

COURT OF APPEALS
DIVISION TWO
OF THE STATE OF WASHINGTON

FILED
COURT OF APPEALS
DIVISION II

09 JAN 29 PM 12:12

STATE OF WASHINGTON

BY [Signature]
DEPUTY

STATE OF WASHINGTON)
)
Respondent,)
)
v.)
)
Zachary Loren Beck)
(your name))
)
Appellant.)

No. 37649-1-11

STATEMENT OF ADDITIONAL
GROUND FOR REVIEW

I, Zachary Loren Beck, have received and reviewed the opening brief prepared by my attorney. Summarized below are the additional grounds for review that are not addressed in that brief. I understand the Court will review this Statement of Additional Grounds for Review when my appeal is considered on the merits.

Additional Ground 1

In addition to my attorney's statements about the search being illegal, I offer these:
That my probation officer did not have the authority to search a vehicle that is NOT in my possession nor does it belong to me. At that point they would need a search warrant. I've supplied the court with the probation form that only authorizes my probation officer to search "My" vehicle and only my vehicle. Therefore, the court

Additional Ground 2

errored in its ruling not to suppress my motion regarding the search. I request that this court rule in my favor to suppress the search. I was not inside the vehicle at the time of the "stop."

Thank you for your time.

If there are additional grounds, a brief summary is attached to this statement.

Date: 1/25/9

Signature: [Signature]

Registration: I have been advised and understand the registration requirements for offenders.

I have signed the Registration Notification Requirements Form (DOC 20-312).

Sign with Initials
↓ (Not someone else's)

* **Arrest, Search, and Seizure:** I am aware that I am subject to search and seizure of my person, residence, automobile, or other personal property if there is reasonable cause on the part of the Department of Corrections to believe that I have violated the conditions/requirements or instructions above.

• **Computerized Billing System:** I am aware I will receive a monthly bill from the Department of Corrections for each cause number on which I owe legal financial obligations. I understand I am to mail the stub along with my payment to the appropriate county clerk. (Not Applicable to FOS Cases)

Tolling: I have been advised that those periods that I am unavailable for supervision (i.e., in jail, on abscond status) will not count towards my supervision period. (FOS Cases subject to Home State rules regarding tolling.)

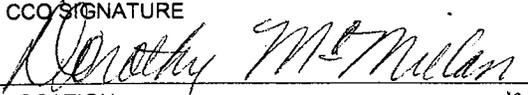
• **Imposed Conditions:** I am aware that I must submit a written request to my CCO within 24 hours of being served with a DOC Imposed Condition if I wish to appeal the condition.

• **Threats to Staff:** I am aware that if I threaten my Community Corrections Officer or other Department of Corrections staff or contractors, I may be arrested and charged under RCW 9A.46.195 Obstruction of Public Servant, and that this may also be a violation of my supervision.

• **Custodial Sexual Misconduct:** I am aware that sexual conduct between a DOC offender and DOC employee is a violation of Washington State Law under RCW 9A.44.160. Any allegation of custodial sexual misconduct will be investigated and may result in the prosecution of the employee. I understand that under the law, there is no consensual sex between an employee of a correctional agency and a person under correctional supervision. I understand the reporting process for custodial sexual misconduct. **If you have any questions, you may contact your regional field administrator _____ Phone number _____ or by calling 1-800-586-9431.**

I have read or have had read, to me the foregoing conditions and sentence requirements which are applicable in my case. Each of these conditions/requirements have been explained to me and I hereby agree to comply with them.

• I have received a copy of the Judgment and Sentence on this cause. _____
Sign with Initials

OFFENDER SIGNATURE 	DATE 4-6-06
CURRENT ADDRESS 	
CCO SIGNATURE 	DATE 4-6-06
LOCATION 1953 7th Ave, Ste 104 Longview Main, Longview, WA 98632	TELEPHONE 360-575-4030

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