

No. 91920-8

2014 NOV -4 AM 11:38

STATE OF WASHINGTON

BY: KK
DEPUTY

IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON
DIVISION II

In re Personal Restraint Petition of:

Case No. _____

CLARK L. STUHR,
Petitioner.

PERSONAL RESTRAINT PETITION

If there is not enough room on this form, use other pages and write "See Attached." Fill out this entire form before you sign this form in front of a notary public (free in the law library).

A. STATUS OF PETITIONER

I, Clark L. Stuhr, am in the custody of the
(Full name and current address)

WDOC, Stafford Creek Corr. Center, 191 Constantine Way
Aberdeen, WA. 98520

apply for relief from confinement. I am now in custody serving a sentence on conviction of a crime. I am now in custody because of a *Judgment and Sentence*.

1. The court in which I was sentenced is: Superior Court Pacific County, WA.

2. I was convicted of the crime(s) of: Felony Murder

3. I was sentenced after (check one) Trial Plea of Guilty on 3/10/89.
(Date of sentence)

4. The Judge who imposed sentence was Joel Penoyer

5. My lawyer at trial court was Michael Smith
(Name and address if known)

NONE

6. I did did not _____ appeal from the decision of the trial court. If I did appeal, I appealed to: Washington State Court of Appeals
Division II
(Name of court, or courts to which appeal took place)

7. My lawyer for my appeal was: Same
(Name and address if known or write "none")

The decision of the appellate court was was not _____ published. (If the answer is that it was published, and I have this information) the decision is published in 58 Wn.
App. 660 (1990),

8. Since my conviction I have have not _____ asked a court for some relief from my sentence other than I have already written above. (If the answer is "I have asked a court", the court I asked was WA. Court of Appeals Div II, Relief was denied on WA. Supreme Court. *(Name of court)*

(Date of Decision or, if more than one, all dates)

(If you have answered in question 7 that you did ask for relief), the name of your lawyer in the proceedings mentioned in my answer was Pro Se, and Jeffrey Ellis
(Name and address if known)
705 Second Ave, Ste. 401, Seattle, WA. 98104.

9. If the answers to the above questions do not really tell about the proceedings and the courts, judges and attorneys involved in your case, tell about it here: _____

B. GROUNDS FOR RELIEF:

(If I claim more than one reason for relief from confinement, I will attach sheets for each separately, in the same way as the first one. The attached sheets should be numbered "First Ground", "Second Ground", "Third Ground", etc.). I claim that I have ____ reason(s) for this court to grant me relief from the conviction and sentence described in Part A.

First Ground
(First, Second, etc.)

1. I should be given a new trial or released from confinement because (State legal reasons why you think there was some error made in your case which gives you the right to a new trial or release from confinement): Please See Opening Brief
2. The following facts are important when considering my case. (After each fact statement put the name of the person or person who know the fact and will support your statement of the fact. If the fact is already in the record of your case, indicate that also) Please See Opening Brief
3. The following reported court decisions (indicate citations) in cases similar to mine show the error I believed happened in my case: Please See Opening Brief
4. The following statutes and constitutional provisions should be considered by the court: Please See Opening Brief
5. This petition is the best way I know to get the relief I want, and no other way will work as well because: Please See Opening Brief

C. STATEMENT OF FINANCES:

I cannot afford to pay the \$250 filing fee or cannot afford to pay an attorney to help me fill out this form. I have attached a certified copy of my prison finance statement (trust account).

- 1. I do do not ask the court to file this without making me pay the \$250 filing fee because I am so poor and cannot pay the fee.
- 2. I have \$ 10,000 in my prison or institution account. (Attach *certified* six month statement of inmate trust account, available from inmate accounting.)
- 3. I do do not ask the court to appoint a lawyer for me.
- 4. I am am not employed. My salary or wages amount to \$ _____ a month. My employer is:

(Name and address of employer)

- 5. During the past 12 months I did did not get any money from a business, profession or other form of self-employment. (If I did, I got a total of \$ _____.)
- 6. During the past 12 months I:
 - Did did not receive any rent payments. If so, the total I received was \$ _____.
 - Did did not receive any interest. If so, the total I received was \$ _____.
 - Did did not receive any dividends. If so, the total I received was \$ _____.
 - Did did not receive any other money. If so, the total I received was \$ 10,000.
 - Did did not have any cash except as noted in (C)(2) above. If I do, the total cash I have is: \$ _____.
 - Did did not have savings or checking account. If so, total in all accounts is \$ _____.
 - Did did not own stocks, bonds, or notes. If so, their total value is \$ _____.
- 7. List all real estate and other property or things of value which belong to you or in which you have an interest. Tell what each item or property is worth and how much you owe on it. Do not list household furniture, furnishings, and clothing which you or your family own.

<i>Items</i>	<i>Value</i>
<u>NONE</u>	

- 8. I am am not married. If I am, my wife or husband's name and address is:

- 9. All of the persons who need me to support them are listed below:

Name & Address	Relationship	Age
<u>NONE</u>		

10. All the bills I owe are listed here:

Name & Address of creditor	Amount
<u>Restitution</u>	<u>17,000.00</u>
<u>State of Washington, Pacific and</u>	
<u>Walla Walla, County, Superior Court</u>	

D. REQUEST FOR RELIEF:

I want this court to:

Vacate my conviction and give me a new trial.

Vacate my conviction and dismiss the criminal charges against me without a new trial.

Other: order an evidentiary hearing and correct my
good time. (Please specify)

E. OATH OF PETITIONER

STATE OF WASHINGTON)
) ss.
COUNTY OF GRAY'S HARBOR)

After being first duly sworn, on oath, I depose and say: That I am the petitioner, that I have read the petition, know its contents and I affirm the contents of this petition are true and correct under penalty of perjury of the laws of the State of Washington.

(Sign before a Notary) Clark L. Stuber
(Print Name) Clark L. Stuber

DOC # 947192, UNIT H1-B-68L
STAFFORD CREEK CORRECTION CENTER
191 CONSTANTINE WY
ABERDEEN WA 98520

SUBSCRIBED AND SWORN to before me this 1 day of November, 2014.

Notary Public in and for the State of Washington
Residing at Gray's Harbor

David Stuhr

Filing Fee Waived on: 12/15/14

dp

C. STATEMENT OF FINANCES Court Clerk

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 - Did ___ did not own stocks, bonds, or notes. If so, their total value is \$ _____.
- 7. List all real estate and other property or things of value which belong to you or in which you have an interest. Tell what each item or property is worth and how much you owe on it. Do not list household furniture, furnishings, and clothing which you or your family own.

Items

Value

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After being first duly sworn, on oath, I depose and say: That I am the petitioner, that I have read the petition, know its contents and I affirm the contents of this petition are true and correct under penalty of perjury of the laws of the State of Washington.

(Sign before a Notary) Clark L. Stuhr
(Print Name) Clark L. Stuhr

DOC # 947192, UNIT H1-B-682
STAFFORD CREEK CORRECTION CENTER
191 CONSTANTINE WY
ABERDEEN WA 98520

SUBSCRIBED AND SWORN to before me this 1 day of November, 2014.

Notary Public in and for the State of Washington
Residing at Gray's Harbor

T R U S T A C C O U N T S T A T E M E N T

DOC#: 0000947192

Name: STUHR, CLARK L

DOB:

02/17/1967

LOCATION: S01-221-H1068L

ACCOUNT BALANCES Total: 554.30 CURRENT: 509.30 HOLD: 45.00

09/01/2014 09/30/2014

SUB ACCOUNT	START BALANCE	END BALANCE
SPENDABLE BAL	0.58	10.00
SAVINGS BALANCE	455.15	455.15
WORK RELEASE SAVINGS	0.00	0.00
EDUCATION ACCOUNT	0.00	0.00
MEDICAL ACCOUNT	40.00	40.00
POSTAGE ACCOUNT	15.54	2.93
COMM SERV REV FUND ACCOUNT	0.00	0.00

DEBTS AND OBLIGATIONS

TYPE	PAYABLE	INFO NUMBER	AMOUNT OWING	AMOUNT PAID	WRITE OFF AMT.
HYGA	INMATE STORE DEBT	10272004	0.00	1.16	0.00
POSD	POSTAGE DEBT	09212001	0.00	7.69	0.00
MISCD	MISCELLANEOUS DEBT	08202002	5.07	0.00	0.00
EL	ESCORTED LEAVE	11172011	UNLIMITED	0.00	0.00
LMD	LEGAL MAIL DEBT	04012005	0.00	1.10	0.00
LMD	LEGAL MAIL DEBT	06172004	0.00	36.14	0.00
TVD	TV CABLE FEE DEBT	10132001	0.00	1.41	0.00
CVCS	CRIME VICTIM COMPENSATION/07112000	09191999	UNLIMITED	188.02	0.00
HYGA	INMATE STORE DEBT	06122001	0.00	117.52	0.00
MISCD	MISCELLANEOUS DEBT	04292002	5.72	0.00	0.00
HYGA	INMATE STORE DEBT	05172005	0.00	44.01	0.00
COI	COST OF INCARCERATION	09191999	UNLIMITED	0.00	0.00
MEDD	MEDICAL COPAY DEBT	04092000-1	0.00	14.37	0.00
POSD	POSTAGE DEBT	10022002	0.00	10.25	0.00
MEDD	MEDICAL COPAY DEBT	11062001	0.00	9.00	0.00
SPHD	STORES PERSONAL HYGIENE DEBT	04092000	0.00	0.62	0.00
MEDD	MEDICAL COPAY DEBT	03252014	0.00	0.46	0.00
TVD	TV CABLE FEE DEBT	04092000	0.00	6.79	0.00
TVD	TV CABLE FEE DEBT	04092000-1	0.00	6.77	0.00
TVD	TV CABLE FEE DEBT	06092001	0.00	2.71	0.00
COIS	COST OF INCARCERATION /07112000	09191999	UNLIMITED	696.64	0.00
CVC	CRIME VICTIM COMPENSATION	09191999	UNLIMITED	69.00	0.00
WDCD	WESTERN DISTRICT COURT DEBT	C04-5355FDB	0.00	150.00	0.00
SPHD	STORES PERSONAL HYGIENE DEBT	04092000-1	0.00	56.96	0.00
DEND	DENTAL COPAY DEBT	04092000	0.00	12.00	0.00
HYGA	INMATE STORE DEBT	10281999	0.00	91.69	0.00
HYGA	INMATE STORE DEBT	10252001	0.00	6.14	0.00
MEDD	MEDICAL COPAY DEBT	12012000	0.00	18.69	0.00

KMRENINGER

STAFFORD CREEK CORRECTIONS CENTER

OTRTASTA

TRUST ACCOUNT STATEMENT

10.2.1.3

DOC#: 0000947192 Name: STUHR, CLARK L

DOB: 02/17/1967

LOCATION: S01-221-H1068L

DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			WORK RELEASE SUB-ACCOUNT SAVINGS	
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			EDUCATION ACCOUNT SUB-ACCOUNT	
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			MEDICAL ACCOUNT SUB-ACCOUNT	
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
TRANSACTION DESCRIPTIONS --			POSTAGE ACCOUNT SUB-ACCOUNT	
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
09/10/2014	SAPOS	SAPOS SAL ORD #7917136	(5.50)	10.04
09/11/2014	SPOST	POSTAGE SUBACCOUNT WITHDRAWAL	(2.93)	7.11
09/15/2014	LMPOST	LEGAL MAIL - POSTAGE SUBACCOUNT	(0.21)	6.90
09/15/2014	LMPOST	LEGAL MAIL - POSTAGE SUBACCOUNT	(1.61)	5.29
09/16/2014	SPOST	POSTAGE SUBACCOUNT WITHDRAWAL	(0.48)	4.81
09/16/2014	SPOST	POSTAGE SUBACCOUNT WITHDRAWAL	(0.92)	3.89
09/25/2014	SPOST	POSTAGE SUBACCOUNT WITHDRAWAL	(0.48)	3.41
09/30/2014	SPOST	POSTAGE SUBACCOUNT WITHDRAWAL	(0.48)	2.93
TRANSACTION DESCRIPTIONS --			COMM SERV REV SUB-ACCOUNT FUND ACCOUNT	
DATE	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE