

No. 81644-1

THE SUPREME COURT OF THE STATE OF WASHINGTON

STATE OF WASHINGTON,

Respondent,

v.

DAVID MCCUISTION,

Petitioner.

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BRIEF OF AMICUS CURIAE OF THE
WASHINGTON DEFENDER ASSOCIATION, WASHINGTON
ASSOCIATION OF CRIMINAL DEFENSE LAWYERS, THE
DEFENDER ASSOCIATION AND THE SNOHOMISH COUNTY
PUBLIC DEFENDER ASSOCIATION

TRAVIS STEARNS, # 29335
Washington Defender
Association
110 Prefontaine Pl. S, Suite 610
Seattle, WA 98104

SUZANNE ELLIOT, # 12634
Washington Association of
Criminal Defense Lawyers
1511 Third Ave, Suite 503
Seattle, WA

KEN CHANG, # 26737
LESLIE GARRISON, # 18040
PETER MACDONALD, # 30333
KEN HENRICKSON, # 17592
The Defender Association
810 3rd Ave Suite 800
Seattle, WA 98104-1695

WILLIAM JAQUETTE, # 8460
Snohomish County Public
Defender Association
1721 Hewitt Ave, Suite 200
Everett, WA98201-3582

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INTEREST OF AMICUS CURIAE

The Washington Defender Association (“WDA”) is a statewide non-profit organization with 501(c)(3) status. WDA has more than a thousand members and is comprised of public defender agencies, indigent defenders and those who are committed to seeing improvements in indigent defense. One of the primary purposes of WDA is “to improve the administration of justice and to stimulate efforts to remedy inadequacies or injustice in substantive or procedural law.” WDA and its members have previously been granted leave to file amicus briefs on many issues relating to criminal defense and representation of the indigent.

The Washington Association of Criminal Defense Lawyers (“WACDL”) is an association made up of more than 1,000 attorneys practicing criminal defense law in Washington State. WACDL is a not-for-profit corporation, with 501(c)(3) tax-exempt status. WACDL was formed to improve the quality and administration of justice. WACDL representatives frequently testify at Washington House and Senate Committee hearings on proposed legislation affecting criminal defendants. WACDL has been granted leave on numerous occasions to file amicus briefs in the Washington

appellate courts. The WACDL amicus committee has approved the filing of this brief.

The Defender Association (TDA) is the oldest indigent defense law firm in Seattle, King County, WA. TDA is the primary counsel for the majority of persons who have been committed under RCW 71.09. Currently, TDA represents 71 of the 77 persons who have cases pending pursuant to RCW 71.09 in King County.

The Snohomish County Public Defender Association is the primary indigent defense law firm in Snohomish County. Other than TDA, the Snohomish County Public Defender Association represents the greatest number of persons being held under RCW 71.09 in Washington.

STATEMENT OF THE CASE

Amici relies upon the statement of the case provided by Mr. McCuiston's attorney, including the evidence presented in the trial court that Mr. McCuiston has been committed since 1998 and the he is thought of as a "very capable and well-regarded man." CP 585 (Finding of Fact). According to psychologist Dr. Lee Coleman, Mr. McCuiston did not meet the criteria for special commitment under RCW 71.09. CP 616-17.

ISSUES TO BE ADDRESSED BY AMICUS

- I. Whether there is sufficient oversight of the Special Commitment Center to preclude a finding that the resident's due process rights are not being violated.
- II. Whether the Court's original decision in this case will result in increased costs that the justice system will not be able to withstand.
- III. Whether scientific analysis supports the long term model adopted by the Special Commitment Center as the only model to effectively treat sex offenders.
- IV. Whether upholding substantive due process principles will provide a disincentive to treatment for persons civilly committed after having served their prison sentences.

ARGUMENT

"Substantive due process forecloses the substitution of preventive detention schemes for the criminal justice system, and the judiciary has a constitutional duty to intervene before civil commitment becomes the norm and criminal prosecution the exception." Kansas v. Hendricks, 521 U.S. 346, 350, 117 S.Ct. 2072, 138 L.Ed.2d 501 (1997). Amici counsel asks this court to reaffirm its decision that the 2005 amendment to RCW 71.09 "offends both due process and the separation of power." In re Detention of McCuiston, 169 Wn.2d 633, 635, 238 P.3d 1147 (2010). It is the position of the amici counsel that this decision was

sound and that there is no basis for the concerns expressed by the King County Prosecuting Attorney and the Superintendent of the Special Commitment Center (SCC) that the procedures approved by the court will result in excessive trials or that it will reduce the motivation of those being detained to participate in sex offender treatment.

Instead, amici believe that the original decision in this case may actually encourage the SCC to engage those being held in treatment programs that work by treating residents and preparing them for release in a cost efficient manner. Jessyln Miller, Comment, Sex Offender Civil Commitment: The Treatment Paradox, 98 Cal. L.Rev. 2093, 2124 (2010). Amici urge this court to affirm their previous decision because it is supported by accumulating scientific evidence that as offenders age their risk of both general offending and sexual offending decreases.

- I. Significant Problems Exist With The Procedures That Are In Place At The Special Commitment Center For Determining Whether RCW 71.09 Commitments Should Continue.

In 1994, the Federal District Court for Western Washington entered an order and injunction requiring the SCC to provide those being held with “constitutionally adequate mental health treatment.”

See DSHS, Federal Court Injunction, available at <http://www.dshs.wa.gov/scc/FedInjunction.shtml>; see also Answer to SCC Amicus, p. 7-8. During the course of the federal court proceedings, the state was obligated to create improvements to the SCC and to create less restrictive alternative facilities. Answer to SCC Amicus, p. 7-8. This Court should regard with caution an argument that claims the 2005 amendments had a significant impact on any success the SCC had had in treating and releasing committed persons. In actuality, it is far more likely that it was the federal court intervention and the continuing threat of contempt that led to the improvements at the SCC.

Even now, the SCC treatment program has no clear criteria for release to either an LRA or for an unconditional release from commitment. Instead, release is based upon the decision of the superintendent of the SCC, a person who claims no formal forensic or clinical training in working with sex offenders in his experience. See Declaration of Cunningham, filed with SCC Amicus. There are no publically available established or formal criteria known to or followed by the institution, including the residents, staff, and members of the Senior Clinical Team.

The uncertainty of this process is compounded by the concern that this Court should have regarding the experience of SCC staff. For instance, while the Superintendent has worked at the SCC for 13 years, his training to determine whether a person should remain committed under RCW 71.09 is on the job experience and none of it as a treatment provider. See Declaration of Cunningham. In addition to a Superintendent who has no formal training in clinical or forensic psychology, the experience of the staff is limited. Mr. Cunningham's declaration notes that the SCC has 11 licensed psychologists on staff yet neglects to state how many are employed to perform forensic annual review examinations rather than actually providing treatment. He also notes there are 12 "Masters level psychologists." Under RCW ch. 18.19, people working in a therapeutic capacity who are not licensed psychologists are "counselors," not psychologists. He further notes they have two psychiatrists but does not explain their roles, such as administering psychiatric medication to residents with valid DSM medical diagnoses rather than offering treatment.

Mr. Cunningham fails to explain how a resident progresses through treatment in its five phases. He neglects to inform the court how many of the 21 residents whom SCC annual review

evaluators found no longer met commitment criteria were due to completing the program or simply due to infirmity.

In light of the lack of depth of experience within the treatment staff at the SCC, it is imperative that the trial courts have the ability to rely upon the experience of outside experts. Even where the state's expert agrees that a person should be released to an LRA, clinical staff may not agree to the release. See Answer to SCC Amicus, p. 10. It is also the experience of the SOC attorneys that the SCC will disregard the findings of its own forensic evaluators, where they advocate for release to an LRA. The Superintendent does not function in a judicial capacity and the RCW 71.09 law has no mechanism in place, short of the show cause hearing, to review their annual review decisions seeking continued commitment.

The State claims that the case of Parham v. J.R., 442 U.S. 582, 99 S.Ct. 2493, 61 L.Ed.2d 101 (1979) dictates that a staff physician's opinion suffices as all the process due for periodic review. But Parham was a case about voluntary admission to a mental health hospital. Id. at 588, 590-91. It involved children whose parents or guardians sought residential psychiatric help and the court presumed that these parents were effectively overseeing their children's confinement and could revoke their voluntary

consent to treatment as they wished. Id. at 603. Parham does not define the parameters of due process for indefinitely, involuntarily committed adults.

II. The Court's Original Decision In This Case Is Not Going To Increase State Costs For Commitment Proceedings.

The King County Prosecuting Attorney has asserted that the decision in this case could cost state taxpayers tens of millions of dollars per year and that there may be 77 trials every year in King County alone unless the majority reverses itself.¹ This concern is simply not true. Although Amici have not had the opportunity to provide information based on their knowledge to the pending cases to counter the State's contention, the prosecutor offers no evidence to support his assertion.

There are systemic disincentives for repeatedly seeking a new trial on annual review. If an individual secures a recommitment trial on annual review but does not prevail, at the next opportunity for review he would have to show he has changed since the last commitment trial, thereby starting the clock all over. RCW 71.09.090(4)(a). Furthermore, it is incredible to believe that

¹ Part of this claim is based upon claim that Strauss case was typical of an unconditional release trial. For a corrective analysis of this error, see the Answer to Satterberg Amicus, p. 3-4.

any amount of money would buy a “paid opinion” that this person “so changed” via maturation through one year of aging that a new hearing would be appropriate the following year. In fact, the pre-2005 amendment annual review process was in place for many years and did not cause an overwhelming number of unnecessary trials on annual review.

It is important to contextualize the limited circumstances under which a committed person can be granted an unconditional release trial. RCW 71.09.090 essentially requires that the defense expert’s opinion state, to a reasonable degree of psychological or medical certainty that the person’s condition has “so changed” that he no longer meets commitment criteria (or is ready for an LRA). The expert must clearly identify the reasons for the change and support the claim with evidence. RCW 71.09.090(4)(a). The trial court cannot rely on conclusory statements by an expert to allow the resident to establish probable cause, “so a court must look beyond an expert’s stated conclusions to determine if they are supported by sufficient facts.” In re Det. Of Ward, 125 Wn.App. 381, 387, 104 P.3d 747 (2005).

The expert’s opinion that RCW 71.09 is a “bad law,” or her disagreement with the original commitment order, are not pertinent

to establishing the necessary basis of a lack of mental disorder or dangerousness needed for a recommitment trial. The statute requires a credible professional opinion based on sound reasoning and analysis. The pre-2005 RCW 71.09.090 procedures have and always will prohibit any trial based on an expert report that disputes the original verdict as a baseline for change to a non-dangerous offender.

The King County Prosecuting Attorney has represented to this court that the McCouston decision will be responsible for committed sex offenders getting an annual review trial for the “price of an expert” who disputes the prior commitment verdict. As with the other representations the State has made, this representation is not supported by empirical evidence. Instead, as this Court knows, RCW 71.09.090(1)-(4) prohibits annual review trials based upon any evaluation that is premised on a disagreement with the prior findings supporting the commitment.

Even before the 2005 amendments, this Court had already empowered the trial courts to reject any petition based upon unsubstantiated expert reports. In re Detention of Peterson, 145 Wn.2d 789, 816, 42 P.3d 952 (2002). By requiring that the committed person be “so changed since his last commitment trial”

that he is "no longer" committable, the annual review procedure reflects the notion of "res judicata". The States' prosecutors are well aware that the number of unconditional release trials and LRA trials are miniscule at best. Finally, the show cause hearing is but one step in the annual review process. The State's overblown rhetoric claiming that McCuiston causes extremely burdensome costs is simply not true.

III. Scientific Analysis of Sex Offender Treatment Programs Has Shown That Long Term Treatment is Not Necessary For High Risk Offenders If High Quality Short Term Treatment is Available.

The 2005 amendments rest on the premise that treatment provided under long-term total confinement is the only effective way to reduce a person's likelihood of committing similar acts in the future. In fact, short term or community based models may be far more effective.³ See Lambie, I. and M. Stewart, Community Solutions for the Community's Problem: An Outcome Evaluation of Three New Zealand Community Child Sex Offender Treatment

³ Lambie & Stewart's (2003) study included a sample of 175 offenders who were treated at one of three community based programs (SAFE Network Inc, STOP Wellington Inc and STOP Trust Christchurch), and compared them with a comparison group of offenders who did not receive treatment, as well as an Assessment Only group. The authors found that 5.2% of those who successfully completed one of the out-patient programs recidivated sexually, compared with 16% in the non-treated comparison group and 21% in the Assessment only group (Lambie & Stewart 2003).

Programmes. Auckland: Department of Corrections New Zealand (2003). The Regional Treatment Centre (Ontario) Sex Offender Treatment Program has also demonstrated that short-term, high intensity treatment can be effective in reducing recidivism. See Roberto Di Fazio, Jeffrey Abracen and Jan Looman, Group Versus Individual Treatment of Sex Offenders: A Comparison, available at http://www.csc-scc.gc.ca/text/pblct/forum/e131/131s_e.pdf. The Ontario Sex Offender Treatment Program treats a population similar to that at the SCC -- individuals deemed to be a high risk of sexual offense recidivism. Id. The study assessed individuals who received five to six months of in-patient treatment. Id. This philosophy and approach to treating sex offenders has met with some success. In fact Drs. Abracen and Looman found that short-term treatment and release resulted in a greater than 2:1 ratio (51.7% vs. 23.6%) with regards to sexual recidivism between untreated and treated sexual offenders, respectively. Id.

The notion that the Legislature may bar any court from considering advances in scientific knowledge when deciding whether a person continues to meet the criteria for commitment runs afoul of the principle of separation of powers as well as the right to due process of law. See McCuiston's Supplemental Brief,

3-6, 18-19. The 2005 amendments to the annual review procedures dictate the type of evidence that will allow a person to obtain a full hearing. The initial RCW 71.09 commitment trial places no restriction on the type of evidence or persuasive weight of evidence that may be offered, but RCW 71.09.090(4)(b) prohibits a court from ordering a new trial absent evidence of continued treatment progress. It intrudes upon the province of the fact-finder to set procedures that prohibit the court from considering otherwise reliable, admissible, scientifically valid evidence that would cast doubt on the legality of continued commitment. Long-term treatment is not a narrowly tailored or scientifically proven mechanism for reducing a person's risk of recidivism. See Abrecen and Looman, supra.

IV. The Majority Opinion In This Case Does Not Provide A Disincentive For Treatment For Persons Being Held At The SCC.

- a. The 2005 amendments removed the incentive for the SCC to provide effective treatment by ensuring that no one would ever be released unless the State, without any court review, could unilaterally adjudicate "treatment progress".

If treatment is to be effective, relationships must be built between therapists and abusers that foster openness, disclosure, honesty, and change. 98 Cal. L. Rev. at 2115. In fact, models that

are not designed to encourage rehabilitation and release have an extremely low success rate. Id. at 2117.⁴ Texas is an example of a program that relies extensively on out-patient treatment and is also effective. Id. at 2125, citing Leslie Huss, Overview of Texas Sexually Violent Predator Program, 2-3 (2008); see also, Kelsie Tregilgas, Sex Offender Treatment in the United States: The Current Climate and an Unexpected Opportunity for Change, 84 Tul. L. Rev. 729, 743 -744 (2010). In Texas, offenders are committed to an outpatient program that includes intensive sex offender treatment, electronic monitoring, polygraphs, penile plethysmographs, biennial examinations, substance-abuse testing, and restricted transportation. Id. This cost effective model provides legitimate treatment, eliminating concerns that civil commitment will be used to detain those who would be released from prison without

⁴ According to a Washington State report, of the 4,534 persons committed or held for evaluation as sexually violent predators nationwide, only 494 had been discharged or released, and only 188--or 4 percent--of those under program staff recommendation. WSIPP, *infra*, note 5, at 3-4. A 2007 New York Times investigation reported that only 1.7 percent of committed sex offenders have been recommended for release. Nearly 3,000 sex offenders have been committed since the first law passed in 1990. In 18 of the 19 states, about 50 have been released completely from commitment because clinicians or state-appointed evaluators deemed them ready. Some 115 other people have been sent home because of legal technicalities, court rulings, terminal illness or old age. Monica Davey & Abby Goodnough, Doubts Rise as States Hold Sex Offenders After Prison, N.Y. Times, Mar. 4, 2007, at A1.

treatment or supervision.⁵ Id. The Texas model demonstrates that providing due process and an opportunity for release may not only be an effective way to treat offenders, but can also result in substantial cost savings to the state.

Amicus believe that the only incentive the 2005 Amendments impaired was the government's incentive to provide effective treatment that other jurisdictions, such as Ontario or Texas, provide. The state has no incentive to improve or make any more efficient its method for release. This in return creates an inefficient treatment program without any objective basis to measure "progress" which in turn creates discouragement and disincentive for those individuals who need treatment. Cf. Anthony R. Beech & Catherine E. Hamilton-Giachritsis, Relationship Between Therapeutic Climate and Treatment Outcome in Group-Based Sexual Offender Treatment Programs, 17 Sexual Abuse: J. Res. & Treatment 127, 129, 138 (2005) (measuring the group climate using self-reporting of group leaders and group members in

⁵ In 2006, the cost to treat a person in the Texas outpatient program was \$17,391 per client, as compared to an inpatient treatment program that averaged \$97,000 per resident nationally. Wash. State Inst. for Pub. Policy, Comparison of State Laws Authorizing Involuntary Commitment of Sexually Violent Predators: 2006 Update, Revised 1 (2007), available at <http://www.wsipp.wa.gov/pub.asp?docid=07-08-1101>.

the twelve sex offender treatment groups). Instead, "it is all the more important to tailor our laws in a way that ensures the protections granted by the Constitution before civil commitment becomes the rule and penal incarceration the exception". Mary Prescott, Invasion of the Body Snatchers: Civil Commitment after Adam Walsh, 71 U. Pitt. L. Rev. 839, 869 (2010).

- b. SCC respondents do not make any decisions based on a belief that they "can be released by criticizing the SCC treatment program."

The performance of our duties as attorneys in special commitment cases makes us intimately familiar with our clients' decision process and motivation with respect to their treatment options. Contrary to the speculation of the SCC Superintendent who does not explain how he surmises the motivations of the detainees, there is no empirical evidence that any of them have entered treatment because of the 2005 amendments or have dropped out because of McCuiestion.⁶

Many of our clients fully recognize the fact that SCC treatment is the most promising option to achieve release. At best, the previous majority opinion in this case opens up a prolonged

⁶ The real reason why the percentage of enrollment appeared to have slightly increased over the years has been explained by McCuiston's Response to SCC Amicus, and need not be reiterated here.

path to release through aging. These committed persons must live with what they have done. The last thing they want is to reoffend, or be recommitted. The lawyers representing and advising the SCC residents on treatment issues do not consider the 2005 Amendments to RCW 71.09 nor the McCuiation decision in deciding whether to enter, remain in, or drop out of treatment. The strongest incentive to be in treatment is to prevent reoffending and obtain eventual release from the SCC.

- c. There is no objective or rational basis for anyone to “drop out” or not engage in treatment simply because of this Court’s prior decision in this case.

There is no reason to believe that the court’s prior decision in this matter will discourage those engaged in treatment from continuing. The attorneys who handle RCW 71.09 cases have a duty to understand and discuss the decision criteria each client has in deciding whether to be in treatment, and the reasons for not being in treatment have nothing to do with the faint hope of release through other means. The reasons people are not in treatment at any given time are more likely related to the assessment procedure and the use of non-completion as a factor to continue to commit a person. See, e.g., Eric S. Janus, Minnesota's Sex Offender Commitment Program: Would an Empirically-Based Prevention

Policy Be More Effective, 29 Wm. Mitchell L. Rev. 1083, 11224 (2003). Other clients may suffer from treatment burnout after years of the same groups every day to the point where the treatment becomes counter-productive or because of difficulties in being accepted into the sex offender treatments program. See Deirdre M. D'Orazio et al., The California Sexually Violent Predator Statute: History, Description & Areas for Improvement, 27 (2009), available at <http://ccoso.org/papers/CCOSO%20SVP%20Paper.pdf>. Still others have severe mental illnesses and are too delusional to function, some even not being able to understand the nature of their confinement. Id. at 868.

CONCLUSION

It is the opinion of amicus counsel that the Court's original majority opinion was correct and should be reaffirmed upon review. This Court should continue to find that the 2005 amendment to RCW 71.09 "offends both due process and the separation of power." McCouston, 169 Wn.2d at 635.

Dated this 4th day of May, 2011.

Respectfully submitted,



Travis Stearns, WSBA # 29335
Washington Defender Association

Suzanne Elliot, # 12634
Washington Association of Criminal Defense Lawyers

Ken Chang, # 26737
Leslie Garrison, # 18040
Peter Macdonald, # 30333
Ken Henrickson, # 17592
The Defender Association

William Jaquette, # 8460
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