defendant's lawyer, RONALD HESLOP, and the
deputy prosecuting attorney, DAWN FRYZEK, were present.

II. FINDINGS

There being no reason why judgment should not be pronounced, the court
FINDS:

2.1 CURRENT OFFENSES(S): The defendant was found guilty on 06/28/93 by

plea jury-verdict bench trial of:

Count No.: I
Crime: CHILD MOLESTATION IN THE FIRST DEGREE
RCW: 9A.44.083
Date of Crime: PERIOD BETWEEN SEPTEMBER 1, 1991 AND NOVEMBER 20, 1991
Incident No.: 92-350-0151

- Additional current offenses are attached in Appendix 2.1.
- A special verdict/finding for use of deadly weapon was returned on Count(s).
- A special verdict/finding of sexual motivation was returned on Count(s).

JUDGMENT AND SENTENCE
(FELONY) - 1

ENTERED
JUDGMENT

93-9-06648-2

County of Prosecuting Attorney
County-City Building
oma, Washington 98402-2171
Telephone: 501-7400

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10758-4

A special verdict/finding of a RCW 69.50.401(a) violation in a school bus, public transit vehicle, public park, public transit shelter or within 1000 feet of a school bus route stop or the perimeter of a school grounds (RCW 69.50.435).

Other current convictions listed under different cause numbers used in calculating the offender score are (list offense and cause number):

[] Current offenses encompassing the same criminal conduct and counting as one crime in determining the offender score are (RCW 9.94A.400(1)):

2 CRIMINAL HISTORY: Prior convictions constituting criminal history for purposes of calculating the offender score are (RCW 9.94A.360):

<u>Crime</u>	<u>Sentencing Date</u>	<u>Adult or Juv. Crime</u>	<u>Date of Crime</u>	<u>Crime Type</u>
TMVWOP	05/11/79	ADULT	01/04/79	NV-WASH
CHILD MOLEST 2°	11/30/90	ADULT	04/30/90	V

Community placement

- [] Additional criminal history is attached in Appendix 2.2.
- [] Prior convictions served concurrently and counted as one offense in determining the offender score are (RCW 9.94A.360(11)):

2.3 SENTENCING DATA:

	<u>Offender Score</u>	<u>Seriousness Level</u>	<u>Range Months</u>	<u>Maximum Years</u>
Count No. 1:	4	X	72-96 mos	20
Count No. :			67-89	
Count No. :				

[] Additional current offense sentencing data is attached in Appendix 2.3.

2.4 EXCEPTIONAL SENTENCE:

[] Substantial and compelling reasons exist which justify a sentence [] above [] below the standard range for Count(s) _____. Findings of fact and conclusions of law are attached in Appendix 2.4.

JUDGMENT AND SENTENCE (FELONY) - 2

October 5, 1993
9:00 AM
before Judge
Sebring

93-1-00758-4

2.5 RESTITUTION:

- Restitution will not be ordered because the felony did not result in injury to any person or damage to or loss of property.
- Restitution should be ordered. A hearing is set for by LOC.
- Extraordinary circumstances exist that make restitution inappropriate. The extraordinary circumstances are set forth in Appendix 2.5.

2.6 ABILITY TO PAY LEGAL FINANCIAL OBLIGATIONS: The court has considered the defendant's past, present and future ability to pay legal financial obligations, including the defendant's financial resources and the likelihood that the defendant's status will change. The court specifically finds that the defendant has the ability to pay:

- no legal financial obligations.
- the following legal financial obligations:
 - crime victim's compensation fees.
 - court costs (filing fee, jury demand fee, witness costs, sheriff services fees, etc.)
 - county or interlocal drug funds.
 - court appointed attorney's fees and cost of defense.
 - fines.
 - other financial obligations assessed as a result of the felony conviction.

A notice of payroll deduction may be issued or other income-withholding action may be taken, without further notice to the offender, if a monthly court-ordered legal financial obligation payment is not paid when due and an amount equal to or greater than the amount payable for one month is owed.

2.7 SPECIAL FINDINGS PURSUANT TO RCW 9.94A.120:

- The defendant is a first time offender (RCW 9.94A.030(20)) who shall be sentenced under the waiver of the presumptive sentence range pursuant to RCW 9.94A.120(5).
- The defendant is a sex offender who is eligible for the special sentencing alternative under RCW 9.94A.120(7)(a). The court has determined, pursuant to RCW 9.94A.120(7)(a)(ii), that the special sex offender sentencing alternative is appropriate.

JUDGMENT AND SENTENCE
(FELONY) - 3

93-1-00758-4

III. JUDGMENT

3.1 The defendant is GUILTY of the Counts and Charges listed in Paragraph 2.1 and Appendix 2.1.

3.2 [] The court DISMISSES.

IV. SENTENCE AND ORDER

IT IS ORDERED:

4.1 LEGAL FINANCIAL OBLIGATIONS. Defendant shall pay to the Clerk of this Court:

\$ LOL, Restitution to: Rest Htg 10-5-93 9:00AM
Sebring

\$ 110, Court costs (filing fee, jury demand fee, witness costs, sheriff service fees, etc.);

\$ 100, Victim assessment;

\$ _____, Fine; [] VUCSA additional fine waived due to indigency (RCW 69.50.430);

\$ _____, Fees for court appointed attorney;

\$ _____, Drug enforcement fund of _____;

\$ _____, Other costs for: _____;

\$ 210, TOTAL legal financial obligations [] including restitution [] not including restitution.

Payments shall not be less than \$ 25 per month. Payments shall commence on 60 days upon release.

JUDGMENT AND SENTENCE (FELONY) - 4

Office of Prosecuting Attorney
946 County-City Building
Tacoma, Washington 98402-2171
Telephone: 591-7400

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93-1-00758-4

Restitution ordered above shall be paid jointly and severally with:

<u>Name</u>	<u>Cause Number</u>
_____	_____
_____	_____

The defendant shall remain under the court's jurisdiction and the supervision of the Department of Corrections for a period up to ten years from the date of sentence or release from confinement to assure payment of the above monetary obligations.

Any period of supervision shall be tolled during any period of time the offender is in confinement for any reason.

Defendant must contact the Department of Corrections at 755 Tacoma Avenue South, Tacoma upon release or by _____.

Bond is hereby exonerated.

93-1-00758-4

4.2 CONFINEMENT OVER ONE YEAR: The court imposes the following sentence:

(a) CONFINEMENT: Defendant is sentenced to following term of total confinement in the custody of the Department of Corrections commencing immediately.

96 months on Count No. 1 [] concurrent [] consecutive
_____ months on Count No. _____ [] concurrent [] consecutive
_____ months on Count No. _____ [] concurrent [] consecutive

[] Actual number of days of total confinement ordered is: _____

[] This sentence shall be [] concurrent [] consecutive with the sentence in _____

[] Credit is given for 154 days served.

(b) COMMUNITY PLACEMENT (RCW 9.94A.120(8)(b)). The defendant is sentenced to community placement for [] one year [] two years or up to the period of earned early release awarded pursuant to RCW 9.94A.150(1) and (2), whichever is longer. The terms of community placement shall include the following conditions:

- (i) The defendant shall report to and be available for contact with the assigned community corrections officer as directed.
- (ii) The defendant shall work at Department of Corrections-approved education, employment and/or community service.
- (iii) The defendant shall not consume controlled substances except pursuant to lawfully issued prescriptions.
- (iv) The defendant shall not unlawfully possess controlled substances while in community custody.
- (v) The defendant shall pay supervision fees as determined by the Department of Corrections.

[] OTHER SPECIAL CONDITIONS AND CRIME RELATED PROHIBITIONS:

* No contact with Samuel Howell or Stephanie Howell.

* Follow all conditions set out by DOC while on community placement and as set out by pre-sentence investigator on pg. 7.

* No contact with any minor children unless approved by CEO.

* Ct. recommends and supports defendant receiving sexual decency trt while in DOC.

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[] TEST The Health Department or designee shall test defendant for HIV as soon as possible and the defendant shall cooperate in the testing.

[] TEST The defendant shall have a blood sample drawn for purpose of DNA identification analysis. The county shall be responsible for obtaining the sample prior to the defendant's release from confinement.

WHICH VIOLATION OF THIS JUDGMENT AND SENTENCE IS PUNISHABLE BY UP TO 60 DAYS OF CONFINEMENT. (RCW 9A.44.200(2)).

ANY DEFENDANT CONVICTED OF A SEX OFFENSE MUST REGISTER WITH THE COUNTY SHERIFF & COUNTY CLERK THE DEFENDANT'S RESIDENCE WITHIN 72 HOURS OF DEFENDANT'S RELEASE FROM CUSTODY. RCW 9A.44.130.

PURSUANT TO RCW 10.70 AND 10.73.100, THE DEFENDANT'S RIGHT TO FILE ANY KIND OF PETITION OR MOTION TO CHALLENGE TO THE CONVICTION OR THE SENTENCE MAY BE LIMITED TO ONE YEAR.

Date: 8-9-93

FILED
DEPT. OF
IN OPEN COURT
AUG 13 1993
Pierce County Clerk
DEPUTY
JULY

Presented by
Lawrence J. [Signature]
Deputy Prosecuting Attorney
WSB # 182

Approved as to form:
Ronald [Signature]
Lawyer for Defendant
WSB # 13733

nab

SENTENCE OVER ONE YEAR - 2

FINGERPRINTS

Right Hand
Fingerprint(s) of: HUBERT CARL RANSEBEN, Cause #93-1-00758-4

Attested by: _____ CLERK

By: DEPUTY CLERK _____ Date: _____

CERTIFICATE **BOB SAN SOUCIE**
COUNTY CLERK

OFFENDER IDENTIFICATION

I, _____
Clerk of this Court, certify that
the above is a true copy of the
Judgment and Sentence in this
action on record in my office.

State I.D. #WA11425673

Date of Birth 09/27/59

Sex MALE

Dated: **JAN 17 2002**

Race WHITE

BOB SAN SOUCIE
COUNTY CLERK
CLERK

ORI _____

By: Hollie Kinne
DEPUTY CLERK

OCA _____

OIN _____

DOA _____



FINGERPRINTS

Appendix 6

Charles A. Lund, Ph.D.
Licensed Psychologist
615 Second Avenue
Suite 290
Seattle, Washington 98104
Phone: (206) 624-1715
Fax: (206) 447-7009
E-mail: clund@ix.netcom.com

February 6, 2003

PSYCHOLOGICAL EVALUATION

Background and Referral Information

Hubert Carl Ransleben is a 43 year old Caucasian male residing at the Special Commitment Center. He has a conviction for Child Molestation in First Degree in Pierce County in 1993 and a conviction for Child Molestation in the Second Degree in Skagit County in 1990. He has a previous conviction for Communicating with a Minor for Immoral Purposes in Pierce County in 1988. The case was referred by Daniel Yanisch, Ph.D. of the Special Commitment Center for consideration as to whether Mr. Ransleben appeared to meet criteria for civil commitment as a sexually violent predator under RCW 71.09.

The Sexually Violent Predator Statute (RCW 71.09) allows individuals convicted of crimes of sexual violence to be confined in a secure facility if they suffer from a mental abnormality or personality disorder which makes them likely to engage in predatory acts of sexual violence unless confined in a secure facility. According to the statute, "mental abnormality" refers to a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person to the commission of criminal sexual acts in a degree constituting such a person a menace to the health and safety of others. The term "predatory" refers to acts directed towards strangers, individuals with whom a relationship has been established or promoted for the primary purpose of victimization, or persons of casual acquaintance with whom no substantial personal relationship exists.

Dr. Yanisch requested my involvement in the case to provide an assessment to determine if Mr. Ransleben appears to meet criteria for civil commitment as a sexually violent predator under RCW 71.09. This assessment specifically addresses whether or not he suffers from a mental abnormality or personality disorder which makes him more likely than not to engage in predatory acts of sexual violence if he is not confined in a secure facility.

Methods of Evaluation

For purposes of my involvement in this case, I reviewed approximately 1800 pages of documents, including the following specific documents and types of documents:

1. Petition and Certification for Determination of Probable Cause (Pierce County Cause No. 01 2 06004 5; date 3/1/01).
2. DOC Special Bulletin Notice of Release (4/29/91).
3. Letter to John Ladenburg from End of Sentence Review Committee (5/31/00).
4. FBI Rap Sheet (9/22/93).

5. DOC Criminal History Summary (8/1/94).
6. DOC Legal Face Sheet (5/28/98).
7. Occupational Therapy Department Report (11/20/70).
8. Tacoma Public Schools letter to Judge William LeVeque (12/17/73).
9. Tacoma Public Schools Social Work Report (12/17/73).
10. Cascadia Diagnostic Center report (1/5/74, 1/7/74).
11. Psychiatric Consultation (1/11/74).
12. Cascadia Diagnostic Center Review Summary (1/23/74).
13. Other Cascadia Diagnostic Center reports (1/23/74).
14. Echo Glen Initial Progress Adjustment Report (2/12/74).
15. Children's Hospital Outpatient Record (2/22/74).
16. Pioneer Group Home Progress Adjustment Review (12/8/75).
17. Juvenile Rehabilitation Review Board Record (12/10/75).
18. Juvenile Rehabilitation Final Adjustment Summary (2/7/77).
19. Tacoma Public Schools Child Study Services Report (12/12/78).
20. Juvenile Parole Services report (1/9/74, 6/20/77, 6/20/77, 9/14/77).
21. Miscellaneous court and legal records related to the charge of Taking a Motor Vehicle Without Permission (Pierce County Cause No. 54607).
22. Western State Hospital Release Summary (1/31/79).
23. DOC Pre-Sentence Investigation (5/8/79).
24. Numerous DOC Classification Referral Reports.
25. Numerous DOC Infraction Reports.
26. DOC Progress Report (12/3/81).
27. DOC Test Results (12/6/79).
28. DOC Violation Report (6/11/79, 9/14/79, 11/2/79, 11/9/79, 3/31/80, 2/23/81, 5/10/83).
29. Pierce County Sheriff Investigation of Child Molestation allegation (2/4/89).
30. Child victim interview (3/24/89).
31. Western State Hospital Records and Reports (5/31/89, 6/30/89).
32. Letter to Judge Rudolph Tollefson from Michael Morrison, Ph.D. (6/28/89).
33. Sedro-Woolley Police Department records (4/29/90).
34. Other court and DOC records related to Child Molestation in the Second Degree conviction in 1990, including Pre-Sentence Investigation.
35. Western State Hospital reports (5/25/90, 5/29/90).
36. DOC End of Sentence Review (2/26/91).
37. DOC Community Placement Referral (2/5/91).
38. Discovery and investigational materials related to allegation of sexual abuse of two 12 year old females (9/25/91, 11/20/91).
39. Discovery materials and arrest reports related to investigation associated with Child Molestation in the First Degree conviction (Pierce County Cause No. 93-1-00758-4).
40. Miscellaneous DOC Classification Referrals and records related to incarceration on Child Molestation in the First Degree conviction.
41. File Review for End of Sentence Review Committee (11/18/99).
42. MR Clinic Staff Conference Notes (2/21/67).
43. MR Clinic Psychiatric Evaluation (3/7/67).
44. Psychiatric Evaluation by Hugh James Lurie, M.D. (12/13/73).
45. Psychiatric Consultation by James McDermott, M.D. (12/28/73).
46. Psychological Evaluation by David C. Brose, Ph.D. (1/22/74).

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47. Psychosocial Evaluation by Donna Weller, ACSW (1/22/74).
48. Psychological Evaluation by William Proctor, Ph.D. (2/1/79).
49. Psychological Report by Eugene Wasescha, Ph.D. (10/3/83).
50. Psychiatric Evaluation by Robert Cary, M.D. (6/1/89).
51. Psychosocial Assessment Database (6/1/89, 5/18/90).
52. Psychiatric Evaluation by Lolita Delmer, M.D. (5/18/90).
53. Psychological Evaluation by Gregg Gagliardi, Ph.D. (5/29/90).
54. Psychological Evaluation by Marjorie Panek, Ph.D. (8/30/90).
55. Psychological Evaluation by Gary Lauby, Ph.D. (5/24/94).
56. Psychosocial History by Roberta Sullivan and William Eyler (12/19/94).
57. Psychological Report by Thomas Foley, Ph.D. (12/22/94, 5/4/95).
58. Mental Status Examination by Dieter Burckhardt, M.A. (date unspecified).
59. Sex Offender Psychological Report by David Monson, Ph.D. (1/28/00).
60. DOC Mental Health Record (7/27/95).
61. Other miscellaneous DOC mental health records.
62. SOTP interview (12/18/90, 8/25/93).
63. DOC Chemical Dependency Assessments (7/22/96, 9/27/96).
64. Other miscellaneous DOC medical records and other neurological reports.
65. Children's Hospital Clinic Note (2/27/74).
66. Psychiatric Evaluation by Ed Gayda (12/21/94).
67. SCC Treatment Plans, Behavior Management Reports, Observation Reports, Incident Reports, Progress Notes, and Medical Records.

In addition, I met with Mr. Ransleben for approximately five hours on 1/30/03, conducting an interview and administering the Wechsler Abbreviated Scales of Intelligence (WASI). Finally, I conducted a telephone interview with his forensic therapist, Andy Sannar, for approximately 20 minutes on 2/4/03.

The conclusions and opinions referenced in this report are based on the current data sources and could be subject to modification, depending on additional information which may potentially become available over time. Thus, additional information could potentially become available which would result in modification of conclusions regarding diagnoses or level of risk, as summarized in a later portion of this report. Nevertheless, the data sources relied upon reflect the range of data sources, records, and procedures utilized in many other cases in which I have rendered professional opinions in RCW 71.09 cases.

History of Sexual Convictions

Child Molestation in the First Degree (Pierce County Cause # 93-1-00758-4; date of conviction by plea of guilty – 6/28/93)

On 10/20/92, Samuel H. who was seven reported to CPS that Ransleben touched him in a bad way. He said that Ransleben touched him in a bad way a bunch of times, in the living room, bedroom, and dining room of the home they lived in with Samuel's three siblings and Judy Ransleben, Ransleben's wife and Samuel's mother. A DSHS Law Enforcement Referral (12/4/92) also noted that Samuel's ten year old brother Robert stated that his sister, Stephanie, had a bug bite between her legs and Ransleben put medicine on it with his finger. Stephanie did

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not like it. Ransleben was charged with Child Molestation in the First Degree and entered a plea of guilty on 6/28/93. He was sentenced on 8/3/93 to 96 months followed by two years of community placement. In his SOTP Interview on 8/25/93, he denied the crime and was refusing treatment, so he was not amenable to treatment. Much later in his incarceration, there was a report indicating he still was not admitting to his sexual offense and expressed the desire to resume babysitting as a primary source of income. At the time of his scheduled release from prison, he was detained and taken to SCC, where he has resided since 3/14/01.

Child Molestation in the Second Degree (Skagit County Cause # 90 1 00175 9; date of conviction by plea of guilty – 9/17/90)

Records indicate that Robert T. was giving his girlfriend's daughter, Jasmine M., who was four, a bath and noticed that there was white stuff all over her anal and vaginal area. He recognized it as Desitin and asked the girl who put it there. She indicated that Ransleben did. He talked to the girl's mother and the two of them asked the girl what had happened. She said that Ransleben had put it all over her anal and vaginal areas, even though she told him that she did not have to wear diapers anymore. She also told them that Ransleben had touched her in her vaginal area many times and that sometimes he had hurt her. They called the sheriff's office and were told to file a report. However, they indicated that they were concerned that if Ransleben denied it to an officer there would not be enough proof and that he would just go ahead and do it to some other child. They confronted him and he admitted to them that he had touched her. They agreed to let him continue to live in their house as long as he promised to get counseling. Later in the month, Ransleben was in the living room with the girl and her sister. The parents observed him wrestling with the girl and observed him lay back on the couch and pick her up again, wrestling around, and turn her around so her bottom was in his face and her face was in his crotch area. He took her hands down and forced her head down into his crotch area and bit her at her bottom. He then turned her around and put her crotch area on his and pushed down on her bottom with his hands. While doing this, he touched her crotch area with his hands. Next he turned her back around so her head was on his crotch again, and then he put his hands on her head and pushed her face hard against his penis. Robert took the girl away from Ransleben and proceeded to punch him. The police were called and Ransleben was questioned. He admitted to rubbing the Desitin onto her and said that he may have touched her more than once but that he could not remember. A Sedro-Woolley Police Department report (4/29/90) summarized investigation of the child molestation charge involving molestation of Jasmine M. The victim reported that Ransleben had touched her in the crotch area and reported that "daddy" had seen it and had beaten up Ransleben. She reported that this had happened lots before and she said that Ransleben had hurt her and pointed to her crotch area. Ransleben had been staying at the house for about four months and would babysit Jasmine and her sister Rebecca. She stated that when her mother or father would leave her alone, Ransleben would begin touching her on the crotch with his hand and would rub her there. This occurred while she was dressed, and Ransleben also had his clothes on. She reported that this happened daily, and that Ransleben would sometimes have her touch his crotch area, telling her it was a secret and a game. Jasmine reported that he had changed Rebecca's diaper. Sometimes he would insist on putting a diaper on Jasmine and would rub Desitin on her bottom. In an interview with police, he admitted rubbing Desitin all over Jasmine's private parts on one occasion and stated that he may have done this more than once, but just couldn't remember. In interviews with Robert T. and Jennifer M., it was disclosed by Jennifer that her four year old daughter had reported that Ransleben had touched her about three

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days prior to 4/29/90 and had touched her between her legs. They decided to watch Ransleben's actions without making any accusations. On the evening in question, Jasmine and Ransleben were in the front room playing when Robert and Jennifer saw him force her face into his groin area. When they walked into the living room, he put her down very quickly and pretended nothing had happened. They reported that his penis was obviously very aroused and Robert grabbed him and called him a pervert and accused him of messing with her again. Ransleben said, "Yes, I'm sorry." He was charged with Child Molestation in the First Degree. He entered a plea of guilty to Child Molestation in the Second Degree on 9/17/90. On 11/30/90, Ransleben was sentenced to twelve months and one day with an order for community placement upon release.

At the pre-sentence investigation interview, Ransleben rambled in his statements and could not stay focused on the question being pursued. He alluded to being without medication, erratic behavior and loss of thought, and sometimes periods of blackouts. He tried to qualify any explanation of what did occur with Jasmine. The impression of his explanation was one of complete denial. This report noted that services he had received at Good Samaritan were more related to anger management. He refused to have a psychosexual evaluation and was so uncommunicative in areas concerning the immediate offense and prior incidents regarding sex offenses that it was extremely difficult to assess any sexual offense risk. He claimed to have periods of unawareness or blackouts while babysitting. This report noted that he had never been married but had a four year old daughter who was supported by the mother. This report noted that he did his share of drinking and it took a considerable amount of alcohol to get him intoxicated.

Communication with a Minor for Immoral Purposes (Pierce County Cause No. 0016700, date of conviction 5/23/89).

Official records indicate that he lured a four year old female out of her yard by offering her money and candy. She went with him to the greenhouse where he was living, next door to her house. Inside the greenhouse, he told her that he had daughters of his own, and then he touched her on the vaginal area with his hand and fingers on the outside of her clothing. She then asked him if she could leave and he let her out. She reported the molestation to her father on 2/4/89. The incident was then reported to the Tacoma Police Department. Ransleben reported that the girl came onto his uncle's property of her own volition and he told her to go back to where she had come from. He went on to deny the charge and added, "If I did do it, I must have blacked out or something." He was found guilty of Communicating With a Minor for Immoral Purposes and sentenced to six months in jail.

History of Non-adjudicated Sexual Misconduct

With respect to non-prosecuted sex offenses, he was a suspect or charged in at least six other sexual incidents in the '70s. From 9/75 to 2/76, he and his father committed indecent liberties against a young girl, T.W. He admitted to this on 3/17/77. On 4/22/77, the Pierce County Juvenile Court found his admission inadmissible and the case was dismissed. T.W. and her mother had been living with the Ranslebens. On 2/27/77, he was investigated as a suspect in an attempted rape. Later that year, he was reported to the police on two occasions for luring children out of their yards. The police and victims could not prove these allegations. On

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6/13/77, there was a complaint that Ransleben had molested a five year old girl in the Puyallup area. No one actually witnessed the molestation so the police decided they could not arrest him. On 9/11/78, he was investigated as a suspicious person contacting juveniles.

A Pierce County Investigation of Possible Child Sexual Abuse dated 9/25/91 noted an investigation that he was living in a setting where there were two children. One was approximately 12 years old and reported that Ransleben had been touching her where it made her feel uncomfortable. The other girl was approximately 15 and said that she was not comfortable with Ransleben around because he would undress with his bedroom door open and walk around naked after taking a shower. Witnesses reported that he pinned Suzanne on a bed and tickled her. When she told him to get off, he began grabbing her between the legs, on the rear, and on the breasts. Throughout the incident, Suzanne asked him to leave her alone. Later she disclosed that he did it all the time. Della reported that he was always trying to touch her in her private areas. In a statement by Ransleben on 11/20/91, he provided his version of the situation with Della and Suzanne. He reported that he got along with both girls and that he liked them and they liked him. He related that Suzanne was having problems with her stepdad and several times he would follow her up to her room and try to cheer her up by giving her hugs and tickling her. When advised that both girls had said that he molested them he said he knew right from wrong and the difference between good touching and bad touching, but would not admit to molesting them. He did admit that he might have accidentally touched them. He did say that both girls complained to their mother and Ransleben's wife about his touching and he did stop. He was required to move out of their house until the victim's family moved out a few days later.

Finally, in 10/92, he allegedly touched his stepdaughter, who was five, on her vagina and her brother reported this touching to CPS. Her brother said that the sister had a bug bite between her legs and that Ransleben put medicine on it with his finger. She told her brother that she did not like how Ransleben touched her.

Self Reported History of Sexual Offending, Adjustment, and Functioning

When questioned during my interview with him about his history of sexual convictions, he stated, "To me I don't have any." He admitted to doing time because people said he had committed sexual offenses, but claimed that he was never convicted or never pled guilty to a sex crime. He stated, "I even tried to avoid having sex with women my own age." When asked specifically about the 1993 Child Molestation conviction, he indicated that it did not go to a jury trial and his hands were tied. His lawyer told him to plead guilty. He diverted to a discussion of turning in his ex-wife for messing with her four children. Sam H. was one of her children and he insisted that his ex-wife messed with all of her four children. He claimed that he turned her in to CPS and he never had sexual contact with Sam H. He claimed that his wife's brother molested the kids before Ransleben ever met them.

When questioned about the 1990 Child Molestation in the Second Degree conviction, he reported that he was pushed into it by his lawyers. He denied any sexual contact with Jennifer's daughter and claimed that Jennifer's ex-boyfriend molested the kids.

In discussing a 1998 conviction for Communicating with a Minor for Immoral Purposes, he insisted that he told the child to go back home and told the child that the person who owned the

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house, Ransleben's uncle, could not be trusted.

When I asked him about other non-adjudicated sexual misconduct, he denied any other incidents. He specifically denied the 1976 incident with the female T.W. When asked about the 1977 investigation of Attempted Rape, he indicated that was when he had his head injury with a chandelier. He denied knowledge of any reports to police about two Child Luring incidents in 1977. He further reported no recall of the 1977 allegation of Child Molestation. When asked about the 1978 incident involving suspicious contact with juveniles, he stated, "I don't know where the people are coming up with those allegations." He specifically denied the incident of sexual contact with Della and Suzanne. When I asked about the incident of allegedly touching Stephanie H. on the vaginal area, he indicated that the touching was only for medical reasons, and he was cleared by the California authorities. He indicated that she had an infection in her vaginal area and her mother would not take care of it. He stated, "Is that against the law? Helping someone with medical?"

When I asked him about his lack of participation in sex offender treatment, he claimed that he was not admitted to SOTP due to reading and writing problems. However, he later indicated that he did not enter treatment because his lawyer told him not to be in treatment. He indicated that the program told him to get into treatment or he would not be released. When I asked him if he had a sexual deviancy problem, he stated that he did not, and further stated, "If I have a problem with sexual deviancy, I will go somewhere in private and beat the sucker off."

I then asked him about aspects of his sexual functioning. He reported that he masturbates once a month when he is unable to get to sleep and denies any specific masturbation fantasies. He acknowledged a history of being sexually abused by an uncle on two occasions, once as a child and once in 1987. He indicated that his grandmother caught him on one occasion when his uncle took Ransleben to his grandmother's room. He indicated that the incident in 1987 occurred when Ransleben was asleep on the couch and his uncle abused him. Both incidents involved his uncle performing oral sex.

He specifically reported that his sexual history is limited to sexual contact with women his age.

He indicated that his parents and the school never provided sex education information. He indicated that the only sex education he had involved taking a class at Shelton which covered condom use. He reported that he walked in on his parents having sex at home "too many times." He stated, "I got my ass spanked for it." When I asked him about privacy and modesty rules at home when he was younger, he indicated that he was expected to respect privacy in the bathroom, but the bedrooms did not have doors. He indicated that he saw his parents nude on a regular basis when younger. He reported that he did not know when he began puberty. When questioned about the age of onset of interest in females, he claimed that he never developed an interest in women. He reported his first sexual contact with a woman was at age 25, when he was staying with a woman who had children. He reported having two children with that woman, based on two separate sexual contacts. He reported marrying Judy Howell in 1991 and divorcing her in 1993. He reported that the cause of the divorce was that she was touching her children under the belt. He reported that he has had sexual contact with one other woman on two occasions.

He reported no history of sexual contact with males.

He indicated that he masturbated for the first time after DOC taught him how to masturbate when he was in Shelton. He stated, "We had to learn how to relieve ourselves." He reported that he has never masturbated more than once a month and reported no specific masturbation fantasies.

He reported that his only exposure to pornography involves an incident at age 13 or 14 when he walked into Elmer's, which was a combination tattoo parlor, tobacco store, and pornography store. He indicated that he went in and bought cigarettes and saw pornography on the display. However, he reported that he was forced to watch pornographic videos at a motel at 29 Palms in California. He indicated that the incident involved a trip in which Judy's sister and boyfriend and Judy were present. He indicated that Judy attempted to influence him to have sex that night but he was unable to do so. He indicated that the incident when Judy was not taking care of the children's medical problems took place at 29 Palms. He reported no history of involvement in group sex.

He reported no history of forcible sex. However, he stated, "I had a couple of them force me." He stated that he claimed that he told the women that he had diarrhea and gonorrhea and it turned them off.

History of Other Juvenile and Adult Offenses

Other criminal offenses include a juvenile conviction at age 14 related to an incident in which he assaulted a teacher. On 1/5/79, he was arrested for taking his uncle's car without permission. He was sentenced on 5/10/79 to five years, but it was suspended. Suspension was revoked on 11/20/79 and the court noted that he could not be successfully supervised on probation, needed to learn to read and write well, and was rigid and challenging to all authority.

In a pre-sentence investigation (5/8/79) related to Taking a Motor Vehicle Without Permission, his uncle reported that someone had kicked in the side door of his garage, entered, and removed the car that was parked inside. Ransleben had taken another vehicle of his some weeks ago and returned it. Ransleben had a key to this automobile and his uncle believed that Ransleben had removed the vehicle. Ransleben's version of the offense was that he really had not done anything wrong because he was only borrowing or using the car and was going to take it back. This report noted that he was charged with a parole violation on 5/1/75 and returned to Echo Glen. It further noted a charge of Shoplifting on 5/10/76 and there was an entry on the record for Child Molesting on 8/1/77. Between the time of these charges and his sentence, he attempted to enter Lincoln High School where he had previously been enrolled. He had been instructed not to return to the high school but had been seen on the grounds frequently. He attempted to enter a class there and when they confronted him with being on the grounds without permission, an altercation ensued. Ransleben called the police during the incident as he felt it was his right to enter school and expected the police to enforce this right. Because of learning disabilities he had and because of his acting out in an aggressive and often violent manner which disrupted the classroom setting, he was ordered off the Tacoma Public School grounds. This report noted that he attempted to join the army on two occasions but was denied entrance and told to return after he completed his education. It noted an employment history involving washing cars but he could not remember the name of the dealership. He admitted to having a problem with alcohol and

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further stated that because of his problem he should not drink at all. It appeared that alcohol aggravated his ability to control his temper. This report noted that he was diagnosed in 1975 as having an Unsocialized Aggressive Reaction to Adolescence, and in 1976 was given a diagnosis of Schizoid Personality. The report noted a fascination with handcuffs dating back to 1976 and indicated that in April of 1979 he handcuffed himself to a Lincoln High School student when they were on the school grounds. A missing persons report was filed by the young woman's sister and she did not return home until the next day. It is not clear as to whether or not she was a willing participant in this activity. This report noted that the University of Washington Adolescent Clinic found no apparent physical problem contributing to his present situation and no evidence of biological defects or abnormalities. The recommendation was that he be granted probation and be permitted to enter Soundview Care Center.

His 1990 pre-sentence report summarized numerous driving citations. This report noted having a revoked driver's license, and being classified as a habitual traffic offender. He had charges from 1984 to the present involving DWI, reckless driving, defective equipment, disobeying a road sign, and driving while his license was revoked.

When questioned about the incident involving the assault of a teacher, he indicated that the teacher grabbed him around the throat and tried to choke him. He indicated that he wanted to use the phone to call his parents. He stated, "Why did the teacher assault people in school?" When asked about taking a motor vehicle without permission, he stated, "That's family business." He indicated that he was convicted and considers it a wrongful conviction. He indicated that his uncle did not understand. He diverted to some observation about not having insurance and reported that the vehicle actually belonged to a grandmother who had died.

Prior Evaluations and Issues Associated with Sexual Deviancy and Sex Offender Treatment

In his SOTP Interview on 12/18/90 he denied the crime and was not amenable to treatment.

A DOC Community Placement Referral on 2/5/91 noted a review of proposed residence and problems associated with the fact that a seven year old former victim resided next door, so the plan was denied. A DOC Community Placement Certificate of Conditions – 4/26/91 noted that he was vigorously contesting the condition regarding no direct or indirect contact with the victim of his crime.

In his SOTP Interview on 8/25/93, he was denying his crime, refused treatment, and was not amenable to treatment.

The File Review for End of Sentence Review Committee (11/18/99) noted he had no release address, but intended to live in Tacoma. This review summarized his offense history and referenced a variety of prior psychological evaluations that had been completed. It noted that he declined the Sex Offender Treatment Program in prison in 8/93. He blamed his ex-wife for his sexual deviancy and felt that SOTP was designed to civilly commit selective program participants. He was on the waiting list for chemical dependency treatment, but his case was rejected due to his psychological problems. The report noted three infractions. It noted that his longest employment was approximately two months. It indicated that he telephoned his father and an uncle who live in Tacoma. Further end of sentence review data indicated that he did not

complete stress and anger management. The comment was that he began the class, became frustrated, and had persecutory delusions which necessitated discontinuing participation. The report noted that he continued to assert his wishes to return to the community and his "babysitting business" just as quickly as possible. He claimed to have done nothing wrong during his interactions with children and that it was the adults who were jealous of his relationships with young people, who then react improperly toward him. He felt registering as a sex offender would prevent him from engaging in his daycare business and pursuit of a livelihood. He refused to acknowledge having committed the offenses and ardently declined treatment.

A Sex Offender Psychological Report by David Monson, Ph.D. (1/28/00) noted that he expressed his intent to resume babysitting as a primary source of income upon release from prison, in violation of the court order against contact with children. He denied that the child molestation offense occurred. He further denied that the child molestation in the second degree offense occurred. He provided an unsubstantiated report of a head injury at the age of seven, and birth trauma. Dr. Monson viewed the disorganized nature of his thinking, speech and behavior as consistent with organic brain damage more than schizotypal personality disorder. He communicated that a neuropsychological assessment was indicated to confirm brain damage. This report noted that he disclosed that he was repeatedly sexually abused in childhood by one of his uncles. Dr. Monson's report seemed to indicate that the fact that very few changes had occurred with respect to cognitive functioning that there was support for a diagnosis of organic brain damage. Scores from the MnSOST-R and the RRASOR were in the high risk category. He received a low score on the PCL-R. On the LSI-R, he received a score which suggested a 76% chance of recidivism, with service needs in subcomponent areas of criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions and emotional/personal. He was diagnosed with Psychotic Disorder Due to Head Trauma, with Delusions, and Personality Change Due to Head Trauma, disinhibited type. He was further diagnosed with Borderline Intellectual Functioning and Head Trauma. There was a recommendation for a neuropsychological assessment, although the symptom pattern seemed consistent with psychotic disorder due to head trauma and a disinhibited personality due to head trauma. The fact that the symptoms had been stable over a long period of time seemed to support the diagnosis. Dr. Monson thought these diagnoses predisposed him to commit criminal sexual acts. He was viewed as a high risk to reoffend sexually against children. He has very little insight into his own behavior and very poor judgment. He was unwilling or unable to admit to his sex offenses and planned to continue babysitting in violation of the court order. His mental condition was viewed as predisposing him to act out sexually against children, and there was little likelihood that the condition would improve with time or treatment. He recommended that Ransleben be considered for civil commitment as a predatory sex offender.

Prior Psychological and Psychiatric Evaluations

An Occupational Therapy Department Report (11/20/70) noted he was tested on the Frostig and received a Perceptual Quotient of 81. A retest about nine months later on 5/6/70 showed an increase to a Perceptual Quotient of 100. It noted that he was behaving as a disturbed young man and in his increasingly overt and aggressive behavior he could not be left in any kind of unstructured situation as he endangered the physical well being of smaller, less capable children. When he lost self control, usually during the 30 minute play period following lunch, he would

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strike out in all directions, both verbally and physically, with an open defiance of all authority. The only thing he respected at times like this was a display of strength greater than his own. In closely structured and supervised activities, he was considered a behavior problem and participated well, but the school could not deteriorate to the function of a watchdog and babysitter. There was a request for psychiatric guidance due to his complex personality problems.

A Psychiatric Evaluation by Hugh James Lurie, M.D. (12/13/73) noted that Ransleben did not seem to have any remorse or guilt, and no particular depression related to the events that had occurred or his fantasized events of murdering people in the future. He was viewed as a somewhat retarded boy with enormous aggression and violent impulses, and seemed to have no way of mediating his impulses and moving in and actually doing something about the impulses. It appeared that he had never really learned what society does think and instead relied either on fantasies or on models either from his family or his friends that some way promoted or at least condoned violence. The diagnosis was Unsocialized Aggressive Reaction of Adolescence with homicidal tendencies.

A Psychiatric Consultation by James McDermott, M.D. (12/28/73) noted that since being admitted to Cascadia, he had bitten staff when they refused to allow him to use the telephone. He was diagnosed with Unsocialized Aggressive Reaction of Adolescence and Borderline Intelligence. He seemed bent on immediate gratification of his impulses, and came from a family where that kind of unsocialized behavior was not only acceptable but sanctioned by his father.

A Psychological Evaluation by David C. Brose, Ph.D. (1/22/74) noted testing on the WISC indicated that he received a Verbal IQ of 57, Performance IQ of 57, and a Full Scale IQ of 53. His behavior on the cottage was tumultuous, and peers seemed to be afraid of him because of his unpredictable behavior and his violent means of expressing himself. He was seen diagnostically as displaying relatively primitive and violently aggressive behavior. Treatment recommendations included consistent and concrete instructions from adults regarding expectations for behavior. He could not be allowed to aggressively react to peers or staff and required immediate limits placed on this kind of behavior.

A Tacoma Public Schools Child Study Services Report (12/12/78) noted that he was evaluated by Child Study in 1970 and found to have a WISC Verbal IQ of 66 and a Performance IQ of 89. His reading and writing at that time was at the first grade level. In 1975 he was seen at the University of Washington Adolescent Clinic and they found no evidence of neurological or biological deficits or abnormalities but did note that he was an extremely angry individual. It recommended that he not return to live with his father because he felt that his father reinforced aggressive behavior. At the time of this report, he received a Verbal IQ of 68, a Performance IQ of 86, and a Full Scale IQ of 75 on the WAIS. On the WRAT, he received grade level scores of 1.8 on reading, 2.6 on spelling, and 2.9 on arithmetic. He met criteria for moderate retardation under WAC and criteria for behavioral disability under WAC. He was viewed as having difficulties relating to peers and teachers. He was resentful of authority and had difficulty accepting discipline and instruction, which was a hindrance to the limited growth he was viewed as capable of making.

A Psychological Evaluation by William Proctor, Ph.D. (2/1/79) summarized psychological test

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results including testing on the WAIS in which he attained a Verbal IQ of 69, Performance IQ of 89, and a Full Scale IQ of 76. This report also summarized results from specific subtests on the WAIS. It further noted that he had a memory quotient of 64.5 on the Wechsler Memory Scale. He was diagnosed with Passive Aggressive Personality.

Test Results reported on 12/6/79 indicated a Reading GE of 4.9, a Comprehension GE of 0.6, and a Total Reading GE of 1.0. He had a Computation Arithmetic GE of 3.4 and a Concepts Problem GE of 0.6, with a total Arithmetic GE of 2.1. IQ testing placed him at the second percentile. Profiles for the CPI and the MMPI were provided, although results from the MMPI seemed to indicate some validity problems.

A Psychological Report by Eugene Wasescha, Ph.D. (10/3/83) noted he was tested on the WAIS-R and received a Verbal IQ of 71, Performance IQ of 83, and a Full Scale IQ of 75. This report summarized results from specific verbal subtests. He was diagnosed with Mixed Specific Developmental Disorders including Arithmetic Disorders and Language Expression.

A Western State Hospital Face Sheet (5/31/89) noted a final diagnosis of Psychoactive Substance Abuse (alcohol, marijuana, and cocaine), Mixed Personality Disorder with Antisocial, Narcissistic, and Paranoid features, Borderline Intellectual Functioning, and Post Traumatic Grand Mal Epilepsy by history.

In a Psychiatric Evaluation by Robert F. Cary, MD (6/1/89), he was diagnosed with Polysubstance Abuse, Antisocial Personality Disorder, and Post-Traumatic Grand Mal Epilepsy by history.

A letter to Judge Rudolph Tollefson from Michael Morrison, Ph.D. (6/28/89) noted that his personality disorder diagnosis means that he has developed a maladaptive personality style characterized by having an exaggerated sense of his own importance, making unreasonable demands, having little regard for the rights and needs of others, being suspicious of the motivation of others, having a sense of being entitled to special treatment, and being easily angered. He was essentially found competent to stand trial, although his maladaptive personality style would contribute to being unreasonable, argumentative, and unwilling to follow the advice he is given by his attorney. It was concluded that this behavior if it occurred would not be the result of inability to understand the situation or the result of a major mental disorder. It provided some recommendations to assist in communicating and interacting with him as a defendant. The report noted that various information examined indicated that some of his past criminal conduct may have constituted felony crimes, and he was thus viewed as presenting a higher risk of committing serious criminal acts than might be evident from his criminal record.

The Western State Hospital Release Summary (6/30/89) noted that he threatened judges and vowed he would commit suicide by blowing himself up in the courthouse when the disposition of the case displeased him.

In a Psychiatric Evaluation by Lolita Delmer, M.D. (5/18/90), he was diagnosed with Pedophilia and Chronic Alcohol Abuse. The Axis II diagnosis was deferred. He was also diagnosed with Grand Mal Epilepsy.

The Western State Hospital Letter to Judge Gilbert Mellen and Psychological Evaluation by Gregg Gagliardi, Ph.D. (5/29/90) summarized IQ testing with a VIQ of 69, PIQ of 89, and FSIQ of 76. The report noted that he refused to discuss the alleged offense and refused to provide any clinical history pertinent to psychosexual development. It noted that he had a surprisingly long juvenile and adult criminal history, with a ten page rap sheet including a variety of arrests. It summarized a criminal history beginning in 1977 noting that he was investigated as a suspect for attempted rape (2/27/77), child molesting (3/10/77, 5/12/77 and 5/19/77), and as a suspicious person contacting juveniles (9/10/78). He was diagnosed as Rule Out Pedophilia, with an Axis II diagnosis of Borderline Intellectual Functioning and Mixed Personality Disorder with Antisocial and Paranoid Personality traits. He was considered to be at high risk for future felonious acts jeopardizing public safety, including sexual offenses. It was recommended that he complete a full psychosexual evaluation through a specialist in sexual deviancy, with physiological testing including plethysmograph and polygraph.

A Psychological Evaluation by Marjorie Panek, Ph.D. (8/30/90) noted that he went through the eleventh grade in special ed. in high school. Test results from the WAIS-R yielded a Verbal IQ of 69, Performance IQ of 81, and a Full Scale IQ of 73, placing him in the borderline range of intellectual functioning. On the logical memory subtest of the Wechsler Memory Scale, he performed at the sixth percentile. The report by Dr. Panek indicated that there was a hospitalization for depression and suicidal ideation in 1985. This particular report noted a variety of factors supporting the conclusion that he was not competent to stand trial.

The Beta IQ summary report yielded a Beta IQ of 65 (12/13/90).

A DOC Primary Encounter Report (2/22/91) noted an assessment related to explosive disorder. A further note on 2/25/91 indicated that he refused social skills training saying he did not feel he needed such training. He appeared to be right on the edge of losing control at any moment. He was hyper-paranoid and almost completely devoid of responsibility for his own role in his continuous troubles. A note on 2/21/91 indicated that he did not display indications of a psychotic disorder, but he was apparently mildly retarded with probable organic brain syndrome. His thinking was poorly associated and he persistently returned to a particular theme, with perseveration apparent in his cognitive processes. His ability to attend and comprehend was quite limited.

A Psychological Evaluation by Gary Lauby, Ph.D. (5/24/94) noted he had taken Dilantin for seizure management but his compliance with his medical program had been inconsistent over the years. On the WAIS-R he received a Verbal IQ of 66, Performance IQ of 93, and a Pro-rated Full Scale IQ of 75. On the PIAT, he received a Math GE of 3.8, Reading Recognition GE of 1.6, Reading Comprehension GE of less than 1.0, and Spelling GE of 2.2. This report noted that neurological examinations in 1973 and 1974 were positive for epilepsy and he was started on Dilantin at that time, but he has not been consistent in his compliance. He was not viewed as a candidate for camp placement and was viewed as requiring a highly structured environment. The report noted that he generally responded aggressively to stimuli he perceived in his immediate circumstances, and his ability to follow serial instructions or recall past sanctions for inappropriate behavior was likely to be very limited. He also appeared unlikely to be able to plan and execute behaviors requiring comprehension of a sequence of behaviors. He probably responded to immediate stimuli in terms of his immediate needs. Past inappropriate sexually

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related behaviors probably reflected these limitations and he was seen as requiring supervision in the presence of minor males and females for an indefinite period of time. He was seen as needing a training program regarding appropriate and inappropriate sexual behaviors, but the program would have to be prolonged and relatively intense and the training would have to be repeated at intervals to maintain the learned skills. The basic recommendation was that supervision would be necessary on a continuing basis.

In a Psychological Report by Thomas Foley, Ph.D. (12/20/94), he was diagnosed with Alcohol Abuse, Cocaine Abuse, Borderline Intellectual Functioning, and Rule Out Pedophilia. Axis II diagnoses were deferred.

A subsequent Psychological Report by Thomas Foley, Ph.D. (5/4/95), addressed questions related to diagnosis, including whether or not he had an organic disorder and recommendations regarding placement in MICC. He was diagnosed with the same diagnoses as the previous evaluation, plus Schizotypal Personality Disorder (principal diagnosis) and Antisocial Personality Disorder. With respect to the question of an organic mental disorder, Dr. Foley mentioned the conflicting data relating to the history associated with a diagnosis of possible organic disorder. He considered the diagnosis of Schizotypal Personality Disorder more appropriate in light of his behavior and symptoms. He concluded that Ransleben would have a very difficult time functioning in the general prison population.

A Medication Review by Ed Gayda, M.D. (5/23/95) noted diagnoses of history of alcohol abuse, history of pedophilia, and history of borderline intellectual functioning. Axis II diagnoses included schizotypal personality disorder and antisocial personality disorder. Axis III noted history of seizure disorder. Further records indicated that there were medication reviews by Dr. Gayda from 1/17/95 through 5/23/95.

A DOC Mental Health Record (7/27/95) noted a statement that he had hit his head on a brick wall when he was seven years old. Further records around that time indicated that he discontinued Dilantin in 1994 due to being angry at prison personnel. The initial diagnostic impression was Organic Personality Disorder. Further notes indicated that he did not process information well, gets perseverative, and is locked in. He required slow and repetitive explanations. He showed evidence of very low frustration tolerance. There was a question about whether he had an Axis II disorder or the problem related to attention seeking behavior. Further notes indicated problems with low frustration tolerance and whether or not there was a behavior disorder. The recommendation was for firm and consistent guidelines. Further notes around that time indicated that he alleged that his ex-wife molested the children. He stated, "All I did was to try to put medicine on the little girl's private parts because she had a boil." The child said her mother wouldn't make it better so he used psychology with the child and made it better. He described experiences as a babysitter in Mount Vernon and reported that he would make a child mind him by putting her in a room all day without anything to eat.

A medication record (10/31/95) noted he was prescribed Vistaril PRN for agitation or anxiety.

A DOC Inpatient Progress Note (4/1/96) indicated he requested a drop-in appointment. Another progress note on 2/7/96 indicated that he was not guilty of the instant offense. The notes suggest that there were ongoing contacts in early 1996, with a reference on 1/1/96 to the fact that he was

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talking in a bizarre fashion and talking about the possibility of suicide when he gets out of prison. His thoughts were jumbled, disconnected, and illogical. He showed evidence of emotional lability and a recurrent underlying theme of being good enough, as good as others, and capable. A note on 12/26/95 noted that he was adamant that he wanted to stop Depakote and that he had refused on 12/25/95. A note on 12/19/95 indicated that he had received a booklet for a commercial driver's license as well as a medical exam form making it clear that on the basis of organic deficits, seizure disorder, and alcohol history that he would not likely qualify. He had little insight and was talking about suing the state and Pierce County because of discrimination and being falsely put on Dilantin at age seven or eight. A note on 9/6/95 indicated that he reported that he had been treated with Dilantin for seizures off and on. Another note indicated that he was given a brief trial of Tegretol in 1991 which he stopped on his own. He had demonstrated mood lability and a tendency to minimize his problems and engage in attention seeking behavior. He was assessed as probably OBS, with developmental disabilities and attention seeking behavior.

A DOC Primary Encounter Report (4/8/96) noted that his eight months at SOC were viewed by Ransleben as cruel and unusual punishment. He was referring to the suits he was filing. He showed very little insight and some grandiosity. He was rigid in his thinking and unable to cognitively flex with the situation, seeing himself as a victim. A DOC Primary Encounter Report (4/17/97) noted he was referred for a suicide assessment although there were no disclosures of suicidal ideation. He was tearful and emotional. He denied suicidal ideation or intent. He wanted a transfer to Western State Hospital and wanted to be back on Dilantin. A further note on 4/23/97 indicated that there was a plan to refer him to Dr. Johnston on his request for meds to control his behavior. Anti-seizure medications were viewed as helpful, but it was stressed that this would not be for a seizure condition. In the past, he was placed on anti-convulsant medications for behavior. Further records indicated around that time he was reporting near daily seizures. Medical records indicated that he was evaluated by Dr. McDowell on 1/4/80 and no major motor activity was identified, but he did have an abnormal EEG which was not diagnostic of seizures, but is compatible with a possible seizure disorder. A 1995 consultation showed again an irregular EEG but no seizure activity. Of note was that he was reporting near daily seizures that occur while he sleeps, but no seizure has ever been observed, and he has never been incontinent of bowel or bladder. There was a strong suspicion that he did not have a seizure disorder, only an irregular EEG consistent with possible brain injury or anoxia as an infant. He was refusing all medications for this and no seizure had ever been witnessed.

A Suicide Assessment by Paul Daly, Ph.D.(4/17/97) concluded that he did not appear to be imminently suicidal, but did not appear appropriate for placement at that particular institution, at least not at the current level of emotional turmoil.

A Mental Status Examination by Dieter Burckhardt, MA (date unspecified) noted he was disheveled and showed poor cooperation. Speech rate was accelerated and retarded and he showed evidence of poor concentration. He showed persecutory ideas and ideas of reference, along with overvalued ideas and markedly illogical thinking. There was evidence of loose associations, poverty of speech content, perseveration, and flight of ideas. There was further evidence of mood lability, anger, and hostility. The diagnostic impression was Organic Brain Syndrome, along with Rule Out Schizophrenia, disorganized and paranoid type.

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Institutional Adjustment

He entered the juvenile system in 1974 and a Cascadia Diagnostic Center Report (1/5/74) described an incident in which he pulled a handful of hair from another boy's head and struck the boy with a buffer cord before staff could restrain him. It noted that he had been a constant control problem since his arrival at the cottage. A Cascadia Diagnostic Center Report (1/7/74) noted that he had lost the first game of pool and insisted on playing another one by holding on to the cue ball. When staff asked him for the cue ball he refused to give it to them.

A Cascadia Diagnostic Center Review Summary (1/23/74) described his functioning in Sunrise Cottage where he was emotionally unstable, functioned erratically, and had no predictable behavior pattern. He conformed to a few routine procedures and some of the requirements inherent in that living situation but never achieved the ability to live comfortably within the cottage structure for other than short periods of time. It referenced the fact that he was in several fights requiring restraint and isolation. When upset, he looked for weapons such as furniture or pool balls, although he did not use them to any serious degree. This document noted that he was on Dilantin for "behavior problems." The recommendation was that he be transferred to Echo Glen. Other Cascadia reports at the same time noted that he never achieved the ability to live comfortably within the cottage structure for other than short periods. Another summary indicated that he was a disturbed dependent youngster who had an extremely poor educational background. An institutional program that provided chances for a relationship with a strong male figure was viewed as helping in his treatment.

An early Echo Glen Initial Progress Adjustment Report (2/12/74) noted that he was relatively problem free the first few days. Once he became acclimated, he resorted to threats of aggression. He threw chairs several times and later had one minor physical confrontation at school with a teacher. His father was continuing to support aggressive alternatives for solving problems. A Six Month Progress Adjustment Review from Pioneer Group Home (12/8/75) noted substantial progress over the previous three months. His treatment for aggressive behavior had been concluded. He was still receiving treatment for unsocialized behavior, problems of sexual identification, lack of motivation, and severe emotional retardation. This report noted that he learned to express himself and his needs in a nonviolent manner. He was actually viewed as having made tremendous progress during that time period. Around the same time, his JRA Review Board Record (12/10/75) noted marked improvement in all areas of treatment. Academic progress had been spectacular. He showed evidence of emotional stability. Placement with his father had been totally ruled out, but placement with his mother remained a remote possibility contingent upon her ability to provide the emotional support and parental supervision he would continue to require. However, the Final Adjustment Summary (2/7/77) noted that Carl had been unable to relate to his peers at the group home in an appropriate manner and felt that there was too much pressure being placed on him by peers and by his teacher. He entered a foster family. The record noted that it was probable that he would have further institutional problems in the future because he had no respect for authority, and only tolerated it when necessary. The threat of imprisonment was viewed as being the only deterrent that kept him within the law. Contrary to the suspicions of the counselor who authored this report, Dr. Hodges and Dr. Deisher felt that there was no evidence that Ransleben was sexually deviant aggressive. They also felt that he had no violent tendencies or personality characteristics which would lead to violent tendencies. The counselor reluctantly submitted to their learned opinions.

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He entered the Department of Corrections following revocation of probation on the charge of Taking a Motor Vehicle without Permission in 1979.

A DOC Transfer Progress Report (10/27/80) noted that he arrived in R3 unit on 1/9/80. Prior to transfer, he had been in at least six fights during the previous month and had a long history of assaultive behavior. When he was first referred to the unit and interviewed on 1/8/80, he was turned down as being too assaultive. It noted that over time while on the unit, he had made progress as a result of intensive counseling and fair but firm limits.

He was intermittently served in community settings and returned to prison as the result of unsatisfactory community adjustment and violation of conditions of community placement.

A DOC Infraction Report (8/24/83) noted that he walked onto the tier and would not shut the door all the way. He had set it so it wouldn't lock, thus enabling free movement off the tier by other inmates. The security doors were controlled by a panel in the office and his actions interfered with operation of the panel as a security risk. A subsequent DOC Infraction Report (9/6/83) noted that he wanted out of the dining area. When asked what he wanted he said, "I don't have to tell you, do I." The officer said, "You can't go out." As the officer opened the door for someone else and was trying to shut the gate, he grabbed the gate and jerked it back open and entered the dining hall. A DOC Infraction Report (1/7/84) noted an infraction related to confrontation directed towards two other inmates. A DOC Infraction Report (3/6/84) noted an infraction related to being in possession of two pages that had been torn out of a library book.

Following the 1993 conviction, he was returned to the Department of Corrections.

A DOC Classification Referral (4/26/95) noted that he was sent to the Special Offender Center on 12/2/94 due to fragmented thinking with flight of ideas, angry, hostile and tearful mood, threatening to commit suicide and other violent threats, and thoughts which were markedly illogical and grandiose.

DOC records noted he was placed in administrative segregation after threatening two disabled inmates in Cedar Hall. On 12/26/96 he was infraacted for threatening when he threatened to throw an invalid inmate from his wheelchair. On 12/27/96 he threatened another inmate with bodily harm. He also received an infraction for staff interference on 4/25/98.

A DOC Classification Referral (9/15/98) noted from the onset of a psychiatric admission he was prescribed mood stabilizing medications. To date, the medications had little impact on his irritability and anxiety. He suffered from a thought disorder that interfered with organizing thoughts and memory, and included persecutory delusions. Small slights frequently were causing him to seek legal redemption. It was noted that individuals who have persecutory delusions are often resentful and angry and may resort to violence against those they feel are hurting them. Supportive evidence was to be found in his past two serious infractions during the last review period. He had recently refused an offer to begin a trial of new medications to address mood lability and thought disorder. There have been a couple of recent medication refusals. They appeared to correspond to periods when he was most frustrated with his learning difficulties. There had been no progress made related to his instant offense. He continued to deny any

involvement in this offense and blamed his ex-wife for the accusation. He continued to characterize himself as a victim of the legal system and repeatedly refused offers to transfer to SOTP. In fact, he became angry and defiant when questioned about it.

Community Functioning, Probation and Parole Adjustment

A DOC Violation Report (6/11/79) noted that the violation involved spending the night at his father's home, threatening to slash the tires on his uncle's car, refusing to become involved in DVR counseling and other vocationally relevant activities, terminating his involvement in group therapy at Soundview Care Center, initiating a fight, and leaving Soundview Care Center. The probation officer recommended that his probation be revoked. A DOC Violation of Court (9/14/79) noted a violation involved with Taking a Motor Vehicle Without Permission on 8/30/79. This report noted that he was sentenced for Taking a Motor Vehicle Without Permission on 5/10/79. On 6/2/79, his probation was suspended and he was charged with six technical violations. He was found guilty on 6/26 of five of the six violations and was reinstated on his probation until it was suspended again on 8/31/79. The probation officer recommended reinstatement on probation with the condition that he enter and adhere to the rules and regulations of the Parkwood Home. A DOC Probation Violation Report (11/2/79) noted he was involved in a violation of failing to abide by the rules and regulations of the Parkwood Home. The recommendation was that he be sentenced to the Department of Corrections. A DOC Adult Probation and Parole Special Report (11/9/79) was prepared shortly thereafter. It indicated a variety of service alternatives were explored, with the ultimate recommendation being that he be committed to the Department of Corrections.

A DOC Special Intensive Supervision Program Report (3/31/80) noted his probation was revoked after he violated the conditions of his probation in 6/79 and 8/79. It was recommended that he be denied parole to the Intensive Supervision Program in Spokane because there was no appropriate inpatient or sheltered environment for him to parole to. He was later paroled to RAP House and a DOC Termination Hearing Report (2/23/81) noted a hearing was set following allegations that he was absent from RAP House. He was terminated from RAP House and transferred to WCC in Shelton. A DOC Classification Referral (11/10/82) noted he was transferred back to RAP House on 5/11/81. On 8/18/81 he was transferred back to WCC for numerous violations of his work release environment.

A DOC Progress Report (12/3/81) summarized infractions at RAP House from 5/12/81 to 9/10/81 and noted that his job performance was marginal. Although he worked hard, he resisted being supervised and experienced difficulty when working as a team member. Benefits from group therapy at Good Samaritan Hospital were deemed negligible as he was frequently disruptive, and the possibility of medication was being explored at the time of the termination hearing. There was a recommendation for placement in a residential setting that allowed him independence but monitored medication and treatment needs. The court noted that his resistance to authority figures and his denial of his liabilities hindered his ability to gain knowledge from his job placements or counseling experiences. He attempted to control his environment by making threats to pursue legal action, or to do bodily harm to himself or others when threatened. He was viewed as functioning as a highly confused and agitated young man who easily distorted reality with his own misconceptions of the environment. He was easily threatened and responded with inappropriately aggressive behavior.

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A DOC Community Residential Program Special Report (5/10/83) noted that he was again accepted at RAP House with the hope that he had made some changes in his thinking and attitude towards life in general and would cooperate with the program. Almost immediately upon arriving there, he began to balk at the rules. He refused to cooperate with procedures set up by staff for medical appointments and refused to take his Dilantin. He finally did agree to take it, but proceeded to tell the nurse the dosage that he would accept. There were numerous complaints from other residents with regard to him referring to sexual activities with young children. On at least five occasions, five different residents came to staff regarding various situations in which he was speaking inappropriately about young children. These incidents ranged from residents observing him picking up young children that he did not know, to making statements about trying to find 13 year old girls with whom to have sexual relations. When he was confronted with this information, he adamantly denied having any such thoughts, and could not explain why so many different people, many of whom have great credibility, could have made similar observations. After he left, a magazine was found with his belongings with the title being "Growing Danger of Child Molestation." On 4/29/83, after he made specific references to the 12 year old daughter of one of the parole officers in the program, including a great deal of personal interest in her, a staff conference was held. At that time, it was felt that he was dangerous to be at large in the community and that they could not possibly provide adequate supervision to monitor his activities when away from the facility. It was the feeling of staff that he presented a high risk to reoffend in terms of sexual molestation of young children. Combined with the general refusal to cooperate with the program, this made it impossible for him to stay at RAP House. He was administratively terminated from the program and returned to the Washington Corrections Center.

A DOC Classification Referral (9/27/83) noted he was transferred to RAP House work release on 4/4/83 and on 4/29/83 he was returned to WCC. This was his third placement in the Special Needs unit of WCC. He refused to cooperate with procedures set up for medical appointments and refused to take Dilantin to control seizures.

Self-Report Regarding Institutional and Community Adjustment

In discussing his experiences as a juvenile at Echo Glen, he claimed that he had good behavior and denied any problems. He indicated that he did not have sexual behavior problems at Echo Glen, which appears to be correct, given the fact that most of his difficulties in that setting relate to aggression, non-compliance, and disruptive behavior. He indicated that he was in Echo Glen for about 18 months and was on probation after he got out of Echo Glen. When questioned about the five-year probation experience following the conviction for Taking a Motor Vehicle, he initially diverted to a non sequitur about the PO's sex and family life. When asked about his problems with Soundview Care and Parkwood Home, he indicated that the PO wanted to violate him a lot and he reported that he would not report back on time. He claimed that he was trying to do what he had to do for the court, and the PO was violating him. In describing his experiences at RAP House, he indicated that two sex offenders were there and he was there for auto theft. He claimed that he was never terminated from RAP House and claimed that at the end of the five-year sentence he refused to go back. He did report that he was sent back to prison three times at RAP House "for their bullshit." When I asked him what he meant by "their bullshit," he indicated that they would violate somebody for being two minutes late. He indicated that the

main difficulties he had with parole and probation adjustment related to telling him he can't work anywhere he wants to work.

Adjustment and Functioning at SCC

A review of nearly two years of records related to participation in treatment and residential adjustment indicated that Ransleben has consistently refused to involve himself in the sex offender treatment process. Furthermore, he has major difficulties with respect to residential adjustment, involving frequent conflict with staff and peers, along with patterns of intimidation of others in the context of these conflicts. He has been involved in repeated disputes with the same individuals, and does not avail himself of skill-based training programs to assist with functioning more effectively on an interpersonal level or learning more prosocial strategies for conflict resolution. In my telephone interview with Andy Sannar, he indicated that he has been Ransleben's forensic therapist for six months. He emphasized that Ransleben is not participating in sex offender treatment and becomes angry, hostile, and tearful when sex offending issues are brought up. He characterized Ransleben as being in denial of the problem of sex offending. He did note that Ransleben talks about children quite a bit and refers to babysitting. In elaborating on this, Mr. Sannar indicated that Ransleben associated and took care of children in the community. Ransleben does not actually admit to sexual attraction to children. With respect to release plans, Ransleben has not communicated any realistic ideas about what he would do if released. He has stated that he would be a truck driver or open a babysitting business or operate a hotdog stand. Ransleben does not acknowledge the need for supervision in the community. Mr. Sannar indicated that he has had significant adjustment problems at SCC involving conflict with staff and peers. He is on privilege level 2 on the residential unit which indicates limited advancement. He receives Dilantin for seizures, but no other psychotropic medications. He acknowledged that he is aware that Ransleben had experienced a closed head injury and this may impact his information processing. When I asked Mr. Sannar if he was aware of any areas of the record that required some correction, he indicated that there was nothing specific. He did add that Ransleben resents staff doing their job and imposing limits. He indicated that Ransleben rapidly escalates to verbal threats if frustrated. He further resorts to criminal options in verbal problem solving, but can also present as very clingy and dependent and needy.

When I asked Ransleben about behavioral difficulties at SCC, he stated, "Some of the staff don't want to listen and play a word game." When I asked him about problems getting along with other residents, he indicated that he has problems with a resident Charlie D. He indicated that he knew Charlie before leaving prison, and Charlie wanted Ransleben to live with him. He indicated that they now ignore each other. He also acknowledged that he has problems with Robert H. and William D. He indicated that he did not get along with both of them while they were all inmates at the DOC. When I asked him specifically about problems with antagonizing other residents, he indicated that he did not have difficulties in that area. When I asked about conflict with staff, he did acknowledge problems related to his meals being thrown out. When I asked about problems with fighting, he indicated that he does have verbal arguments with staff.

Other Relevant History

A letter to John Ladenburg from End of Sentence Review Committee provided a social history which indicated that he had a younger sister, his father was a hostile alcoholic, and very little was

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known about his mother. At 15, his parents divorced and he became a ward of the court. He completed special education classes through the sixth grade and eventually earned a GED from Lincoln High School. His work history included mowing lawns, janitorial work, babysitting, and assisting elderly people. He had never been married but stated he has been in a long-term relationship with a woman, which he considered a common law marriage. According to this report, they had two children, a boy and a girl. He had very little community support, and limited contact with his father and his uncle. File material indicated that his father was extremely assaultive and hostile, and one occasion threatened to shoot his wife's leg off for reporting their son's behaviors.

He was involved in the social services delivery system at a young age and there were numerous Psychological, Psychiatric, Developmental, and School evaluations summarized in records.

Mental Retardation Clinic Staff Conference Notes (2/21/67) noted he was an aggressive child and had a bout with biting other children. His mother considered her husband abusive in his punishment. When tested in 11/65, he received a Stanford-Binet IQ of 67. On the Merrill-Palmer he earned a mental age of four years and nine months at a chronological age of seven years. He was functioning in the mildly retarded range with borderline potential. His history indicated that during pregnancy, his mother had a great deal of vomiting in the first three months. She went into labor at term, but at birth, Carl was slow to cry and needed resuscitation for ten minutes. Thereafter, he did well. They went home on the fourth day and signed out as a normal newborn. He weighed 22 pounds at the end of the first year. He was slow from the beginning, and was still wet most nights. He was slow to comply. His mother was away and discipline was left up to the father and was a problem at home. The report noted that he had recently fallen from the back of the truck. The report noted that during the first year he had a bout of generalized seizures. It is unclear as to whether this refers to the first year of his life or the first year after the accident. His skull was normal, but he had an abnormal EEG. Seizure discharges were noted randomly over both hemispheres. In class, there was an antagonism with peers at school and he got a reputation for being a fighter. He tripped a teacher, causing her to have medical attention to her knee. He also tripped a second grade girl and bit a boy on his hand. His father resorted to disciplining him with belt spankings and he had to be threatened to be controlled. The record further noted that he came to school in dirty clothes, sometimes without breakfast. It was believed that the father did not stay home and let him run. His father went to taverns quite a bit and was pretty unkempt himself. The report further noted that he could not go to the neighbor's as he killed all the neighbor's chickens.

A Mental Retardation Clinic Psychiatric Evaluation (3/7/67) noted that since the workup was initiated, his father was admitted to American Lake Hospital for what sounded like are probable DTs. According to his mother, her husband still continued to drink quite heavily. He was viewed as a moderately emotionally disturbed child with poor school performance. Other conditions noted included moderate anxiety, poor school performance, aggressive behavior, and speech impairment. The view was that he would always be a mentally retarded youngster, and this might be at a genetic inheritance level.

Hearing Summary Information (2/28/73) described precipitants related to an assault of teacher at school. It noted that his father was quite difficult and had threatened to shoot his wife's legs off after she had disclosed certain family information to the social worker. He had made threats

toward the juvenile court, particularly if his son was not returned home. His father felt that his son was not wrong in his actions that he took against the teacher. A Summary of School Incident (12/11/73) noted that he attacked a student with a board and was pushed away. Ultimately, he escalated and was restrained by a number of individuals, and the police were called.

A Tacoma Public Schools Letter to Judge William LeVeque (12/17/73) summarized his attendance records and a variety of comments related to his adjustment during his first seven years of school. It noted that in kindergarten, he was viewed as a most difficult problem in the room. He was unable to work or play at the level of his classmates and was frustrated. He would become very bossy and hit any child who he felt needed correcting. He continued to have difficulties in dealing with peers and had other kinds of problems with noncompliance. By the fifth grade, he was viewed as having many problems, and in sixth grade his emotional problems were viewed as interfering in the learning process. By seventh grade, he was engaging in more acceptable social behavior with adults, but had severe peer problems.

A Tacoma Public Schools School Social Work Report (12/17/73) noted during that academic year he was having serious problems controlling a volatile temper. It outlined his history of behavioral difficulties in school. Psychological evaluations consistently showed an IQ of approximately 67. At that point he was displaying problems with losing his temper, having explosive blowups, threatening to beat up students, fighting, hitting students, student assistants and staff, showing severe noncompliance with staff, damaging school property, and throwing objects with the intention to hurt others. This report described a variety of representative examples by noting approximately ten incidents between September 25 and December 12. It noted that his parents were having serious marital problems, and referenced his father's drinking problem. It noted that his father was physically abusive to the children and his wife. This report referenced his father's threats to his mother if she left him. He was inconsistent in his discipline of Carl, and historically was negative and punitive or indulgent. He agreed to use time out rather than belt spankings. He told Carl that when kids tease them he should "Just let them have it. Take a baseball bat and smash their heads in." He also told Carl to bring brass knuckles to school. His father made threats toward teachers and reported that he would "blow the head off anyone who tried to keep his kids away from him." In March 1967 he apparently entered the American League Veterans Hospital after a psychotic break.

A Juvenile Parole Services report (1/9/74) summarized his early childhood history, indicating that he was the product of a normal pregnancy and delivery. He learned to crawl and walk at the normal ages, but had difficulty learning how to talk. The difficulty was partially resolved when he had his tonsils and adenoids removed at approximately five years of age. His mother reported that he had the usual childhood diseases and that nothing exceptional had happened to him. The report noted that his father felt that Carl was always justified in defending himself. It noted that he had very few friends. His father had been employed as a roofer for a number of years, but was apparently disabled sometime in the early '60s and was unemployed by 1974, claiming 100% disability compensation. His mother had previously been employed as a cook. This report noted that his mother indicated that he had been to eight different schools in the past seven years. At that time, he had never worked at any type of paid employment. His parents at the time were concerned that he might learn more delinquent patterns of behavior through association with other delinquent children.

Children's Hospital records (2/22/74) noted a family history indicating that his father had supposedly spent some time in mental institutions. Diagnostic considerations included aggressive behavior, ruling out seizure disorder and temporal lobe epilepsy, discontinuing Dilantin until the EEG was read, and returning to the clinic after the EEG was read. Another note on 2/22/74 had indicated that there was a history of having abnormal EEGs on two different occasions in the past and that he had been placed on Dilantin, but there was no history of any clinical seizures. A clinic note around the same time indicated that on 3/21/74 he had an EEG that was interpreted as abnormal. There had been no clinical history of a seizure disorder. He had been placed on Dilantin in 12/73, but the medication was discontinued when he was seen at the clinic in 2/74. He has been without seizures and the main problem seems to be temper control. He was diagnosed with Aggressive Behavior by History and an abnormal EEG tracing. He was considered to be an appropriate referral to the neurology clinic, but Dilantin or other anticonvulsant medication was not indicated.

WCC Reception Center Intake records noted acknowledgement of an alcohol problem, with onset at age 17. It also reported that he used marijuana and cocaine. Other DOC records noted on 8/11/94 that he claimed no needs in the area of chemical dependency treatment. DOC records further noted that he declined treatment in SOTP and the mention of SOTP stirred up a barrage of denial, angry assertions, and non sequiturs. In discussions about his situation, he attempted to raise issues concerning his sentencing and his alleged lack of guilt for the instant offense and other related issues. A DOC Classification Referral (9/9/97) noted that he was not found amenable to treatment at SOTP and chemical dependency programming would be warranted. A DOC Chemical Dependency Services Assessment/Intake Narrative (9/27/96) noted he was angry and hostile, mood was inappropriate to thought content, and he was fearful, anxious, and apprehensive. He was rigid and tense, and his speech was loud. He had difficulty acknowledging problems and blamed others for his circumstances. He showed impaired ability to make reasonable life decisions and impaired ability to manage daily living. Memory was impaired with respect to immediate recall, recent memory, and remote memory. He also presented as suspicious. A Chemical Dependency Progress Note (9/27/96) indicated that he appeared to be in the middle stage of chemical dependency. He was viewed as unmotivated for treatment and would find treatment stressful. He was viewed as high risk of relapse. There was a recommendation that he would work better in one to one sessions for chemical dependency treatment.

Medical records as an adult indicate that he has been seen on numerous occasions related to questions about seizure disorder. An EEG Report by J.M. McDowell, M.D. (1/4/80) noted recording that demonstrates the presence of mild to moderate generalized disturbance of brain function, more common over right head regions. The abnormalities were not diagnostic of underlying seizure disorder, but there was a paroxysmal quality to the findings noted. The abnormalities were compatible with a seizure disorder. A Neurology Report by Dr. McDowell, M.D. at the same time noted that he denied ever having had epilepsy or convulsions, but described having had "seizures of violence, I go off the handle, I go berserk fighting for my rights when it gets into me." Dr. McDowell was unable to delineate any history suggestive of any interruptions of consciousness or any major motor convulsions. The conclusion indicated that the EEG was abnormal with an excess of slow activity for age, in non-specific sharp patterns. While not diagnostic for an underlying seizure disorder, the findings were clearly outside the range of normal. A neurological examination was not normal by a variety of criteria. He had

some intellectual impairment and was probably mentally retarded. He was somewhat clumsy. His EEG contained an excess of slow activity and some paroxysmal features. He was unable to delineate a history strongly suggesting epilepsy but the use of Dilantin in the situation was not unreasonable, particularly if it was said to have been of benefit in the past with regard to explosive behavior. Dr. McDowell concluded that there was reason to believe there was an underlying organic substrate accounting for some of his difficulties, possibly contributing to his lack of judgment and impulse control. He did not think that the above findings were likely to be due to a potentially progressive neurological disorder. It was quite possible that an event in the perinatal period (for example, hypoxia) was responsible for the findings. A Medical Incident Sheet (9/29/80) summarized medications in early 1980s involving treatment with Dilantin. Further documents indicated Dilantin was still being prescribed in 1982 and 1983. A Neurology Report by Nancy Lellelid, M.D. (4/10/95) noted that the EEG showed some irregular buildup of sharp theta during hyperventilation but no other abnormalities, no true seizure activity was seen, and the EEG was within normal limits. A DOC Primary Encounter Report (12/26/95) noted that Depakote was discontinued. A DOC Medication Record (5/1/98) noted allergies to Depakote and Thorazine.

Self Reported Personal History

He indicated that his parents are living but split up in 1976. He has a younger sister. He reported that he tries to not maintain contact with family members. He indicated that his sister has three children. He reported that he last saw his father in 1993 and they talked to each other on the phone and have done so recently. He reported that his father was in the military at Fort Lewis, and characterized him as strict, reporting that his father thought children should be seen and not heard, but Ransleben reported that he actually did speak up. He further reported that his father told him to go out and play on the freeway, and characterized that as an old joke. He described his mother as a woman who is "still a pain in the ass and doesn't see it my way." He reported that both his parents drank and elaborated by saying that they drink casually and everyone calls them alcoholic. He further stated, "I drink casually and everyone calls me alcoholic." He reported no other family history of drug use besides his own. He reported no family history of mental illness. Discipline practices in the home when he was younger involved being slapped or spanked with boards, a belt, or cedar board. He reported that he did not have welts or bruises. He does not consider the discipline abusive, and considered it a part of a learning tool in the home. He reported that domestic violence involved exposure to verbal arguments, although he reported that several times he had to take a gun away from his father when his father was shooting a weapon into the fireplace into the burning logs when he was drunk. When I asked about other trauma and hardship in childhood, he indicated that the main hardship involved his parents splitting up and stated, "That's when my life went down the fucking tube." He indicated that his history of being a victim of sexual abuse is limited to the two incidents involving his uncle.

When asked about the age of onset of behavior problems, he stated, "I don't think I had them. I had to jump from one school to the next." He claimed that as a youth, his aggression was in self defense when people beat up on him or he fought to defend his sister. When asked about whether or not he had used a weapon in a fight as a youth, he indicated that the only weapon involved the use of sticks or stones, and he did report throwing rocks. When asked about problems following rules at home when he was younger, he denied any difficulties and reported

that he did what his parents told him to do. When I asked specifically about running away from home, he reported that one parent would tell him to run away from home at various times.

He reported that academically, he is a high school graduate from Lincoln High School in 1984. He reported that he has a janitorial certificate from Edmonds Community College. He reported one expulsion from school in junior high for smoking on campus.

He reported that his work history included work as a dishwasher, doing auto detailing, doing construction labor, and working as a prep cook. He complained that he wants to take up bookkeeping but they won't let him.

He reported that he first consumed alcohol when he drank it out of a baby bottle when his mother added alcoholic beverages to his bottle to help calm him. He indicated that he also obtained alcohol from his father or relatives, but started getting it on his own at age 17 or 18. He reported that his first intoxication was at age 17 or 18, and he reported that he continued drinking regularly from that point. He acknowledged that he had an alcohol problem by his teenage or young adult years. Symptoms of alcoholism reported include regular intoxication, one memory blackout, a citation for public intoxication, and consumption of large quantities such as drinking a case of beer a day at one time. He reported that he has never been cited for a DWI, although other records indicate otherwise. He reported that the only alcohol-related arrest related to the citation for public intoxication. He reported that he stopped drinking alcohol when he went to prison, although he had reduced the quantity consumed at that time. He reported that he was involved in AA from August of 1993 while in prison, but is not in AA at present. He reported that he liked AA while in the Department of Corrections and reported that he also went to one meeting with a friend on one occasion while on the streets. He reported that his last alcohol use was in 1991.

He reported that he used marijuana for the first time at age 25 and continued until he was 29. He reported that he would use about 1/8 ounce in 14 days. He reported that at the time he stopped smoking marijuana he switched activities to more physically active recreational activities such as swimming and hiking. He further reported using cocaine from 1986 to 1988 via sniffing. He reported that he used about once a week and never injected or smoked the substance. He reported that his energy level increased when he stopped. He reported no other drug use.

He reported that he was hospitalized at Western State in 1979 and 1990 on the Legal Offender Unit. He further reported psychiatric hospitalization at Puget Sound Hospital on one occasion. He reported no history of suicide attempts or ideation and no history of visual or auditory hallucinations. When I asked him about ideas that people were out to get him, he reported that he did not have that type of problem. When I asked specifically about sources of psychological stress, he attributed it to being in the current setting and the program not listening to his story. He indicated that he has a history of using psychoactive medications, although he is allergic to Thorazine. He admitted to some difficulties with depression which he characterized as mild. When asked about whether he had an anger problem, he stated, "I just don't like people lying to me."

Medically, he reported that he currently receives 50 mg of Dilantin for seizures and stated, "When I get upset I have them." He reported no other current medical problems. He

acknowledged a history of two head injuries and reported that a chandelier fell from the ceiling and hit him on the head when he was about seven. He was unconscious after the accident. He indicated that he was apparently bouncing a ball in the home and it hit the chandelier and the chandelier broke loose. He indicated that he had another accident in which he was doing flips and did not land on his feet, hitting his forehead on a concrete vase, around age seven. He reported that he was not unconscious and did not go to the hospital, but did go to the doctor the next day. He indicated that his seizures started after the accident with the chandelier. He indicated that his last seizure was before his medication was reduced to 50 mg.

Self Reported Views of Risk and Need for Sex Offender Treatment

When asked if he was at risk for sexual offending if released, he claimed that in 1979 and 1985, on two occasions, other people's children wanted to have sex with him and he didn't. He indicated that he is ready for release and claimed that he could just walk out the door if they let him. He indicated that he would not need any help. He then began digressing to a discussion of having worked at Seattle Center on amusement rides for two weeks in 1991 and having no problems. He apparently told the PO and had to quit the job because the PO was recommending that he not work there. He indicated that he did not know where he would live if he was released or what kind of work he would do. He admitted to having considered the possibility of babysitting to support himself and reported that the registration requirement would interfere with getting a job, including a job like babysitting. He indicated that there would be no community supervision, monitoring, or conditions because he is maxed out. He indicated that he does not have any parole conditions and stated, "Parole officers fuck you over and throw you back in the fucking joint." He indicated that the main source of problems with parole and probation adjustment have related to being told he can't work anywhere he wants to work.

Much later in the interview, he continued to assert that he does not have a sexual deviancy problem and asserted that it hurts and makes him tired when he masturbates, with the apparent implication that something is wrong and therefore he could not have a problem in the sexual deviancy area. He became more agitated and disturbed as he attempted to relate a community problem of vehicle confiscation to his child molestation record. He further began to claim that in the mid-'80s the congregate care facility tried to slap a child molestation charge on him. He further claimed that the problems started at a congregate care facility and diverted to the mental health system locking him up for applying for a job at a daycare center in 1980.

Brief Intellectual Screening

The Wechsler Abbreviated Scale of Intelligence (WASI) was administered for purposes of screening current intellectual functioning. He showed no difficulty understanding instructions associated with administration of subtests on this instrument and showed evidence of adequate task involvement on each subtest administered, even in the face of obvious difficulty. Test anxiety did not appear to be a factor which adversely affected test performance, and he tolerated failure and difficulty reasonably well.

Results indicated a Verbal IQ of 64, placing him at the first percentile, and a Performance IQ of 87, placing him at the 19th percentile. Thus, his estimated verbal intellectual functioning is quite limited while estimated performance functioning is significantly better developed. Full Scale IQ

would place him in the borderline range, although the obvious disparity between Verbal and Performance IQ renders interpretation of the Full Scale IQ less meaningful. Results from this particular assessment are consistent with prior assessments using the full range of subtests associated with tests of adult intellectual functioning and suggest that his problems in the area of language, verbal comprehension and reasoning are quite limited, relative to abilities with respect to perceptual organization and non-verbal reasoning.

Mental Status and Behavior During Interview

At the time of my initial contact with him in which I attempted to review a written notification of evaluation as a sexually violent predator, he stated, "I can't talk to you. The other twisted my words." I then asked him if he would like me to go through the form with him, and he stated that he couldn't do it. He immediately became quite disruptive and oppositional at the time of my attempt to read the notification. I did not read much of the form before he claimed that he **did** not understand it. I then advised him that his guardian and attorney had been notified that I was coming, and they would not be present. The staff person present at the time was Cheryl Anderson. Ransleben insisted that he was cooperative, but refused to permit me to read the notification to him and refused to sign the form. He began complaining about his guardian and attorney not being present and became involved in significant off-task and irrelevant behavior.

I then called his guardian, John O'Melveney. In my conversation with his guardian, he indicated that he would agree to participate in a conference call to Mr. Ransleben if the call could be brought to a room where phone contact could be arranged. Mr. O'Melveney advised me to follow the standards of my profession regarding efforts to proceed with the interview in the event of continued non-cooperation. I then advised Ransleben that his guardian would like to speak with him. At the time of the conference call, Ransleben recalled meeting his guardian, and his guardian explained over the phone his role and advised Ransleben that I was required to do an evaluation according to the law and he was required to cooperate. He advised Ransleben that his attorney told him that Ransleben was required to participate. Mr. O'Melveney continued to attempt to explain the need to cooperate and asked Ransleben how he might be able to help enlist Ransleben's cooperation. In the course of this communication, Ransleben became disruptive verbally and engaged in significant off-task behavior and there were efforts to redirect him to participate in the evaluation. I advised Ransleben that I would prepare a report based on records only if he did not participate in the interview. Mr. O'Melveney continued to advise Ransleben to cooperate and told him that it was in his best interest to cooperate. Later in the call, Ransleben said he would cooperate in the interview if he could talk later in the interview process about his issues, after I had covered those areas I considered important. His guardian then advised Ransleben to cooperate.

Once the interview started, Ransleben indicated that he goes by Hubert or Carl depending on the situation. He immediately became more calm and relaxed at the outset of the actual interview, once it commenced. He indicated that he has been at SCC since 3/14/01 and referred to his badge. He reported that he has been there almost 24 months. He was one day off with respect to the date and day of the week, and reported that he was at the McNeil Island Correctional Center at the Civil Commitment Center. Although he had been initially hostile and antagonistic and extremely uncooperative, phone contact with his guardian was quite helpful in achieving a major calming effect regarding the overall process. He showed evidence of intermittent confusion

throughout the interview, and use of simpler language facilitated involvement in the process to some degree. His speech tempo was intermittently rapid and his speech pressured, with his speech often disconnected and digressive. His speech was typically intelligible and speech content was simple. There was little evidence of depression or extreme mood elevation, but there was substantial evidence of mood lability. He seemed to become quickly annoyed and angry with little apparent basis for provocation and rapid escalation to high levels of anger, although this was mostly confined to the early interview process and a period much later in the interview. He showed no evidence of hallucinations or delusions, but did show evidence of paranoid thinking in the form of hypervigilance to perceived threat, and his thought processes were extremely irrational and disorganized at times. Intellectually, he presented as functioning in a manner consistent with a history of formal intelligence testing, which would suggest functioning in the borderline to mildly mentally retarded range. Short and long term memory were significantly impaired. Judgment and insight were severely impaired as a result of denial, externalizing blame, cognitive deficits, and paranoid beliefs.

Diagnostic Impression

Axis I:	302.2	Pedophilia, Sexually attracted to males and females, Non-exclusive type
	293.9	Mental Disorder Not Otherwise Specified Due to Head Trauma and Seizure Disorder
	303.9	Alcohol Dependence, in remission in a controlled environment
	305.60	Cocaine Abuse, in remission in a controlled environment
	305.20	Marijuana Abuse, in remission in a controlled environment
Axis II:	V62.89 - 317.00	Borderline Intellectual Functioning to Mild Mental Retardation

Diagnostically, he meets criteria for Pedophilia, Sexually attracted to males and females, based on his lengthy history of involvement in sexual contact with children of both sexes. His official conviction history includes a Communication with a Minor conviction involving a four year old female, a Child Molestation in the Second Degree conviction involving a four year old female, and a Child Molestation in the First Degree conviction involving a seven year old male. In addition, there are indications that he has been involved in a variety of other incidents of non-adjudicated sexual misconduct involving a 12 and a 15 year old female in 1992 and other very young children related to incidents investigated in the late 1970s. His pattern of involvement in these sexual contacts well exceeds the minimum duration criteria of six months and the age of victims indicates that the individuals targeted are generally 13 years or younger. He meets other diagnostic criteria for Pedophilia based on the fact that the incidents have occurred when he was over the age of 16 and he has been much more than five years older than the individuals who are victims. Pedophilia, by definition, is a mental abnormality which involves sexual interests in children and includes fantasies, urges, and overt behaviors involving deviant interests, and which predisposes the individual to engage in sexual contact with children. The primary targets for Mr. Ransleben would be minors of both sexes and in the age range of prior victims. His choice of victim largely would be based on availability and opportunity, and evolve out of a pattern of engaging in activities which increase the likelihood of opportunities for unsupervised contact

with these children.

He also appears to meet criteria for Mental Disorder Not Otherwise Specified, due to Head Trauma and Seizure Disorder. This particular disorder is not a mental disorder which predisposes him to commit predatory acts of sexual violence, but rather limits his problem solving abilities, flexibility, understanding, and abilities to engage in meeting in a functional sense the demands of daily living. It also most likely influences extremely distorted perceptions he has about experiences and contributes to the paranoid flavor of many of his perceptions about peers, mental health service providers, treatment staff, and agents of the court. The disorder would appear to contribute in part to the intractability of his pattern of antisocial behavior and his difficulty profiting from experience of exposure to natural consequences and see his own behavior as a primary contributing factor in these experiences. His history includes a couple of early childhood accidents involving head injury, and there are indications that he has unusual brain wave activity and a history of problems with seizure disorder. The durability and intractability of certain features of his behavior would appear to be tied in with organic deficits and the presence of these kinds of likely contributing factors would suggest that a diagnosis of Personality Disorder with Antisocial and Paranoid Features would not be appropriate, given definitional criteria associated with Personality Disorders. On the other hand, if there were a reliable method of ruling out the influence of these organic features on the antisocial and paranoid behavior, it would seem plausible to use a diagnosis of Personality Disorder Not Otherwise Specified (with Antisocial and Paranoid features) to describe the persistent pattern of maladaptive behavior Mr. Ransleben has engaged in.

He further meets criteria for Alcohol Dependence, in remission in a controlled environment, along with Cocaine Abuse and Marijuana Abuse, in remission in a controlled environment. The specific symptoms he reported with respect to his history of alcohol use would suggest the possibility that his use would meet criteria for actual dependence and not simply alcohol abuse. On the other hand, his reported history would suggest a more conservative view of his use of marijuana and cocaine would meet criteria for abuse of these substances rather than dependence. There does not appear to be any history indicating that he has used any of these substances while incarcerated and the records are unclear when his actual last use of these substance would have been. Nevertheless, the fact that he did use them for an extended period of time in unstructured settings would indicate the potential for returning to involvement with these substances in a community setting. Under these circumstances, his judgment, problem solving ability, and impulse control would be markedly impaired. These particular disorders are not disorders which would predispose him to commit predatory acts of sexual violence, but rather would be viewed as risk factors for the occurrence of sexual violence, given that he has the mental abnormality Pedophilia, which would predispose him to sexual contact with children. Involvement with these substances would relate to engaging in a variety of other forms of dysfunctional behavior which could precede involvement in a sexual offense, although the substance use per se would not in and of itself predispose him to sexual contact with children, as such contact relates to proclivities arising from a different form of mental disorder.

He further meets criteria for a diagnosis of Borderline Intellectual Functioning to Mild Mental Retardation, based on the fact that aspects of his functioning fall clearly into the mildly mentally retarded range, while other aspects of cognitive functioning fall towards the upper end of the borderline or lower end of the average range of functioning. The disparity in verbal versus

performance functioning would suggest that characterizing this Axis II condition as Borderline Intellectual Functioning to Mild Mental Retardation would more accurately reflect the variable nature of his deficits. This particular condition is not a mental abnormality which predisposes him to commit predatory acts of sexual violence, but does relate to learning and cognitive deficits, and reflects a disorder which affects problem solving abilities, reasoning, judgment, memory functioning, and impulse control. It also affects abilities with respect to life management, the ability to profit from experience, and partially accounts for his difficulties accessing treatment and services in a wide range of settings and service delivery systems. The presence of this particular disorder would also limit his potential to manage dynamic risk in the community on an independent basis and limit the ability for skills learned in verbally-based treatment to generalize and maintain over time and translate into overt behavior change in other settings.

Risk Assessment

This report addresses his risk via multiple methodologies. The first involves a methodology which would be characterized as a clinical risk assessment incorporating empirically validated and/or clinically relevant risk factors. The second involves examining studies of long term recidivism rates for extrafamilial child molesters. The third involves three actuarial procedures, the Minnesota Sex Offender Screening Tool – Revised (MnSOST-R), Rapid Risk Assessment for Sex Offense Recidivism (RRASOR), and the Static-99.

Mr. Ransleben's history includes three convictions involving sexual offenses with children, including male and female victims. He also has a lengthy history of alleged sexual contact with child and adolescent females, with onset in 1976 or 1977. Non-adjudicated sexual misconduct includes a charge in 1977 which was dropped when statements admitting sexual contact were deemed by the court as inadmissible. His history also indicates repeated involvement in a variety of situations which provided ready access to children, particularly in the 1989 to 1992 time frame, despite a 1988 conviction for Communicating with a Minor for Immoral Purposes, and repeated confrontation and consequences while residing in community settings in the late 1970s and early 1980s. Besides the persistent pattern of involvement in these contacts with children, he has a lengthy history of failure to benefit from intervention efforts, beginning in school settings and continuing through interventions by juvenile rehabilitation, adult corrections, and the mental health system. The persistence of rule breaking behavior, aggressive behavior, and sexual victimization is partially influenced by early childhood exposure to a highly dysfunctional home environment which explicitly modeled and condoned violence as a means of dealing with frustration and anger and solving problems of interpersonal conflict. The likely presence of an organic basis for cognitive deficits has contributed to persistent failure to learn alternative behaviors in response to exposure to natural consequences and to perceive the role of his own behavior in contributing to continuing contact with the social service and legal system. His virtually complete denial of problems in the sexual deviancy area, despite repeated convictions, along with his rejection of treatment, denial of risk, inability to comply with conditions related to institutional and community management, lack of viable plans for self-management in community settings, extremely poor interpersonal functioning, mood lability, and disturbed thinking would all contribute to functioning in the community in a manner similar to the way he functioned in the late '80s and early '90s when he was involved in the three sexual convictions. There is little basis for inferring that he would function in a different manner. Outside of a

secure environment, he would revert to these patterns quickly, establish relationships which provide ready access to children, and sexually reoffend in a short period of time. His consistent difficulty controlling his behavior in response to probation and parole expectations in settings less restrictive than total confinement would indicate that external management efforts which are predicated on some level of motivation to comply with risk management approaches would have little effect in reducing the likelihood of involvement in behaviors that are precursors to offending. Many of these considerations of risk would be exaggerated if he were to resume involvement with alcohol or drugs. As a result of the high likelihood of the same situations reoccurring in community settings, the risk of reinvolvement in sexual offending is extremely high, based on these clinical perspectives. There are a large number of features of the case which suggest substantial risk of sexual reoffending in a community setting. These include the following:

1. Onset of involvement in sexual contact with children by late adolescence and persistence of sexual victimization of young children well into adulthood.
2. Failure to benefit from social services, mental health, and adult corrections system interventions.
3. Victims of both sexes.
4. Repeated revocation of conditional release arrangements due to violation of conditions associated with placement in community settings.
5. Organically-based cognitive deficits which interfere with appreciating the role of his own behavior in criminal justice intervention and learning new skills to prevent the reoccurrence of the same behavior.
6. Poor interpersonal functioning which limits his ability to sustain appropriate relationships with suitable partners and establish supportive relationships with treatment providers and community support persons.
7. Poorly developed skills for managing frustration and anger and dealing with problems of mood lability.
8. Denial of risk.
9. Ready victim access in a loosely-structured community setting.
10. Limited self-management skills, both with respect to general life management and sexual self-management.
11. Having a history of substance abuse and risk of relapse outside of a controlled setting.

Based on this range of risk factors, which includes considerations from empirical studies on sexual recidivism, along with those factors which appear to be clinically meaningful and relevant, Mr. Ransleben would be at extremely high risk to reoffend.

The literature on long-term recidivism of child molesters emphasizes that risk of reoffending is generally higher for extrafamilial offenders, particularly those with more lengthy histories and with male victims. One recent study reported sexual recidivism for child molesters to be at approximately 40 to 50% after 10 to 15 years based on official records, and another study estimated sexual recidivism rates for extrafamilial child molesters to be 52%, with a 25-year follow-up. These estimates based on official records reflect detected recidivism which understates true recidivism, based on both detected and undetected recidivism. Studies which have employed a variety of methodologies to examine differences between official measures of rates of sexual offending versus overall rates of sexual offending indicate that official measures

significantly understate the true rates of recidivism. These observations are based on studies which have examined self-reported sex crimes of sex offenders, along with studies which have examined rates at which victims report sex offenses to legal authorities. Failure to report sex crimes would preclude the possibility of an official charge or conviction, so that the studies which have shown a low reporting rate for sex crimes add further support to the observation that official measures of recidivism significantly understate the true recidivism rate. Those studies which have examined recidivism in the context of treatment outcome would seem generally to indicate that recidivism rates are higher for individuals who are repeat offenders. Thus, the literature would support the conclusion that for individuals with histories similar to Mr. Ransleben's, risk of sexually reoffending would be extremely high.

Although these arguments that Mr. Ransleben is at high risk for sexual offending appear to be quite compelling, they do not permit a precise quantitative estimate of the risk of recidivism. Recent efforts in the area of actuarial prediction of sexual recidivism would indicate that there are three methodologies which appear to have promise in providing a more objective method of anchoring predictions about levels of risk of sexual recidivism. On the Minnesota Sex Offender Screening Tool – Revised (MnSOST-R), Mr. Ransleben received a score of 12. Using the original normative data for a cut score of 12, individuals with scores of 12 or higher had a probability of sexual recidivism of approximately .75 with a six-year follow-up. More recent normative data establish a 95% confidence interval which indicates that individuals who have scores of 8 or higher, the estimated probability of sexual recidivism is .70, with a 95% confidence interval between .57 and .82 based on a six-year follow-up. The ten-year sexual recidivism rate is .77, with a 95% confidence interval between .64 and .87. Results from an extended sample for those who scored between 8 and 12 yielded a probability of sexual recidivism of .59 for a full sample of 351, and a probability of sexual recidivism of .63 for a sample of 322. The full sample included 29 individuals who returned to prison for release violations for nonsexual offenses prior to the end of the six-year follow-up period. On the Rapid Risk Assessment for Sex Offense Recidivism (RRASOR), he received a score of 4, which translates into a probability of sexual recidivism of .33 at 5 years and .49 at 10 years, based on the sexual recidivism rates of the original normative sample. On the Static-99, he received a score of 7, which places him in the high risk category, and translates into a probability of sexual recidivism of .39 at 5 years, .45 at 10 years, and .52 at 15 years, based on the original normative sample. None of these methodologies indicates that Mr. Ransleben's risk for reoffending is low, although the MnSOST-R suggests that his risk is much higher as a strict quantitative estimate than either the RRASOR or Static-99. However, a score of 12 on the MnSOST-R would place him at approximately the 92nd percentile, while a score of 4 on the RRASOR would place him at the 93rd percentile, and a score of 7 on the Static-99 would place him at approximately the 88th percentile in terms of the distributions of scores of the total number of offenders in the original normative samples, respectively for these instruments. Thus, these percentile comparisons are relatively stable across the three instruments and indicate that his score falls toward the upper end of the distribution with all three instruments.

There does not appear to be a compelling argument that could be made to support the conclusion that he has a realistic strategy that he can implement to manage dynamic risk in the community. His history of failure to distance himself from children, poor adjustment in the context of past parole and probation supervision, denial of risk and victim access, combined with problems of poor judgment, limited impulse control, risk of reinvolvement with alcohol and drugs, and

deficits in interpersonal functioning would suggest that there is little basis for adjusting risk assessments downward from the levels based on static or historical factors alone.

Thus, from a variety of perspectives and using multiple methodologies which incorporate static and dynamic risk factors, Mr. Ransleben is at extremely high risk for reoffending in a voluntary community-based setting. Furthermore, his level of problems adjusting to supervision in the past, along with his denial of risk, would indicate that he would not avail himself of any risk management procedures in a community-based setting involving less than total confinement.

Conclusion

The conviction leading to the most recent incarceration was for Child Molestation in the First Degree. He has a prior conviction for Child Molestation in the Second Degree. RCW 71.09.020 lists Child Molestation in the First Degree and Child Molestation in the Second Degree as sexually violent offenses. It is my professional opinion, to a reasonable degree of psychological certainty, that Mr. Ransleben exhibits a mental abnormality, Pedophilia, same and opposite sex attraction as described in the earlier portion of this declaration. This disorder predisposes him to commit predatory acts of sexual violence against children of both sexes, although the more likely targets would appear to be females. These children would be strangers, individuals with whom he has established a relationship for the primary purpose of victimization, or persons of casual acquaintance with whom no substantial personal relationship exists, unless he is confined in a secure facility. Furthermore, his risk of sexual violence towards these individuals is extremely high, indicating he is likely to commit predatory acts of sexual violence, unless he is confined in a secure facility. The nature of his mental abnormality and level of risk are such that a less restrictive, community based alternative to total confinement is not an appropriate alternative to total confinement. Thus, I would conclude that he appears to meet criteria for civil commitment under RCW 71.09.

Ce c 2 040

Charles A. Lund, Ph.D.
Licensed Psychologist #565
Sex Offender Treatment Provider #13

I hereby declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge, dated this sixth day of February, 2003, Seattle, WA.

Ce c 2 040

Charles A. Lund, Ph.D.

001599

NO. 33332-5-II

**COURT OF APPEALS FOR DIVISION II
STATE OF WASHINGTON**

In re the Detention of:

HUBERT RANSELEBEN,

DECLARATION OF
SERVICE

MARTHA NEUMANN declares as follows:

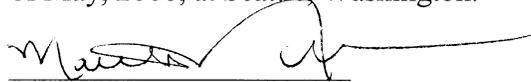
On Monday, May 22, 2006, I sent by United States Mail, first-class
postage prepaid, addressed as follows:

MARY KAY HIGH
ATTORNEY AT LAW
917 PACIFIC AVE. SUITE 406
TACOMA, WA 98402

a copy of the following documents:
RESPONDENT'S BRIEF; and DECLARATION OF SERVICE.

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

DATED this 22nd day of May, 2006, at Seattle, Washington.


MARTHA NEUMANN
Legal Assistant

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2006 MAY 22 PM 3:49
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COURT APPEALS
MAY 23 PM 3:13
STATE OF WASHINGTON
BY _____
CLERK