

COURT OF APPEALS
DIVISION TWO
OF THE STATE OF WASHINGTON

FILED
COURT OF APPEALS
DIVISION II

09 APR 24 AM 11:40

STATE OF WASHINGTON
BY [Signature]
DEPUTY

STATE OF WASHINGTON)
)
Respondent,)
)
v.)
)
Lynn Janell Belcher)
(your name))
)
Appellant.)

No. 38407-8-11
STATEMENT OF ADDITIONAL
GROUNDS FOR REVIEW

I, Lynn Janell Belcher, 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

Additional Ground 2

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

Date: 4/23/09

Signature: Lynn Janell Belcher

After the envelope, was found in officer Clary's locker two days after the trial. I Lynn Janelle Belcher, contacted U.P.S. and got the shipper number # 7170F2 and the tracking number #127170F21593677439. And delivery notification (Which is attached). Judge, Nelson Hunt, would not even consider a new trail, the Judge, Nelson Hunt said that there was no information on the envelope. Such as date or tracking Information. I Lynn Janelle Belcher, new this was not true as, I Lynn Janelle Belcher worked for ABX AIR INC., and handle envelopes such as these. I made a phone call to U.P.S. and received the information in a matter of minutes. I Lynn Janelle Belcher, had asked my attorney to do this, and he said it not important to my case. I Lynn Janelle Belcher, also asked my Attorney to subpoena the bank tapes, which would prove That my daughter Vicki M Paskas, brought the U.S.P., envelope into the Bank, and my Attorney refused to do this.

Also officer Cleary, was not going to arrest me, Lynn Janell Belcher, Officer Cleary, told me Lynn Janell Belcher, that I had done nothing wrong! When officer Huges, said we need to arrest Lynn Janell Belcher to teach her, Lynn Janell Belcher a lesson. Once officer Cleary had put handcuff's on me Lynn Janell Belcher, both officer went back into the bank, leaving me standing with my daughter Vicki M Paskas, in the

4/23/09 Lynn Belcher

**parking lot next to my van for 20 minutes. All Lynn Janell Belcher did
Was ask a question! At Bank of America. I Lynn Janell Belcher wanted
to know where the check came from and why! I Lynn Janell Belcher
never tried to cash this check, never signed the check, just wanted
Information.**

4/23/09 Lynn Belcher



ATTN : LYNN BELCHER
PHONE : (360)740-1928

DELIVERY NOTIFICATION

INQUIRY FROM: LYNN BELCHER
MICHELLE BROCKMAN
333 ALLEN ST
SPRINGFIELD MA 01108

SHIPMENT TO: LYNN BELCHER
483 HARMON RD
CHEHALIS WA 98532

Shipper Number..... 7170F2

Tracking Identification Number...1Z7170F21593677493

According to our records, 1 parcel was delivered on 03/28/08 at 9:41 A.M., and left at your CUSTOMER'S FRONT DOOR.

TPA2026:000A0000

4/23/09 Lynn Belcher



Employment Verification

LOCAL OFFICE	
TELEPHONE NUMBER	FAX NUMBER
CASE NUMBER	DATE

Please use blue or black ink and print or type.

Section 1: To be filled out by the client/employee.

I authorize my employer to release information to the Department of Social and Health Services.

EMPLOYEE'S SIGNATURE <i>Lynn J Belcher</i>	SOCIAL SECURITY NUMBER (OPTIONAL)	DATE <i>12/15/08</i>
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Section 2: To be filled out by the employer.

EMPLOYEE'S NAME <i>LYNN J Belcher</i>	EMPLOYER'S NAME <i>ABX Air, Inc.</i>
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EMPLOYER'S ADDRESS <i>208 Maurin Rd. Chehalis WA 98532</i>

Is this a new job? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	IF YES, DATE EMPLOYEE STARTED WORK _____	DATE FIRST CHECK WAS RECEIVED <i>hired 08/06/07</i>
--	---	--

AVERAGE HOURS PER WEEK <i>25+/-</i>	RATE OF PAY OR SALARY (HOURLY, DAILY OR PIECE RATE) <i>\$10.10/hr. + \$1.55/hr shift diff.</i>	Is job ended? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, when: <i>11/06/08</i> why: <i>Terminated - Felony conviction</i>
--	---	---

Pay frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Every two weeks <input type="checkbox"/> Two times a month <input type="checkbox"/> Monthly

Is this job Work Study? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, THROUGH WHAT SCHOOL? _____	WHEN WILL YOUR POSITION END? <i>11/06/08</i>
---	---------------------------------------	---

Actual gross income (or attach payroll printout) for last three months:		
MONTH: <i>August</i> \$ <i>102.46 hrs.</i>	MONTH: <i>September</i> \$ <i>67.89 hrs.</i>	MONTH: <i>October</i> \$ <i>67.72 hrs.</i>

Actual gross income for current month and anticipated gross income for next two months:		
CURRENT MONTH: <i>November</i> \$ <i>6.10 hrs.</i>	MONTH: <i>A</i> \$ _____	MONTH: <i>A</i> \$ _____

Tips	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?
Commissions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes; if yes, how often and how much?
Bonuses	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes; if yes, how often and how much? <i>as earned w/ productivity</i>
Overtime	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes; if yes, how often and how much? <i>as needed when volumes demanded</i>

Work schedule (include exact times when possible):

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<i>8PM til done</i>	<i>8PM til done</i>	<i>8PM til done</i>	<i>8PM til done</i>	<i>OFF</i>	<i>CLOSED</i>	<i>8PM til done</i>

Is Health Insurance available? Yes No

If yes, is employee enrolled in the health plan? Yes No ? - *don't know*

When does the coverage begin? *available 120 after employment started*

What is the employee's portion of premiums? ? - *benefits department*

EMPLOYER/REPRESENTATIVE'S SIGNATURE <i>Jamie D. Hadley</i>	DATE <i>12/15/08</i>
EMPLOYER/REPRESENTATIVE'S PRINTED NAME AND TITLE <i>Jamie Hadley - 700/UNH Supervisor</i>	PHONE NUMBER <i>(360) 740-4334</i>

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Washington State Court of Appeals
Division Two

950 Broadway, Suite 300, Tacoma, Washington 98402-4454
David Ponzoha, Clerk/Administrator (253) 593-2970 (253) 593-2806 (Fax)

General Orders, Calendar Dates, Issue Summaries, and General Information at <http://www.courts.wa.gov/courts>

April 3, 2009

Lynn Janell Belcher
483 Harmon Road
Chehalis, WA 98532

State of Washington v. Lynn Janell Belcher/Case No. 38407-8-II

Dear Ms. Belcher:

Your attorney has filed a proof of service indicating that you were mailed a copy of the opening brief in your appeal. If, after reviewing that brief, you believe there are additional grounds for review that were not included in your attorney's brief, you may list those grounds in a Statement of Additional Grounds for Review. RAP 10.10.

Because the Statement of Additional Grounds for Review is not a brief, there is no required format and you may prepare it by hand. No citations to the record or legal authority are required, but you should sufficiently identify any alleged error so that the appellate court may consider your argument. Copies of the rule and form are enclosed for your reference.

You must file your Statement of Additional Grounds for Review in this Court within 30 days of receiving your attorney's brief. Send it to the address below. You must also send a copy of the Statement to counsel. The Court will review it when your appeal is considered on the merits.

Court of Appeals, Division II
950 Broadway, Suite 300
Tacoma, WA 98402-4454

Very truly yours,

David C. Ponzoha
Court Clerk

DCP:saf

RULE OF APPELLATE PROCEDURE 10.10

STATEMENT OF ADDITIONAL GROUNDS FOR REVIEW

(a) Statement Permitted. A defendant/appellant in a review of a criminal case may file a pro se statement of additional grounds for review to identify and discuss those matters which the defendant/appellant believes have not been adequately addressed by the brief filed by the defendant/appellant's counsel.

(b) Length and Legibility. The statement, which shall be limited to no more than 50 pages, may be submitted in handwriting so long as it is legible and can be reproduced by the clerk.

(c) Citations; Identification of Errors. Reference to the record and citation to authorities are not necessary or required, but the appellate court will not consider a defendant/appellant's statement of additional grounds for review if it does not inform the court of the nature and occurrence of alleged errors. Except as required in cases in which counsel files a motion to withdraw as set forth in RAP 18.3(a)(2), the appellate court is not obligated to search the record in support of claims made in a defendant/appellant's statement of additional grounds for review.

(d) Time for Filing. The statement of additional grounds for review should be filed within 30 days after service upon the defendant/appellant of the brief prepared by defendant/appellant's counsel and the mailing of a notice from the clerk of the appellate court advising the defendant/appellant of the substance of this rule. The clerk will advise all parties if the defendant/appellant files a statement of additional grounds for review.

(e) Report of Proceedings. If within 30 days after service of the brief prepared by defendant/appellant's counsel, defendant/appellant requests a copy of the verbatim report of proceedings from defendant/appellant's counsel, counsel should promptly serve a copy of the verbatim report of proceedings on the defendant/appellant and should file in the appellate court proof of such service. The pro se statement of additional grounds for review should then be filed within 30 days after service of the verbatim report of proceedings. The cost for producing and mailing the verbatim report of proceedings for an indigent defendant/appellant will be reimbursed to counsel from the Office of Public Defense in accordance with Title 15 of these rules.

(f) Additional Briefing. The appellate court may, in the exercise of its discretion, request additional briefing from counsel to address issues raised in the defendant/appellant's pro se statement.