62541-1

62541-1 KN

NO. 62541-1-I

COURT OF APPEALS OF THE STATE OF WASHINGTON

DIVISION I

STATE OF WASHINGTON,

Respondent,

v.

BRIAN ELLIOT CLAIBORNE,

Appellant.

FILED
COURT OF APPEALS DIV I
STATE OF WASHINGTON
2009 JUN 15 PM 4:22

APPEAL FROM THE SUPERIOR COURT FOR KING COUNTY

THE HONORABLE JUDGE MERTEL

BRIEF OF ~~APPELLANT~~ Respondent

DANIEL T. SATTERBERG
King County Prosecuting Attorney

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Senior Deputy Prosecuting Attorney
Attorneys for Respondent

King County Prosecuting Attorney
W554 King County Courthouse
516 Third Avenue
Seattle, Washington 98104
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A. ISSUE PRESENTED

In determining restitution, a trial court abuses its discretion only where the exercise of that discretion is manifestly unreasonable, or exercised on untenable grounds or for untenable reasons. Appellant broke two bones in Linda Agee's face during an unprovoked attack and admitted by pleading guilty that he caused her serious bodily injury. To support a restitution claim for lost wages, the State provided Agee's W-2 forms, insurance claims for medical treatment, salary history, and documentation from Crime Victim's Compensation as evidence of Agee's lost wages. Did the trial court abuse its discretion in relying on this information in ordering Appellant to pay restitution?

B. FACTUAL BACKGROUND

On a spring day in March, 2007, 51 year old Linda Agee was getting ready to go to work when she saw Appellant roughly dragging her young grandson along the sidewalk. CP 2. Agee, who knew Appellant only by a nickname, asked him to stop pulling the boy. Appellant ignored her. CP 2. Agee asked Appellant again to refrain from pulling her grandson, and told Appellant if there was a problem, she would handle it. CP 2. Appellant responded by

turning and punching Agee three to four times in the face. CP 2. Agee fell to the ground, with two bones in her face broken by the defendant's blows. CP 2.

C. PROCEDURAL BACKGROUND

The State charged Appellant with one count of Assault in the Second Degree on June 27, 2007. Appellant ultimately pled guilty as charged on February 7, 2008. CP 4-21. As part of the plea agreement, Appellant agreed to pay restitution. CP 18. The sentencing Court similarly ordered Appellant to pay restitution as part of the judgment and sentence. CP 22-28.

The Court held a restitution hearing on July 10, August 1, and September 10, 2008. Report of Proceedings 1-21. Agee was working as a Home Health Aide at the time Appellant broke the bones in her face. Exhibit 1; Sub __; Supp. CP __.[1] Prior to the assault, she earned $18.76 an hour; worked six hours a day and seven days a week. Exhibit 1; Sub __; Supp. CP __. She started working for her company on January 1, 1999, and stopped working

[1] Pursuant to an agreement of the parties King County Superior Court Judge Douglass North entered an order on June 11, 2009, directing the court clerk to file the attached Exhibit 1 as part of the record. At the time this appeal was filed the clerk's office had not assigned a Sub. No. to the exhibit.

the day that Appellant assaulted her, March 7, 2007. Exhibit 1; Sub __; Supp. CP __.

Washington's Crime Victims' Compensation Program (CVC) reimbursed Agee for $15,000.00 due to wages she lost while being off work as a result of Appellant's assaulting her. Exhibit 1; Sub __; Supp. CP __. CVC in turn sought restitution from Appellant commensurate with its payments to Agee. Exhibit 1; Sub __; Supp. CP __.

To support Agee's claim of lost wages, CVC sought and obtained the hourly rate which Agee was paid plus the number of hours and days per week she worked. Exhibit 1; Sub __; Supp. CP __. CVC covered Agee's lost wages from a period beginning on March 9, 2007, through August 25, 2007. Exhibit 1; Sub __; Supp. CP __.

Agee provided her W-2 forms for the two months she worked in 2007. Exhibit 1; Sub __; Supp. CP __. The W-2 form shows she made approximately $6,745.00 for that period, or approximately $3,372.00 per month. This is consistent with her documented hourly wage and hours worked (six hours a day; seven days a week at $18.75 an hour, totaling $3,375.00 a month). Exhibit 1; Sub __; Supp. CP __. Agee was still being billed for medical

treatment as a result of the defendant's assault of her into December 2007. Exhibit 1; Sub __; Supp. CP __.

D. ANALYSIS

AGEE'S CLAIM FOR LOST WAGES WAS SUPPORTED BY HER W-2 FORM; HER EMPLOYER'S WAGE VERIFICATION; HER INSURANCE CLAIMS; AND DOCUMENTATION OF PAYMENTS FROM CVC. APPELLANT ADMITTED TO CAUSING SERIOUS INJURY TO AGEE BY ASSAULTING HER. THE TRIAL COURT DID NOT ABUSE ITS DISCRETION IN ORDERING APPELLANT TO PAY FOR AGEE'S LOST WAGES IN THE AMOUNT OF $15,000.

A court may order a defendant convicted of a crime to pay restitution whenever the crime in question caused a loss to another. RCW 9.94A.750.

To prove a defendant's crime caused the victim's loss, the State must establish the loss would not have occurred but for the crime. *See* State v. Hahn, 100 Wn. App. 391, 399, 996 P.2d 1125 (2000). The State need only prove causation by a preponderance of the evidence. State v. Kinneman, 122 Wn. App. 850, 860, 95 P.3d 1277 (2004) (interpreting different but similar restitution statute).

The trial court has discretion to determine the amount of restitution. State v. Mark, 36 Wn. App. 428, 433, 675 P.2d 1250 (1984). An abuse of discretion occurs only where its exercise is manifestly unreasonable or exercised on untenable grounds or for untenable reasons. State ex rel. Carroll v. Junker, 79 Wn.2d 12, 26, 482 P.2d 775 (1971). Restitution need not be proven with specific accuracy. The evidence may be sufficient if it affords a reasonable basis for estimating loss. Mark, 36 Wn. App. at 434.

Although the setting of restitution is an integral part of sentencing, the rules of evidence do not apply at restitution hearings. State v. Pollard, 66 Wn. App. at 779, 784, 834 P.2d 51 (1992). Evidence presented at restitution hearings, however, must meet due process requirements, such as providing the defendant with an opportunity to refute the evidence presented, and being reasonably reliable. Pollard, 66 Wn. App. 784-85, 834 P.2d 51 (citing State v. Strauss, 119 Wn.2d 401, 418, 832 P.2d 78 (1992)). In other words, the amount of restitution must be established with "substantial credible evidence" which "does not subject the trier of

fact to mere speculation or conjecture." (Citations omitted.) State v. Fambrough, 66 Wn. App. 223, 225, 831 P.2d 789 (1992).

When the evidence is comprised of hearsay statements, the degree of corroboration required by due process is not proof of the truth of the hearsay statements "beyond a reasonable doubt", but rather, proof which gives the defendant a sufficient basis for rebuttal. State v. S.S., 67 Wn. App. 800, 807-808, 840 P.2d 891 (1992).

In State v. Kisor, 68 Wn. App. 610, 619-20, 844 P.2d 1038 (1993), the defendant shot a police dog while trying to evade capture. In determining restitution for the lost animal, the State simply produced an affidavit from a county risk manager estimating the costs of purchasing and training a replacement animal. Kisor, 68 Wn. App. at 614. The Court held that, while hearsay evidence may be used to establish a restitution claim:

> The affidavit appears to us to be nothing more than a rough estimate of the costs associated with purchasing a new animal and training it. Other than Benestad's [the county clerk] statement, that she "checked" with the Tacoma police and the Spokane Canine Training Unit, there is no indication of where Benestad obtained the figures as to the cost of purchasing the animal and training it and the dog's handler. Although Benestad referenced an

> advertisement from the West Virginia Canine College, there is nothing in that advertisement that supports the figures advanced by Benestad.

Kisor, 68 Wn. App. at 619-620.

There is no dispute that Appellant's violent assault against Agee caused her to suffer two broken bones in her face and resulted in extensive medical treatment. Appellant agreed that Ms. Agee was seriously injured as a result of his actions. RP 19.[2] Indeed, he has never contested Agee's injuries. His focus is only on the time Agee spent out of work: "what we've been going back and forth about is whether there is sufficient documentation to justify the bulk of this restitution claim, the $15,000.00." RP 17-18.

Appellant's main complaint focused on Agee's W-2 forms, which include her handwritten note: "this is my W-2 for 2007 it will show how much I made in two months of work [divided by] two for monthly. If this is not enough info I am still waiting on job info. My conselore [sic] is out for two more months I will be back with her in July. Insurance paid bills (Premera B.C. & crim [sic] victim.)" Exhibit 1; Sub __; Supp. CP __. The contest appeared to be who

[2] This brief cites the verbatim report of proceedings from the three restitution hearings on July 10, August 1 and September 10, 2008 as Report of Proceedings or "RP."

wrote this note, as counsel for appellant noted to Judge Mertel: "...we just sort of have to take whoever wrote this handwritten note that they represent two year -- two months of work, rather than the entire year of work. There's nothing on the W-2 itself that makes clear that that's the time period that they're for. And that becomes a pretty crucial issue." RP 18.

The record from the restitution hearings show that Judge Mertel had carefully reviewed the documents supporting the restitution claims. See RP 5-6; RP 12-13. Agee's employer informed CVC that Agee stopped working on March 7, 2007, the same day appellant assaulted her. Exhibit 1; Sub __; Supp. CP __. Her employer also verified her hours (six a day), wages ($18.75 an hour), and days worked (seven days a week). Exhibit 1; Sub __; Supp. CP __. Based on those figures, Agee would earn approximately $3,375 a month. Agee's handwritten note on her W-2 indicating that she worked for two months in 2007, corroborate her employer's wage verification: her monthly earnings per the W-2 ($6,745 total for two months) were approximately $3,372.00.

Finally, the employer verified that as of July 17, 2007, she had not returned to work. Exhibit 1; Sub __; Supp. CP __.

CVC reported paying wages to Agee from March 8, 2007, through August 25, 2007. Exhibit 1; Sub __; Supp. CP __. The total amount paid to Agee for wages was $15,000. Exhibit 1; Sub __; Supp. CP __. The insurance claims for Agee's medical records show that she was still receiving treatment through December, 2007, and, as Appellant conceded, she was seriously injured because of his assault. RP 19.

Here, unlike the situation in Kisor, there are substantial and specific documents on which the Court could base its determination of the amount Appellant owes in restitution for Agee's lost wages. Exhibit 1; Sub __; Supp. CP __. Based on the seriousness of Agee's injuries, her wage history, her W-2s and her employer's verification that as of July 17, 2007, she was still not working, the amount of restitution for Agee's lost wages are entirely reasonable.

Taking all of the documents together, in addition to Appellant's concessions about causing Agee's serious injuries, the trial Court did not abuse its discretion in ordering Appellant to reimburse CVC for Agee's lost wages.

E. CONCLUSION

For the reasons stated above, this Court should affirm the trial court's award of restitution to CVC for Agee's lost wages.

DATED this 15 day of June, 2009.

Respectfully submitted,

DANIEL T. SATTERBERG
King County Prosecuting Attorney
By _____
SEAN P. O'DONNELL, WSBA #31488
Senior Deputy Prosecuting Attorney
Attorneys for Respondent
Office WSBA #91002

EXHIBIT 1

IN THE SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON, Plaintiff, vs. BRIAN E. CLAIBORNE, Defendant,	)	No. 07-1-05608-1 SEA ORDER SETTING RESTITUTION

The court ordered payment of restitution as a condition of sentencing. The Court has determined that the following person is entitled to restitution in the following amounts;

IT IS ORDERED that defendant make payments through the registry of the clerk of the court as follows:

Linda Agee
C/o King County Superior Court Clerk's Office
516 - 3rd Avenue, 6th Floor
Seattle, WA 98104-2312 — Amount: $370.32

Calypso
Subrogating Department
P.O. Box 327, MS 227
Seattle, WA 98111-0327 — Amount: $2,674.86
Re: Case #: 55190 (Linda Agee)

CVC
P.O. Box 44520
Olympia, WA 98504-4520
Re: VL34642 — Amount: $17,195.94

Daniel T. Satterberg, Prosecuting Attorney
W554 King County Courthouse
516 Third Avenue
Seattle, Washington 98104
(206) 296-9000, FAX (206) 296-0955

Additional restitution will be requested beyond 180 days expiration for counseling expenses, time losses, and medical expenses; if claim of loss is submitted.

DONE IN OPEN COURT this 10th day of ~~August~~ September, 2008.

JUDGE CHARLES W. MERTEL

Presented by:

WSBA #31488

Deputy Prosecuting Attorney

Copy received; Notice

Ben Goldsmith/TDA 35017
Attorney for Defendant
copy received / objection noted

Order Setting Restitution
CCN# 1396995 REF# 2070611106 AVM

Daniel T. Satterberg, Prosecuting Attorney
W554 King County Courthouse
516 Third Avenue
Seattle, Washington 98104
(206) 296-9000, FAX (206) 296-0955

DANIEL T. SATTERBERG
PROSECUTING ATTORNEY

King County

Office of the Prosecuting Attorney
CRIMINAL DIVISION
W554 King County Courthouse
516 Third Avenue
Seattle, Washington 98104
(206) 296-9552
Hours: 8:30 AM to 4:30 PM

26 August 2008

MEMORANDUM

TO: The Honorable Charles Mertel

FROM: Anthony V. May AVM
Victim Assistance Unit - Courthouse
206-205-3358

SUBJECT: **STATE V. BRIAN E. CLAIBORNE**
CAUSE #: 07-1-05608-1 SEA
Restitution Hearing Set: September 10, 2008 @ 8:45 am

Attached is an additional supporting documentation pertaining to victim's Agee wage losses. This documentation had been provided to Defend Counsel Ben Goldsmith prior to previous restitution hearing.

Please call me at (206) 205-3358 if you have any questions or concerns.

Thank you.

Cc: File

This FAX was sent by the
Washington State Department of Labor & Industries
CRIME VICTIMS COMPENSATION PROGRAM
Post Office Box 44520, Olympia WA 98504-4520
Mail Stop: 4520
Fax Number: 360-902-5333

CONFIDENTIAL INFORMATION

TO: Anthony May
@ King Co
FROM: Robin
DATE: 7/1/08

PHONE:
FAX: 206 205 6104
PHONE: 360 902 4975

COMMENTS: **VL34642 LINDA V AGEE**
Timeloss and wage info

Number of pages including cover sheet: 5

Faxed by: Robin

Email:
cvcvictimwitness@lni.wa.gov

If there are any problems with this transmittal,
Please contact me ASAP.

PRIVACY NOTICE: RCW 7.68.145 gives the CVCP authority to request health care information. The Health Insurance Portability and Accountability Act (HIPAA) does not overrule this Washington State Law. Since your disclosure is required by state law it is not subject to HIPAA's minimum necessary standard, 45 CRF 164.502 (b) (2) (v).

We take seriously our responsibility to protect the privacy rights of Washington's citizens. For more information on HIPAA, visit the L & I website at **<http://www.lni.wa.gov/hsa/HIPAA/.**

****** THANK YOU ******

VL34642

2301 South Jackson Street, Suite 103
Seattle, Washington 98144
Office (206) 329-2094 Fax (206) 329-5396

LINDA AGEE
CLIENT ID: Willis L. Nuttall
WN-6797

Please allow this document to serve as a printout for Medical, Housing, and Bonus/Vacation for Linda Agee.

MEDICAL: $472.98 monthly payment made on the following dates:
November 24, 2006
December 22, 2006
January 25, 2007
February 23, 2007

HOUSING: $1250.00 monthly payments made on the following dates:
November 30, 2006
December 29, 2006
January 31, 2007
February 28, 2007

BONUS/VACATION @15hrs a month made on the following dates:
November 30. 2006
December 29, 2006
January 31, 2007
February 28, 2007

Yours truly,

JC Turner

JC Turner, VSO

If requesting time lo or pensation, detach this section and mail to the address below.

Department of Labor and Industries
Crime Victims Compensation Program
PO Box 44521
Olympia WA 98504-4521

Claim Number VL34L42

(206) 956-5355 or Toll Free 1-800-762-3716

CRIME VICTIMS CO PENSATION CLAIM FOR TIME-LOSS BENEFITS

If your injury, physical or em tional, caused you to be off work for at least three (3) days, you may qualify for partial wage replacement benefits, called time-loss. If you want to apply for time-loss benefits, detach this form, take it to your place of employment, and have it completed and signed by an authorized representative of your employer. The completed form must be received in our office before any determination can be made on your eligibility for time-loss benefits.

TIME-LOSS INFORMATION

Employee's Name: Linda Agee	Job Title: Home Health Aide	Social Security Number: [redacted]
Dates Employed: From: 1-1-1999 To: 3-7-07	Date of Injury: 3-7-07	Was this person employed on the date of injury? ☑ Yes ☐ No
Was this person employed with you for at least three consecutive months during the past year? ☑ Yes ☐ No	Has this person returned to work? ☐ Yes ☑ No	If yes, date returned?
Rate of Pay: 18.57 ☐ Hourly ☐ Monthly	☐ Weekly ☐ Daily	☐ Commission ☐ Other:
Were sick leave or disability insurance paid? ☐ Yes ☑ No	If yes, through which date?	Hours worked per day: 6 HRS
Days worked per week: 7 days		
Does this employee have medical insurance through this employment? ☑ Yes ☐ No	Insurance Company Name: Premera Blue Cross	
Employer's (Firm's) Name: NABVETS	Phone Number: (206) 329 2099	
Address: 2301 So. South Jackson St #103	City: Seattle	State: WA ZIP44: 98144
Employer Representative Name: J. Turner	Job Title: VSO	
Date: MAY 23 2007	Employer Representative Signature: J. Turner	

NOTE TO EMPLOYERS: The Crime Victims Compensation Program is not a part of the Department of Labor & Industries' Industrial Insurance Program. Benefits provided through the program for injuries that did not occur on the job will not affect your premium.

Fax To: 360-902-5333

Attn: Kim Vincent

July 17, 2007

To: Kim Vincent

Re: Linda Agee, VL34642
Order dated 5/30/07 / Housing allowed @ $1250.00 monthly

Please note that Ms. Linda Agee has housing cost that are no longer provided, because she has not worked since 3/7/07. She will need to pay her own housing cost as of 4/1/07. However, she has informed our office that she has not been paid housing and has to move so another person can provide services to her former client at 3621 33rd Ave. S. #419, Seattle, WA 98144 (ASAP.)

I hope you will process Ms. Agee housing claim without delay.

Sincerely,

JC Turner

JC Turner,VSO

VL34642 Linda V Agee

DATE: 05/29/07
CONTACT NAME: WAGE VERIFICATION_____ PHN: 2063292094

CALLED EMPLOYER AND SPOKE WITH JC TURNER, HE VERIFIED WAGES $18.57 AN HOUR_
6 HOURS A DAY, 7 DAYS A WEEK. EMPLOYER DID NOT PAY HEALTH CARE INSURANCE.__
SINGLE 0 DEPENDENTS. CLMT HAS LISTED GRANDDAUGHTER ON APPLICATION AS_____
DEPENDENT. CALLED CLMT AND LEFT MESSAGE. I WILL NEED GUARDIANSHIP PAPERS___
BEFORE I CAN CONSIDER HER AS DEPENDENT.

May, Anthony

From: May, Anthony
Sent: Monday, June 30, 2008 3:46 PM
To: 'Ben Goldsmith'
Subject: RE: Brian Claiborne 07-1-05608-1 SEA

Hi Ben,

The only other documentation I have is victim's Agee W-2. I'll forward a copy to you via inter-office mail. Otherwise, whatever documentation I sent to you is what the victim and CVC provided to me.

Thanks,

Anthony May
VAU 205-3358

From: Ben Goldsmith [mailto:beng@defender.org]
Sent: Monday, June 30, 2008 3:05 PM
To: May, Anthony
Subject: Brian Claiborne 07-1-05608-1 SEA

Hi Anthony:

Do you have any supporting documents/medical records in regards to the $15,000 claim for loss of work by Ms. Agee.

Ben Goldsmith

Wages, tips, other comp.	2 Federal income tax withheld
131.15	
Social security wages 131.15	4 Social security tax withheld 8.13
Medicare wages and tips 131.15	6 Medicare tax withheld 1.90
Control number 3037 11/ASE · Dept. 323621 · Corp.	Employer use only T EIC 1214

Employer's name, address, and ZIP code
RES CARE WASHINGTON INC
9901 LINN STATION RD
LOUISVILLE KY 40223

Employer's FED ID number 61-1328026	a Employee's SSA number 436-04-7877
Social security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12
Other	12b
	12c
	12d
	13 Stat emp. · Ret. plan · 3rd party sick pay

Employee's name, address and ZIP code
NDA V AGEE
[redacted]S
[redacted]

State WA	Employer's state ID no.	16 State wages, tips, etc.
State income tax		18 Local wages, tips, etc.
Local income tax		20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2007 OMB No. 1545-0008
B to be filed with employee's Federal Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp. 131.15	2 Federal income tax withl
3 Social security wages 131.15	4 Social security tax withheld 8.13
5 Medicare wages and tips 131.15	6 Medicare tax withheld 1.90
d Control number 013037 11/ASE · Dept. 323621 · Corp.	Employer use only T EIC 1214

c Employer's name, address, and ZIP code
RES CARE WASHINGTON INC
9901 LINN STATION RD
LOUISVILLE KY 40223

b Employer's FED ID number 61-1328026	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. · Ret. plan · 3rd party sick pay

e/f Employee's name, address and ZIP code
LINDA V AGEE
3[redacted]
[redacted]19
[redacted]

15 State WA	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

WA.State Reference Copy
W-2 Wage and Tax Statement 2007 OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

FOLD AND DETACH HERE

1 Wages, tips, other comp. 131.15	2 Federal income tax withh
3 Social security wages 131.15	4 Social security tax withhe 8.
5 Medicare wages and tips 131.15	6 Medicare tax withheld 1.
d Control number 013037 11/ASE · Dept. 323621 · Corp.	Employer use o T EIC 121

c Employer's name, address, and ZIP code
RES CARE WASHINGTON INC
9901 LINN STATION RD
LOUISVILLE KY 40223

b Employer's FED ID number 61-1328026	a Employee's SSA number [redacted]
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. · Ret. plan · 3rd party sic

e/f Employee's name, address and ZIP code
LINDA V AGEE
3[redacted]
[redacted]9
[redacted]

15 State WA	Employer's state ID no.	16 State wages, tips, etc.
17 State income tax		18 Local wages, tips, etc.
19 Local income tax		20 Locality name

WA.State Filing Copy
W-2 Wage and Tax Statement 2007 OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

This is my W-2 for 2007 it will show how much I made in 2 months of work ÷ by 2 for monthly. If this is not enough info. I am still waiting on job info. my caseloe is out for 2 more months I will start back with her in July. Bills (Premera B.C Insurance paid & crim victim.)

Wage and Tax Statemei 007	OMB No. 1545-0008	1. Wages, t her compensation 6,014.72	2. Federal income tax witheld 0.00
b. Employer's Identification Number 91-1050143	d. Employee's SSN [redacted]	3. Social Security Wages 6,614.72	4. Social Security witheld 410.12
NUTTALL,WILLIS L C/O DEPT. SOCIAL & HEALTH SERVICES P.O. BOX 45346 OLYMPIA, WA 98504-5346 c. Employer's name, address and ZIP code 951620		5. Medicare Wages and Tips 6,614.72	6. Medicare Tax witheld 95.91
		9. Advance EIC payment 0.00	10. Dependent Care benefits 0.00
e. Employee's name, address and ZIP code AGEE LINDA V [redacted]		11. Nonqualified Plans 0.00	12. a 0.00
		13. Statutory employee ☐ Retirement-Plan ☐ Third party sick pay ☐	12. b
		14. Other	12. c
			12. d

Form W-2 Wage and Tax Statement This information is being furnished to the IRS Department of the Treasury - Internal Revenue Service
Copy C for Employee's Records

Please review your W-2 and compare this information to your records. If you notice any error in the amount(s) or Social security number, please notify us. Due to the high volume of calls we experience during tax season, we encourage you to notify us via email at TAXINFO@dshs.wa.gov or by sending a letter and a copy of your W-2 to:

Wage and Tax Statement 2007	OMB No. 1545-0008	1. Wages, tips, other compensation 191.40	2. Federal income tax witheld 0.00
b. Employer's Identification Number 91-1050143	d. Employee's SSN [redacted]	3. Social Security Wages 191.40	4. Social Security witheld 11.87
951620,IPVACATION(775) C/O DEPT. SOCIAL & HEALTH SERVICES P.O. BOX 45346 OLYMPIA, WA 98504-5346 c. Employer's name, address and ZIP code 951620		5. Medicare Wages and Tips 191.40	6. Medicare Tax witheld 2.77
		9. Advance EIC payment 0.00	10. Dependent Care benefits 0.00
e. Employee's name, address and ZIP code AGEE LINDA V [redacted]		11. Nonqualified Plans 0.00	12. a 0.00
		13. Statutory employee ☐ Retirement-Plan ☐ Third party sick pay ☐	12. b
		14. Other	12. c
			12. d

Form W-2 Wage and Tax Statement This information is being furnished to the IRS Department of the Treasury - Internal Revenue Service
Copy C for Employee's Records

Please review your W-2 and compare this information to your records. If you notice any error in the amount(s) or Social security number, please notify us. Due to the high volume of calls we experience during tax season, we encourage you to notify us

7-30-2007 13:11:45 ACCOUNT HISTORY REPORT PAGE #

Account# 3032953

EATTLE EYE CARE
300 EAST JEFFERSON STE 202
EATTLE WA 98122
06 328-5686 Tax ID: 91-1421793

Patient# 1 GREEN-AGEE, LINDA

History From:
To: 07-30-2007

REEN-AGEE, LINDA
[redacted]

Todays Balance: 0.00
Current Suspense Balance: 0.00

or Clinic: PHUG SEATTLE EYE CARE

Guarantor home phone: 206 329-7086
Guarantor work phone: 206 -

eversals will not be included

* For Reversals

ctivity Spr	Posting Bill	Pat Onset	Pract First	Ins Seen	Loc	Serv Code Diag 1	Diag 2	Diag 3	Diag 4	Fac	Sec	Op	Refer	Emp	Acc	Doc	Init	Description	Suspense	Private	Tran Cd
03-13-07	03-15-07							6										CO-PMT:CHECK REC'D THANK YOU		-10.00	PAY
03-13-07	03-24-07	1	1	BC	11	99204												OFFICE/O-P VISIT,NEW,LEVEL 4	233.00		AGP
04834						372.73	921.3	364.00	374.30				N		N		N	DLJ			
	03-24-07												BC	Transfer					-10.00		
														CO-PAYMENT DUE AT TIME OF SERVICE							
	04-13-07												BC	Payment					-174.62		
	04-13-07												BC	Write-off					-48.38		
03-13-07	03-24-07	1	1	BC	11	99204								OFFICE/O-P VISIT,NEW,LEVEL 4						10.00	TRN
04834						372.73	921.3	364.00	374.30				N		N		N	DLJ			
03-29-07	03-29-07	1	1	BC					BC	INS. EBILLED $ 233.00											INS
03-27-07	03-30-07							5		CO-PMT:CASH REC'D THANK YOU										-10.00	PAY
03-27-07	04-04-07	1	1	BC	11	99214								OFFICE/O-P VISIT,EST,LEVEL 4					160.00		AGP
05234						921.3	372.73	364.00					N		N		N	DLJ			
	04-04-07												BC	Transfer					-10.00		
														CO-PAYMENT DUE AT TIME OF SERVICE							
	04-13-07												BC	Payment					-101.18		
	04-13-07												BC	Write-off					-48.82		
03-27-07	04-04-07	1	1	BC	11	99214								OFFICE/O-P VISIT,EST,LEVEL 4						10.00	TRN
05234						921.3	372.73	364.00					N		N		N	DLJ			
04-04-07	04-04-07	1	1	BC					BC	INS. EBILLED $ 160.00											INS

IN THE SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON,	)	
	)	
Plaintiff,	)	No. 07-1-05608-1 SEA
	)	
vs.	)	
	)	NOTICE OF RESTITUTION HEARING
BRIAN E. CLAIBORNE,	)	SCHEDULED
	)	
Defendant,	)	

TO ATTORNEY BEN GOLDSMITH/TDA:

PLEASE TAKE NOTICE that a restitution hearing has been scheduled in the courtroom of **JUDGE CHARLES W. MERTEL AT 8:30 A.M. ON JULY 10, 2008** at the King County Courthouse, and you are hereby notified to appear. The defendant **has waived** presence at this hearing. The undersigned is familiar with the records and files herein. Before setting this hearing, our office attempted to resolve the matter of restitution for this case in the following manner:

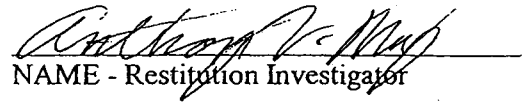
( ) Proposed Order Setting Restitution and documentation were sent to Defense Attorney _____ prior to the sentence date of _____.

( ) Proposed Order Setting Restitution and documentation were sent to Defense Attorney _____ on _____, and we have not received a signed order.

( ) Other: _____

(X) Our office did not attempt to resolve the restitution matter prior to setting this hearing due to time restrictions.

I certify that the foregoing is true and correct.
Signed and dated on June 25, 2008, at Seattle, Washington.



NAME - Restitution Investigator

Mailed to Defense Attorney Ben Goldsmith on June 25, 2008.

CCN# 1396995 REF# 2070611106 AVM

Daniel T. Satterberg, Prosecuting Attorney
W554 King County Courthouse
516 Third Avenue
Seattle, Washington 98104
(206) 296-9000, FAX (206) 296-0955

DANIEL T. SATTERBERG
PROSECUTING ATTORNEY

King County

Office of the Prosecuting Attorney
CRIMINAL DIVISION
W554 King County Courthouse
516 Third Avenue
Seattle, Washington 98104
(206) 296-9552
Hours: 8:30 AM to 4:30 PM

25 June 2008

MEMORANDUM

TO: Ben Goldsmith - TDA
Or Supervising Attorney - TDA

FROM: Anthony V. May AVM
Victim Assistance Unit - Courthouse
206-205-3358

SUBJECT: **STATE V. BRIAN E. CLAIBORNE**
CAUSE #: 07-1-05608-1 SEA
Restitution Hearing Set: July 10, 2008 @ 8:30 am in Judge Mertel's court E955.

I would like to inform you that a restitution hearing has been scheduled on the above date. Your client was sentenced on 2/13/08, and he waives presence at the restitution hearing.

If Ben Goldsmith is no longer with your office or has withdrawn from the above-mentioned case, please make sure that another attorney from your office is assigned to represent the defendant regarding all restitution matters.

Attached you will find an Order Setting Restitution and documentation supporting claims of losses. **Linda Agee** is requesting **$370.32** for out-of-pocket medical expenses. **CALYPSO,** subrogating for Premera Blue Cross is requesting **$2,674.86** for the amount paid out on victim's Agee medical expenses. **Crime Victims Compensation Program** (CVC) is requesting **$17,195.94** for the amount paid out on victim's Agee claim for medical expenses ($2,195.94) and time losses ($15,000).

If you agreed with the requested amount and wish to avoid a hearing, please sign and returned the attached order before 7/10/08. I will cancel the hearing upon receipt of the signed order. Please call me at (206) 205-3358 if you have any questions or concerns.

Thank you.

Cc: Judge Charles W. Mertel
Cc: File

IN THE SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON, Plaintiff,	)	No. 07-1-05608-1 SEA
vs.	)	ORDER SETTING RESTITUTION
BRIAN E. CLAIBORNE, Defendant,	)	

The court ordered payment of restitution as a condition of sentencing. The Court has determined that the following person is entitled to restitution in the following amounts;

IT IS ORDERED that defendant make payments through the registry of the clerk of the court as follows:

Linda Agee
C/o King County Superior Court Clerk's Office
516 - 3rd Avenue, 6th Floor
Seattle, WA 98104-2312 — Amount: $370.32

Calypso
Subrogating Department
P.O. Box 327, MS 227
Seattle, WA 98111-0327 — Amount: $2,674.86
Re: Case #: 55190 (Linda Agee)

CVC
P.O. Box 44520
Olympia, WA 98504-4520
Re: VL34642 — Amount: $17,195.94

Daniel T. Satterberg, Prosecuting Attorney
W554 King County Courthouse
516 Third Avenue
Seattle, Washington 98104
(206) 296-9000, FAX (206) 296-0955

Additional restitution will be requested beyond 180 days expiration for counseling expenses, time losses, and medical expenses; if claim of loss is submitted.

DONE IN OPEN COURT this _____ day of _____, 2008.

_____
JUDGE CHARLES W. MERTEL

Presented by:

_____
Deputy Prosecuting Attorney

Copy received; Notice

_____
Ben Goldsmith/TDA
Attorney for Defendant

Order Setting Restitution
CCN# 1396995 REF# 2070611106 AVM

Daniel T. Satterberg, Prosecuting Attorney
W554 King County Courthouse
516 Third Avenue
Seattle, Washington 98104
(206) 296-9000, FAX (206) 296-0955

MEDICAL RESTITUTION ESTIMATE

King County Cause Number 07-1-05608-1 Sea

Form must be returned by 7/21/08 or restitution may not be ordered.

RE: State vs. Brian E. Claiborne CCN: 1396995

CCN: _____

Date of Crime: 3/7/02 Referral: 207061/106

Charge: Assault 2

PLEASE COMPLETE & RETURN TO:

KING COUNTY VICTIM ASSISTANCE UNIT
King County Courthouse
516 3rd Avenue, Room W554
Seattle, WA 98104-2312
(206) 296-9552 FAX (206) 205-6104

PART ONE MEDICAL EXPENSES (Include copies of bills received resulting from the crime)

Out of pocket medical expenses not covered by insurance or other government agencies: $ _____

Number of hours missed from work due to injury: 345x6 Total wage loss: $ 31,221 + Housing

If covered, by whom? (Include letter from victim's employer) 2010 HR

Hospital bills $ 3088.88

If covered, by whom? _____

Counseling bills $ _____

If covered, by whom? _____

Doctor's bills $ _____

If covered, by whom? _____

Ambulance bill $ 601.67

If covered, by whom? _____

Other bills/costs $ 796.00

If covered, by whom? _____

Will there be medical/counseling costs in the future?

Yes ✓ No _____

PART TWO INSURANCE COVERAGE

NAME OF INSURANCE COMPANY: Premera Blue Cross

ADDRESS: P.O. Box 91059 Seattle, WA 98111

ADJUSTER'S NAME: _____ PHONE NUMBER: 1-800-722-1471

CLAIM #: _____ POLICY#: 1018383 DEDUCTIBLE: $ _____

Total amount your insurance company paid for this loss: $?

Crime Victim's Compensation ID # VL34642 DSHS _____

Social Security Number: [redacted] (Medicaid or Medicare ID #)

REC'D
MAY 05 2008
King County Prosecutor
Victim Assistance Unit

PART THREE NO RESTITUTION IS REQUESTED

I do not wish to pursue restitution ..... ☐ I have no losses ..... ☐

Sign Here: I declare under penalty of perjury under the laws of the State of Washington, that the foregoing is a true and correct summary of the losses I incurred as a result of the crime investigated under the above cause number.

Signature: Linda Agee Print Name: Linda Agee

Address: [redacted] City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Date 4-29-08

PLEASE MAKE A COPY FOR YOUR RECORDS

CALYPSO
Subrogation Depart.
70. 20th St SW, Mountlake Terrace, WA 98043-2124 * PO Box 327, MS 227, Seattle, WA 98111-0327

May 5, 2008

Morning Matter Prosecutor
Attn: Anthony May
King County Prosecutor Office
516 3rd Ave Room W554
Seattle, WA 98104

Re: Accident Date: 3/7/2007
Case #: 55190
Subro. Amt: $2,674.86
Member(s) & Patient(s): Linda V Agee
Linda V Agee

Dear Morning Matter Prosecutor:

Per your request, enclosed is an itemization of the medical bills the member's health plan has paid to date relating to the above noted accident. We provide this itemization for your convenience. If you need copies of medical billings or records contact the provider.

Thank you for your continued cooperation with this matter. If you have any questions, please call the number listed below.

Sincerely,

Subrogation Department
Calypso
888-704-0638
Fax: 425-918-5878

07
945
Calypso provides recovery services on behalf of Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Health Plan of Oregon, LifeWise Health Plan of Arizona, and NorthStar Administrators.

CALYPSO

Claim Itemization Report

Patient: LINDA V AGEE
Birth Date: 9/14/1956 **Gender:** F
Patient #: 600230104-01

Claim System: Facets
Service Dates: 3/07/2007 thru 5/05/2008
Group: 1018385

Case: 55190 (Type 6)
Injury Date: 03/07/2007
Investigator:

20

Claim #	Service Dates	Paid Dt	Provider #	Provider Name	IOAP	DX 1	DX 2	Submtd Amt	Claim Pmt Amt	Patnt Liab Amt
807143610600	3/07/07	3/17/07	100998100998	SWEDISH MEDICAL CENTER/PROVIDENCE CA	802.8	873.41		4,449.00	1,083.35	220.37
807221977600	3/07/07	3/24/07	232575232575	RADIA MEDICAL IMAGING INC PS	802.8			174.90	83.56	9.29
807323449400	3/07/07	4/07/07	231097231097	SWEDISH HEALTH SERVICES	802.8	873.41		533.00	365.92	40.66
807889324800	3/07/07	6/09/07	513073513073	LAIDLAW MEDICAL TRANSPORT INC	518.5			659.99	609.99	50.00
807210738900	3/08/07	3/31/07	229578100001	JESSICA J LEE	802.8			125.00	115.00	10.00
807323565800	3/13/07	4/07/07	107979286181	GRADY M HUGHES	372.73	921.3		233.00	174.62	10.00
807223436800	3/16/07	3/24/07	101468105918	JOSEPH A SHAMSELDIN	376.47			141.00	70.62	10.00
807356778700	3/27/07	4/07/07	107979286181	GRADY M HUGHES	921.3	372.73		160.00	101.18	10.00
807462269400	4/11/07	4/21/07	409009106613	GENEEN T GIN	376.47	724.2		141.00	70.62	10.00
				Totals:	9 claims			6,616.89	2,674.86	370.32

This FAX was sent by the
Washington State Department of Labor & Industries
CRIME VICTIMS COMPENSATION PROGRAM
Post Office Box 44520, Olympia WA 98504-4520
Mail Stop: 4520
Fax Number: 360-902-5333

CONFIDENTIAL INFORMATION

TO: Anthony May
@ King Co
FROM: Robin
DATE: 5/5/08

PHONE:
FAX: 206 205 6104
PHONE: 360 902 4975

COMMENTS: **VL34642 Linda V Agee**
Paid to date, wage order, and timeloss orders
Per your request paid to date: $17195.94
Def: Brian Clayborne 07-1-05608-1

Number of pages including cover sheet: 17

Faxed by: Robin

Email:
cvcvictimwitness@lni.wa.gov

If there are any problems with this transmittal,
Please contact me ASAP.

PRIVACY NOTICE: RCW 7.68.145 gives the CVCP authority to request health care information. The Health Insurance Portability and Accountability Act (HIPAA) does not overrule this Washington State Law. Since your disclosure is required by state law it is not subject to HIPAA's minimum necessary standard, 45 CRF 164.502 (b) (2) (v).

We take seriously our responsibility to protect the privacy rights of Washington's citizens. For more information on HIPAA, visit the L & I website at **<http://www.lni.wa.gov/hsa/HIPAA/.**

****** THANK YOU ******

Paid to date for Purposes of Restitution

Report Date: 5/5/2008 Data as of: 5/2/2008

Claim: VL34642

Victim: AGEE, LINDA

DOI/Crime: 3/7/2007

Offender/s: CLAYBORNE, BRIAN

Cause ID/s: 07-1-05608-1

Additional	
Bills:	2,195.94
Gross Adjustments:	
Compensable:	15,000.00
Deduct Overpay Balance:	0.00
Total Paid:	17,195.94
Deduct Restitution Awarded:	
Deduct 1st and 3rd Party Recovery:	
Restitution Requested:	17,195.94

Detail Bills By Line Item

ICN / *Begin Date*	*Provider* / *Procedure*	*Pd Date*	*Billed*	*Paid*
00715522006002200	SMITH FREDERRICK B MD			
5/23/2007	TIME LOSS NOTIFICATION FORM	6/29/2007	23.00	17.62
00720822094006700	TARADAY JULIE K MD			
6/14/2007	E/M OFFICE/OP VISIT,EST PATIENT, LEVEL 4	9/28/2007	214.00	56.12
00721122004001700	LEE JESSICA J DDS			
7/26/2007	E/M CONSULTATION, OFFICE, LEVEL 2	10/9/2007	75.00	55.08
00726332084003000	SMITH FREDERRICK B MD			
6/20/2007	E/M OFFICE/OP VISIT,EST PATIENT, LEVEL 3	12/11/2007	141.00	35.71
00726732043002600	ABETON			
8/28/2007	IME-BY PSYCHIATRIST	11/14/2007	861.12	861.12
00727832013001500	ABETON			
8/28/2007	IME-STANDARD, SINGLE	11/30/2007	475.86	475.86
00729132087001700	ABETON			
8/28/2007	IME, CAC DOCUMENT PROCESSING FEE	11/30/2007	56.71	56.71
8/28/2007	IME, DOCUMENT HANDLING FEE, PER PAGE	11/30/2007	2.87	2.87
00730532069001200	HERIVEL MARCIA J LSW			
10/3/2007	PSYCHOTHERAPY, OFFICE, 45-50 MINUTES	12/11/2007	126.35	89.42
00731732032000400	HERIVEL MARCIA J LSW			
10/10/2007	PSYCHOTHERAPY, OFFICE, 45-50 MINUTES	11/30/2007	126.35	94.55
00732432077004200	WESTMAN DAVID G MD			
8/16/2007	CAT SCAN MAXILLOFACIAL WO CONTRAST	12/26/2007	278.30	34.15
00733032024000500	HERIVEL MARCIA J LSW			
10/24/2007	PSYCHOTHERAPY, OFFICE, 45-50 MINUTES	12/11/2007	126.35	89.42
00734132092000800	HERIVEL MARCIA J LSW			
11/7/2007	PSYCHOTHERAPY, OFFICE, 45-50 MINUTES	1/8/2008	126.35	89.42
00734432054000800	HERIVEL MARCIA J LSW			
10/31/2007	PSYCHOTHERAPY, OFFICE, 45-50 MINUTES	1/8/2008	126.35	89.42
00809832004002300	LIKOSKY WILLIAM H MD			
10/29/2007	E/M CONSULTATION, OFFICE, LEVEL 5	4/30/2008	533.80	138.57

Confidentiality laws prohibit you from disclosing the information on this report without the previous authorization of the victim.

00809832004002400	LIKOSKY WILLIAM H MD			
10/29/2007	VENIPUNCTURE ROUTINE COLLECT SPECIM	4/30/2008	15.10	2.49
10/29/2007	BASIC METABOLIC PANEL	4/30/2008	29.65	7.41

Compensable

Paid Dte	*Type*	*SubType*	*Paid To*	*Paid From*	*Paid Thru*	*Paid*
5/30/2007	TL	TL	Victim	3/8/2007	5/29/2007	5,548.55
6/13/2007	TL	TL	Victim	5/30/2007	6/12/2007	935.90
6/27/2007	TL	TL	Victim	6/13/2007	6/26/2007	935.90
7/11/2007	TL	TL	Victim	6/27/2007	7/10/2007	972.30
7/24/2007	TL	TL	Victim	3/8/2007	7/10/2007	2,538.60
8/15/2007	TL	TL	Victim	7/11/2007	8/14/2007	3,389.75
8/29/2007	TL	TL	Victim	8/15/2007	8/25/2007	679.00

Confidentiality laws prohibit you from disclosing the information on this report without the previous authorization of the victim.

CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 44520, OLYMPIA, WASHINGTON 98504

LINDA AGEE
[redacted]

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 08/29/07

****
* THIS ORDER BECOMES FINAL 90 DAYS FROM THE DATE IT IS COMMUNICATED TO *
* YOU UNLESS YOU DO ONE OF THE FOLLOWING: *
* 1. YOU MAY FILE A WRITTEN REQUEST FOR RECONSIDERATION WITH THE *
* DEPARTMENT. IF YOU FILE FOR RECONSIDERATION, YOU SHOULD INCLUDE *
* THE REASONS YOU BELIEVE THIS DECISION IS WRONG AND SEND IT TO: *
* CRIME VICTIMS COMPENSATION, P O BOX 44520, OLYMPIA WA 98504-4520. *
* WE WILL REVIEW YOUR REQUEST AND ISSUE ANOTHER ORDER. *
* 2. OR YOU MAY FILE A WRITTEN APPEAL WITH THE BOARD. IF YOU FILE AN *
* APPEAL, SEND IT TO: BOARD OF INDUSTRIAL INSURANCE APPEALS, *
* P O BOX 42401, OLYMPIA WA 98504-2401 OR SUBMIT IT ON AN ELECTRONIC *
* FORM FOUND AT http://www.biia.wa.gov/. *
****

A time loss payment of $679.00 is being paid for 08/15/07 through 08/28/07

The time-loss compensation rate for the payment period:

$2905.60 a month

Do not cash this warrant if you have returned to work or were released for work by your provider within the period being paid. In this case, return the check to our office for correction.

YOU HAVE REACHED THE MAXIMUM ALLOWABLE IN TIME LOSS COMPENSATION PER RCW 51.68.070(14).

If you have any questions, call toll free at 1-800-762-3716.

JIM VINCENT
CLAIMS MANAGER
1-800-762-3716
FAX #: (360) 902-5333

CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 44520, OLYMPIA, WASHINGTON 98504

LINDA AGEE
[redacted]

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 08/15/07

****
* THIS ORDER BECOMES FINAL 90 DAYS FROM THE DATE IT IS COMMUNICATED TO *
* YOU UNLESS YOU DO ONE OF THE FOLLOWING: *
* 1. YOU MAY FILE A WRITTEN REQUEST FOR RECONSIDERATION WITH THE *
* DEPARTMENT. IF YOU FILE FOR RECONSIDERATION, YOU SHOULD INCLUDE *
* THE REASONS YOU BELIEVE THIS DECISION IS WRONG AND SEND IT TO: *
* CRIME VICTIMS COMPENSATION, P O BOX 44520, OLYMPIA WA 98504-4520. *
* WE WILL REVIEW YOUR REQUEST AND ISSUE ANOTHER ORDER. *
* 2. OR YOU MAY FILE A WRITTEN APPEAL WITH THE BOARD. IF YOU FILE AN *
* APPEAL, SEND IT TO: BOARD OF INDUSTRIAL INSURANCE APPEALS, *
* P O BOX 42401, OLYMPIA WA 98504-2401 OR SUBMIT IT ON AN ELECTRONIC *
* FORM FOUND AT http://www.biia.wa.gov/. *
****

\ time loss payment of $3389.75 is being paid for 07/11/07 through
)8/14/07

'he time-loss compensation rate for the payment period:

2905.60 a month

o not cash this warrant if you have returned to work or were released for
ork by your provider within the period being paid. In this case, return
he check to our office for correction.

*****YOU HAVE $679.00 REMAINING IN TIME LOSS COMPENSATION UNTIL THE
AXIMUM ALLOWABLE HAS BEEN REACHED******

: you have any questions, call toll free at 1-800-762-3716.

M VINCENT
AIMS MANAGER
800-762-3716
X #: (360) 902-5333

CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 44520, OLYMPIA, WASHINGTON 98504

LINDA AGEE
[redacted]

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 07/24/07

****
* THIS ORDER BECOMES FINAL 90 DAYS FROM THE DATE IT IS COMMUNICATED TO *
* YOU UNLESS YOU DO ONE OF THE FOLLOWING: *
* 1. YOU MAY FILE A WRITTEN REQUEST FOR RECONSIDERATION WITH THE *
* DEPARTMENT. IF YOU FILE FOR RECONSIDERATION, YOU SHOULD INCLUDE *
* THE REASONS YOU BELIEVE THIS DECISION IS WRONG AND SEND IT TO: *
* CRIME VICTIMS COMPENSATION, P O BOX 44520, OLYMPIA WA 98504-4520. *
* WE WILL REVIEW YOUR REQUEST AND ISSUE ANOTHER ORDER. *
* 2. OR YOU MAY FILE A WRITTEN APPEAL WITH THE BOARD. IF YOU FILE AN *
* APPEAL, SEND IT TO: BOARD OF INDUSTRIAL INSURANCE APPEALS, *
* P O BOX 42401, OLYMPIA WA 98504-2401 OR SUBMIT IT ON AN ELECTRONIC *
* FORM FOUND AT http://www.biia.wa.gov/. *
****

THIS ORDER CORRECTS AND SUPERCEDES THE ORDERS OF 5/30/07, 6/13/07, 6/27/07 AND 7/11/07.

A time loss payment of $2538.60 is being paid for 03/08/07 through 07/10/07

The time-loss compensation rate for the payment period:

3/8/07 through 6/30/07.....$2005.50
7/1/07 through 7/10/07.....$2114.70

Do not cash this warrant if you have returned to work or were released for work by your provider within the period being paid. In this case, return the check to our office for correction.

If you have any questions, call toll free at 1-800-762-3716.

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 07/24/07

(IM VINCENT
:LAIMS MANAGER
l-800-762-3716
:AX #: (360) 902-5333

RIG: CLAIMANT: LINDA AGEE
3621 33RD AVE S APT 419, SEATTLE WA, 98144-6958

C: ATTENDING PHYSICIAN: SWEDISH MEDICAL CTR PROVIDENCE
500 17TH AVENUE, SEATTLE WA, 98124

CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 44520, OLYMPIA, WASHINGTON 98504

LINDA AGEE
[redacted]

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 07/11/07

****
* THIS ORDER BECOMES FINAL 90 DAYS FROM THE DATE IT IS COMMUNICATED TO *
* YOU UNLESS YOU DO ONE OF THE FOLLOWING: *
* 1. YOU MAY FILE A WRITTEN REQUEST FOR RECONSIDERATION WITH THE *
* DEPARTMENT. IF YOU FILE FOR RECONSIDERATION, YOU SHOULD INCLUDE *
* THE REASONS YOU BELIEVE THIS DECISION IS WRONG AND SEND IT TO: *
* CRIME VICTIMS COMPENSATION, P O BOX 44520, OLYMPIA WA 98504-4520. *
* WE WILL REVIEW YOUR REQUEST AND ISSUE ANOTHER ORDER. *
* 2. OR YOU MAY FILE A WRITTEN APPEAL WITH THE BOARD. IF YOU FILE AN *
* APPEAL, SEND IT TO: BOARD OF INDUSTRIAL INSURANCE APPEALS, *
* P O BOX 42401, OLYMPIA WA 98504-2401 OR SUBMIT IT ON AN ELECTRONIC *
* FORM FOUND AT http://www.biia.wa.gov/. *
****

his payment includes a cost of living increase beginning July 1st of this ear. The new monthly benefit is $2114.70.

time loss payment of $972.30 is being paid for 06/27/07 through 07/10/07

he time-loss compensation rate for the payment period:

/27/07 through 6/30/07.....$2005.50
/1/07 through 7/10/07.....$2114.70

o not cash this warrant if you have returned to work or were released for ork by your provider within the period being paid. In this case, return he check to our office for correction.

f you have any questions, call toll free at 1-800-762-3716.

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 07/11/07

KIM VINCENT
CLAIMS MANAGER
1-800-762-3716
FAX #: (360) 902-5333

ORIG: CLAIMANT: LINDA AGEE
3621 33RD AVE S APT 419, SEATTLE WA, 98144-6958

CC: ATTENDING PHYSICIAN: SWEDISH MEDICAL CTR PROVIDENCE
500 17TH AVENUE, SEATTLE WA, 98124

CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 44520, OLYMPIA, WASHINGTON 98504

LINDA AGEE
[redacted]

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 06/27/07

****
* THIS ORDER BECOMES FINAL 90 DAYS FROM THE DATE IT IS COMMUNICATED TO *
* YOU UNLESS YOU DO ONE OF THE FOLLOWING: *
* 1. YOU MAY FILE A WRITTEN REQUEST FOR RECONSIDERATION WITH THE *
* DEPARTMENT. IF YOU FILE FOR RECONSIDERATION, YOU SHOULD INCLUDE *
* THE REASONS YOU BELIEVE THIS DECISION IS WRONG AND SEND IT TO: *
* CRIME VICTIMS COMPENSATION, P O BOX 44520, OLYMPIA WA 98504-4520. *
* WE WILL REVIEW YOUR REQUEST AND ISSUE ANOTHER ORDER. *
* 2. OR YOU MAY FILE A WRITTEN APPEAL WITH THE BOARD. IF YOU FILE AN *
* APPEAL, SEND IT TO: BOARD OF INDUSTRIAL INSURANCE APPEALS, *
* P O BOX 42401, OLYMPIA WA 98504-2401 OR SUBMIT IT ON AN ELECTRONIC *
* FORM FOUND AT http://www.biia.wa.gov/. *
****

time loss payment of $935.90 is being paid for 06/13/07 through 06/26/07

he time-loss compensation rate for the payment period:

2005.56 a month

o not cash this warrant if you have returned to work or were released for ork by your provider within the period being paid. In this case, return he check to our office for correction.

f you have any questions, call toll free at 1-800-762-3716.

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 06/27/07

KIM VINCENT
CLAIMS MANAGER
1-800-762-3716
FAX #: (360) 902-5333

ORIG: CLAIMANT: LINDA AGEE
3621 33RD AVE S APT 419, SEATTLE WA, 98144-6958

CC: ATTENDING PHYSICIAN: SWEDISH MEDICAL CTR PROVIDENCE
500 17TH AVENUE, SEATTLE WA, 98124

CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 44520, OLYMPIA, WASHINGTON 98504

LINDA AGEE
[redacted]
SEATTLE WA 98144-6958

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 06/13/07

****
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****

A time loss payment of $935.90 is being paid for 05/30/07 through 06/12/07

The time-loss compensation rate for the payment period:

$2005.56 a month

Do not cash this warrant if you have returned to work or were released for work by your provider within the period being paid. In this case, return the check to our office for correction.

If you have any questions, call toll free at 1-800-762-3716.

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 06/13/07

KIM VINCENT
CLAIMS MANAGER
1-800-762-3716
FAX #: (360) 902-5333

ORIG: CLAIMANT: LINDA AGEE
3621 33RD AVE S APT 419, SEATTLE WA, 98144-6958

CC: ATTENDING PHYSICIAN: SWEDISH MEDICAL CTR PROVIDENCE
500 17TH AVENUE, SEATTLE WA, 98124

CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 44520, OLYMPIA, WASHINGTON 98504

LINDA AGEE
[redacted]

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 06/05/07

****
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****

THIS ORDER CORRECTS & SUPERCEDES THE ORDER OF 5/31/07

The victim's wage is set by taking into account the following:

The wage for the job of injury is based on $18.57 an hour, 6 hours a day, 7 days a week = $3342.60 a month

Additional wage for the job of injury include:

Health Care Benefits	$0.00
Tips	$0.00
Bonuses	$0.00
Overtime	$0.00
Housing/Board/Fuel	$1250.00

Victim's total gross wage is $4593.00 per month. This monthly wage will be used to calculate benefits for this claim.

Victim's marital status is single with 0 child(ren).

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CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 06/05/07

KIM VINCENT
CLAIMS MANAGER
1-800-762-3716
FAX #: (360) 902-5333

CRIME VICTIMS COMPENSATION PROGRAM
PO BOX 44520, OLYMPIA, WASHINGTON 98504

LINDA AGEE
[redacted]

CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 05/30/07

****
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****

\ time loss payment of $5548.55 is being paid for 03/08/07 through
15/29/07

'he time-loss compensation rate for the payment period:

2005.56 a month

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ork by your provider within the period being paid. In this case, return
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CLAIM ID : VL34642
CLAIMANT : LINDA AGEE
INJURY DATE : 3/07/07
MAILING DATE: 05/30/07

KIM VINCENT
CLAIMS MANAGER
1-800-762-3716
FAX #: (360) 902-5333

ORIG: CLAIMANT: LINDA AGEE
3621 33RD AVE S APT 419, SEATTLE WA, 98144-6958

CC: ATTENDING PHYSICIAN: SWEDISH MEDICAL CTR PROVIDENCE
500 17TH AVENUE, SEATTLE WA, 98124

Certificate of Service by Mail

Today I deposited in the mail of the United States of America, postage prepaid, a properly stamped and addressed envelope directed to Vanessa M. Lee, the attorney for the appellant, at Washington Appellate Project, 1511 Third Avenue, Suite 701, Seattle, Washington 98101, containing a copy of a Respondent's Brief, in STATE V. BRIAN CLAIBORNE, Cause No. 62541-1-I, in the Court of Appeals, Division I, for the State of Washington.

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

Name Rachel Corella

Done in Seattle, Washington

6/15/09

Date 06-15-2009

FILED
COURT OF APPEALS DIV I
STATE OF WASHINGTON
2009 JUN 15 PM 4:22