

FILED
 KITSAP COUNTY CLERK

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR KITSAP COUNTY

AUG 18 10 23 AM '99

STATE OF WASHINGTON,

Plaintiff,

NO. 99-1-00840-3

DEAN C. LOGAN
 BY *[Signature]* DEPUTY

-vs-

WILLIAM A. TRICK,

PLEA AGREEMENT: SENTENCING REFORM ACT (SRA)

Defendant.

The State of Washington and the defendant enter into this Plea Agreement. The State may withdraw this plea agreement at any time prior to the court's acceptance of the guilty plea. This agreement is in the interests of justice. Unless otherwise agreed, this plea offer expires at the omnibus hearing.

2.1 CURRENT OFFENSE(S):

An asterisk (*) denotes current offenses that are the same criminal conduct (RCW 9.94A.400).

Count	Crime Charged	RCW	Date of Crime
I	FIRST DEGREE CHILD MOLESTATION *	9A.44.083	04-03-99
II	FIRST DEGREE CHILD MOLESTATION	9A.44.083	04-03-99

2.2 CRIMINAL HISTORY (RCW 9.94A.360): None known

2.3 SENTENCING DATA:

Count	Offender Score	Seriousness level	Standard Range	Days (X)	Months (X)	Enhancements F=firearm D=deadly weapon V=VUCSA zone		Standard Range with Enhancements (Months)
						Type	Mos.	
I	0	X	51 - 68		X			
II	3	X	67 - 89		X			

NO FURTHER CHARGES: The State agrees to file no further charges or sentence enhancements for this incident that are in the exclusive jurisdiction of Kitsap County based on the discovery; to wit: two counts of rape of a child in the first degree.

FACTS of higher/more serious and/or additional crimes (RCW 9.94A.370): The parties stipulate that the sentencing court may consider the discovery as the material facts.

SENTENCING RECOMMENDATIONS AND AGREEMENTS

- Within Standard Range:** The State will recommend any sentence within the standard range.
- Department of Corrections:** The State will recommend 67 months confinement.
- Kitsap County Corrections:** The State will recommend _____ days/months confinement.

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- First Time Offender:** The State will recommend a waiver of the standard range pursuant to RCW 9.94A.120(5), that the defendant be subject to conditions under that section, and that the defendant be confined for ____ days.
 - Community Service:** The State will recommend ____ days be converted at 8 hours per day.
 - Work Release:** The State will recommend if available.
 - Home Detention:** The State will recommend if available.
 - Work Ethic Camp:** The State will consider if recommended by Pre-Sentence Report.
 - Forfeiture Agreement:** The defendant agrees to forfeit all seized property referenced in the discovery to the originating law enforcement agency unless otherwise stated.
 - Special Drug Offender Sentencing Alternative.** The State will recommend a waiver of the standard range pursuant to RCW 9.94A.120(6)(a), conditions under that section, and ____ days months confinement (must be equal to one-half the midpoint of standard range).
 - Special Sex Offender Sentencing Alternative.** The State will consider recommending a sentence pursuant to RCW 9.94A.120(8)(a) after reviewing an evaluation of the defendant, with all applicable conditions if defendant is found amenable to treatment by an evaluator acceptable by the State. Examination shall include polygraph and plethysmography testing and a proposed treatment plan. The State's recommendation as to the jail sentence under the Special Sex Offender Sentencing Alternative will be made after consideration of the psychosexual evaluation and the PSI.
 - Other Agreement:** _____
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- Credit for Time Served:** The defendant shall receive credit for any time served prior to sentencing solely for this cause number as computed by the jail unless specifically set forth: ____ days.

SUPERVISION RECOMMENDATION

- Community Supervision:** The State will recommend _____ months with conditions.
- Community Placement/Custody:** The State will recommend time and conditions as required by law.

FINANCIAL OBLIGATIONS

The defendant agrees to pay the costs for this action (RCW 9.94A.030, .120, 10.01.160, and 10.46.190), including restitution for the charged crimes, and the defendant agrees to pay the following costs set out in the table below. Witness fees, sheriff service fees, and other additional court costs will be ordered when the amounts can be ascertained. *Note: Restitution may be ordered for double the amount of the victim's loss.*

<input checked="" type="checkbox"/> \$500 Victim Assessment, RCW 7.68.035 [PCV]	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 (for subsequent drug conviction) Contribution to SIU
<input checked="" type="checkbox"/> \$871 Court appointed attorney fees (RCW 9.94A.030) [PUB]	<input checked="" type="checkbox"/> \$500 contribution to Kitsap County Special Assault Unit
<input checked="" type="checkbox"/> \$110 Filing Fee [FRC]	<input type="checkbox"/> \$100 contribution to Anti-Profitteering Fund of Kitsap County Prosecuting Attorney's Office (<i>for crimes committed for financial gain, RCW 9A.82.010, .110</i>)
<input checked="" type="checkbox"/> \$100 Contribution to the Kitsap County Expert Witness Fund (Kitsap County Ordinance 139.1991)	<input type="checkbox"/> \$100 Crime Lab Fee

<input type="checkbox"/> \$ _____ Sheriff service/subpoena fees [SFR/SFS/SFW/SRF]	<input type="checkbox"/> \$3,000 Methamphetamine/Amphetamine Cleanup fine (RCW 69.50.440, 401(a)(1)(ii) and (iii))
<input type="checkbox"/> \$ _____ Witness Costs [WFR]	<input type="checkbox"/> _____
<input type="checkbox"/> \$ _____ Jury Demand fee [JFR]	<input type="checkbox"/> \$ _____
<input type="checkbox"/> \$ _____ Court appointed defense fees/other defense costs (RCW 9.94A.030) [WRF]	<input type="checkbox"/> \$ _____

Restitution for Uncharged Crimes: The defendant agrees to pay restitution to victims of uncharged crimes as indicated in the discovery or as otherwise stated: _____

DEFENDANT UNDERSTANDS BY SIGNING THIS AGREEMENT:

(1) The defendant agrees to waive any double jeopardy claims the defendant may have available as a result of any current or prior forfeiture action.

(2) The defendant agrees that (a) any attempt to withdraw the defendant's guilty plea, (b) any attempt to collaterally attack any conviction entered under this cause number through personal restraint petition, habeas corpus action or any other method, or (c) any violation of the cooperation agreement (if applicable) will authorize the State to file any additional count, any greater offenses, and/or any statutory enhancements that were dismissed or not filed as part of this plea agreement and that neither double jeopardy nor mandatory joinder rules will be cause for dismissal of the new charges. The parties agree that any breach of this agreement by the defendant shall not be grounds for vacating any conviction or guilty plea entered under this cause number even if the State should elect to file any additional counts, any greater offenses, and/or any statutory enhancements that were previously dismissed or not filed as part of this agreement.

(3) The defendant hereby declares, under the penalty of perjury as provided by RCW 9A.72.020, that the criminal history listed on page 1 of this Plea Agreement is my true, correct, and complete criminal history and that I have no additional criminal convictions.

(4) The defendant agrees that if any additional criminal convictions are found or if the defendant commits any new crimes or violates the conditions of release pending sentencing, or fails to appear for sentencing, the State is released from the obligations of this agreement, but that the defendant will still be bound to the guilty plea. The defendant further understands that he or she may be sentenced anew if he or she has misstated, whether intentionally or unintentionally, his or her true criminal history. The defendant further understands that the court is not bound by the recommendations in this plea agreement, and may impose any sentence permitted within the bounds of the law.

DATED: July 21, 1999

Kevin D. Hull
 KEVIN D. HULL, WSBA 23994
 Deputy Prosecuting Attorney

DATED: 8/28/99

F. Kelly
 Attorney for Defendant #19773

DATED: 8/10/99

William A. Trick
 WILLIAM A. TRICK
 Defendant

PLEA AGREEMENT APPROVED this 18 day of August, 1999.

[Signature]
 JUDGE

Distribution:	
Original	Court Clerk
1 copy	Prosecutor
1 copy	DOC
1 copy	Defense Atty.
1 copy	Pros stat keeper



STATE OF WASHINGTON }
COUNTY OF KITSAP }

I, DAVID W. PETERSON, Clerk of the above-entitled County do hereby certify that the foregoing instrument is a true and exact copy of the original in my office.

In witness whereof, I hereunto set my hand and the seal of said Court this 27 day of August, 2015.
DAVID W. PETERSON, COUNTY CLERK

BY: [Signature]
Deputy