



Washington State
Office of Public Defense

Juvenile Dispositions

Juvenile Defense Training Academy

Green Hill School September 14, 2018

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Katy Wallace, King County DPD



Disposition Session Outline

- I. WHAT'S AT STAKE
- II. WHAT'S THE POINT
- III. WHAT ARE THE OPTIONS
- IV. WHAT DO I NEED TO DO
- V. WHAT'S GOING TO HAPPEN
- VI. FORENSIC EXERCISE

Adjudication

Housing

School

Adoption

Employment

Financial Aid

College
Admissions

Collateral Consequences

of Juvenile Adjudication

Juvenile Rehabilitation Institutions Capacity

Echo Glen 125 (girls) (Boys) (Youthful Offenders)

Green Hill 250 Boys (Youthful Offenders)

Naselle 125 Boys

Group Homes (6)

Juvenile Justice Act of 1977

RCW 13.40.010 **Intent—Purpose.**

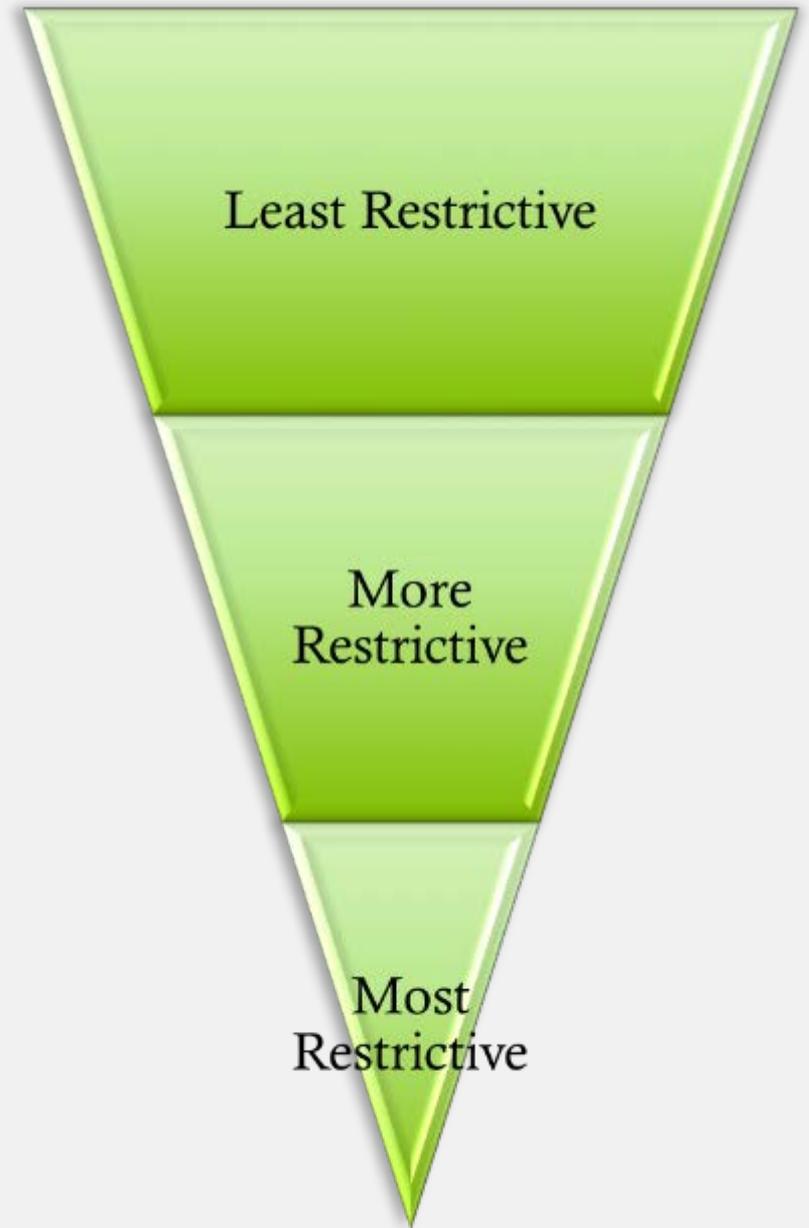
...the legislature declares the following to be **equally** important purposes of this chapter:

- (a) Protect the citizenry from criminal behavior;
- (e) Provide due process for juveniles alleged to have committed an offense;
- (c) Make the juvenile offender accountable for his or her criminal behavior;
- (d) Provide for punishment commensurate with the age, crime, and criminal history of the juvenile offender;
- (f) Provide for the **rehabilitation and reintegration** of juvenile offenders;

Rehabilitation added as a co-purpose in 2015

Status

Legal Options at Disposition



		OPTION A				
		JUVENILE OFFENDER SENTENCING GRID				
		STANDARD RANGE				
	A++	129 to 260 weeks for all category A++ offenses				
	A+	180 weeks to age 21 for all category A+ offenses				
	A	103-129 weeks for all category A offenses				
	A-	30-40 weeks	52-65 weeks	80-100 weeks	103-129 weeks	103-129 weeks
	B++	15-36 weeks	52-65 weeks	80-100 weeks	103-129 weeks	103-129 weeks
CURRENT	B+	15-36 weeks	15-36 weeks	52-65 weeks	80-100 weeks	103-129 weeks
OFFENSE	B	LS	LS	15-36 weeks	15-36 weeks	52-65 weeks
CATEGORY	C+	LS	LS	LS	15-36 weeks	15-36 weeks
	C	LS	LS	LS	LS	15-36 weeks
	D+	LS	LS	LS	LS	LS
	D	LS	LS	LS	LS	LS
	E	LS	LS	LS	LS	LS
PRIOR		0	1	2	3	4 or more
ADJUDICATIONS						

Washington

Disposition Options

RCW 13.40.0375

RCW 13.40.165

RCW 13.40.160

RCW 13.40.162

RCW 13.40.127

RCW ???

Option A: Standard Range

Option B: Suspended Sentence option

- Requires evidenced based programming

Option C: **CHEMICAL DEPENDENCY/MENTAL HEALTH DISPOSITION ALTERNATIVE**

- Suspended Sentence Option
- Requires formal evaluation

Option D: **Manifest Injustice**

- Sentences above or below standard Range
- Requires

Other Suspended Sentencing Options: **SSODA**
Special Sex Offender Disposition Alternative

Requires Examination by certified SO evaluator

Deferred Dispositions

Requires Parents approval

Drug or Treatment Court

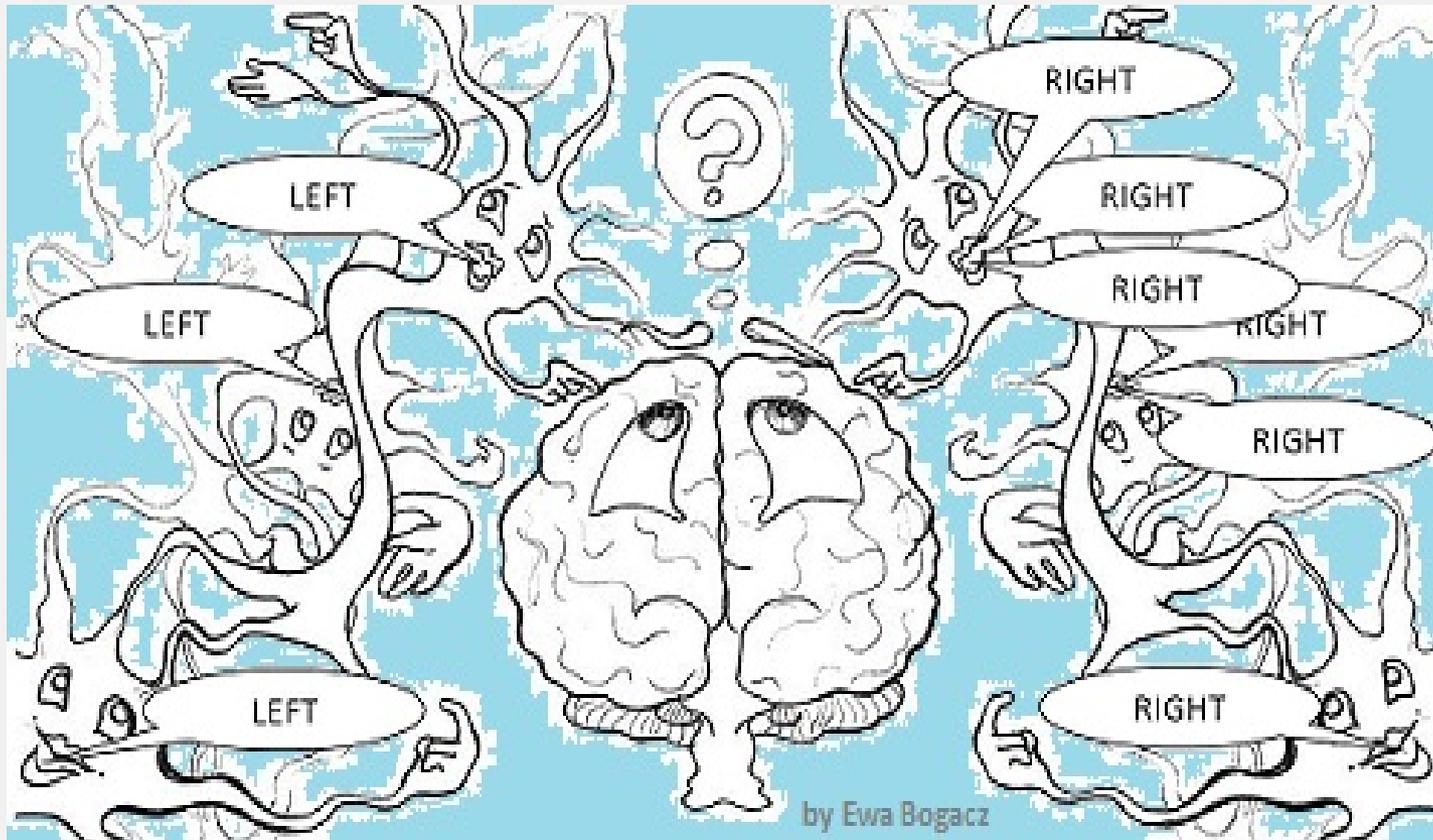
Role of Counsel

CONSTITUTION, ETHICS,
DEVELOPMENTAL
CONSIDERATIONS

The Constitutional Mandate



Counseling the Client



Your Client's Perspective



Goal(s)



Theory of Disposition

Minimal Participant

Pressure from Older Youth

Non-Violent Nature of Offense

Rare or Changed Behavior

Remorse

Specificity in Disposition Planning

STATUS (legal status)	SLEEP	SCHEDULE

Where is your client
going to sleep?



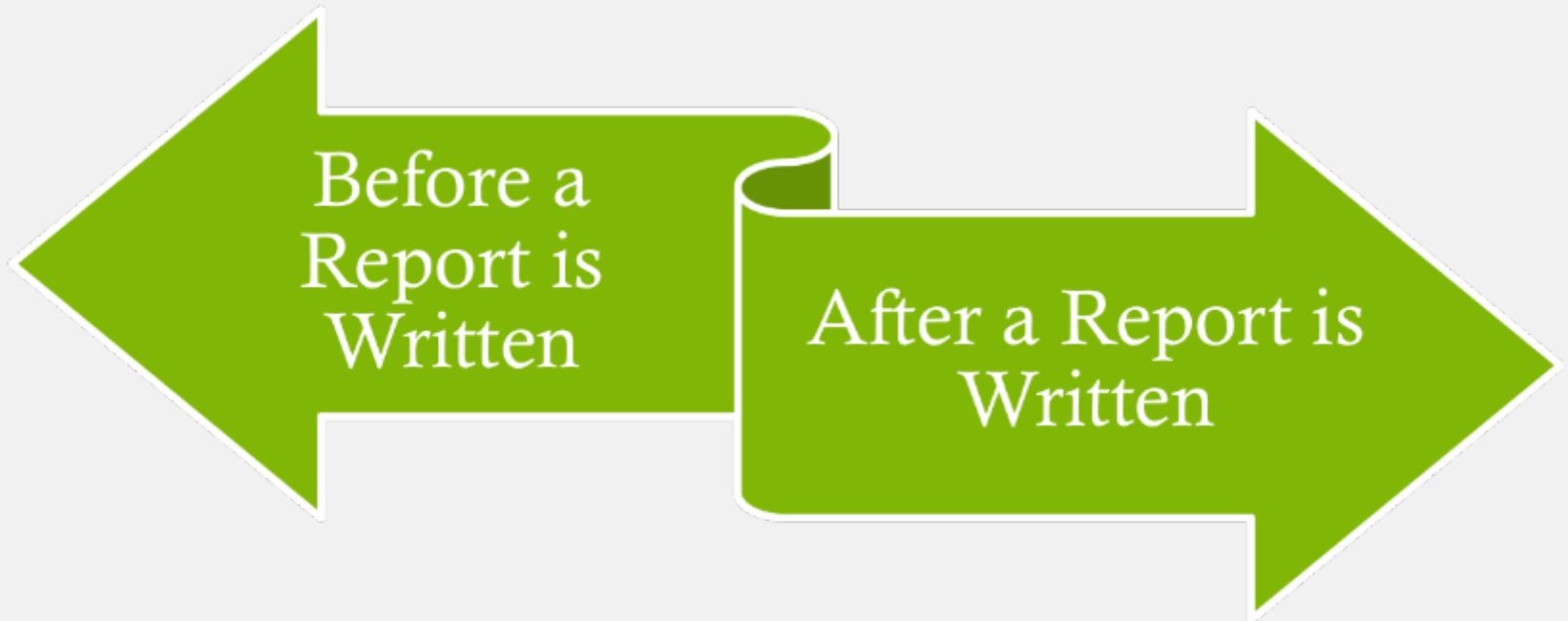
What is your client going to be doing hour-by-hour, day-to-day?

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
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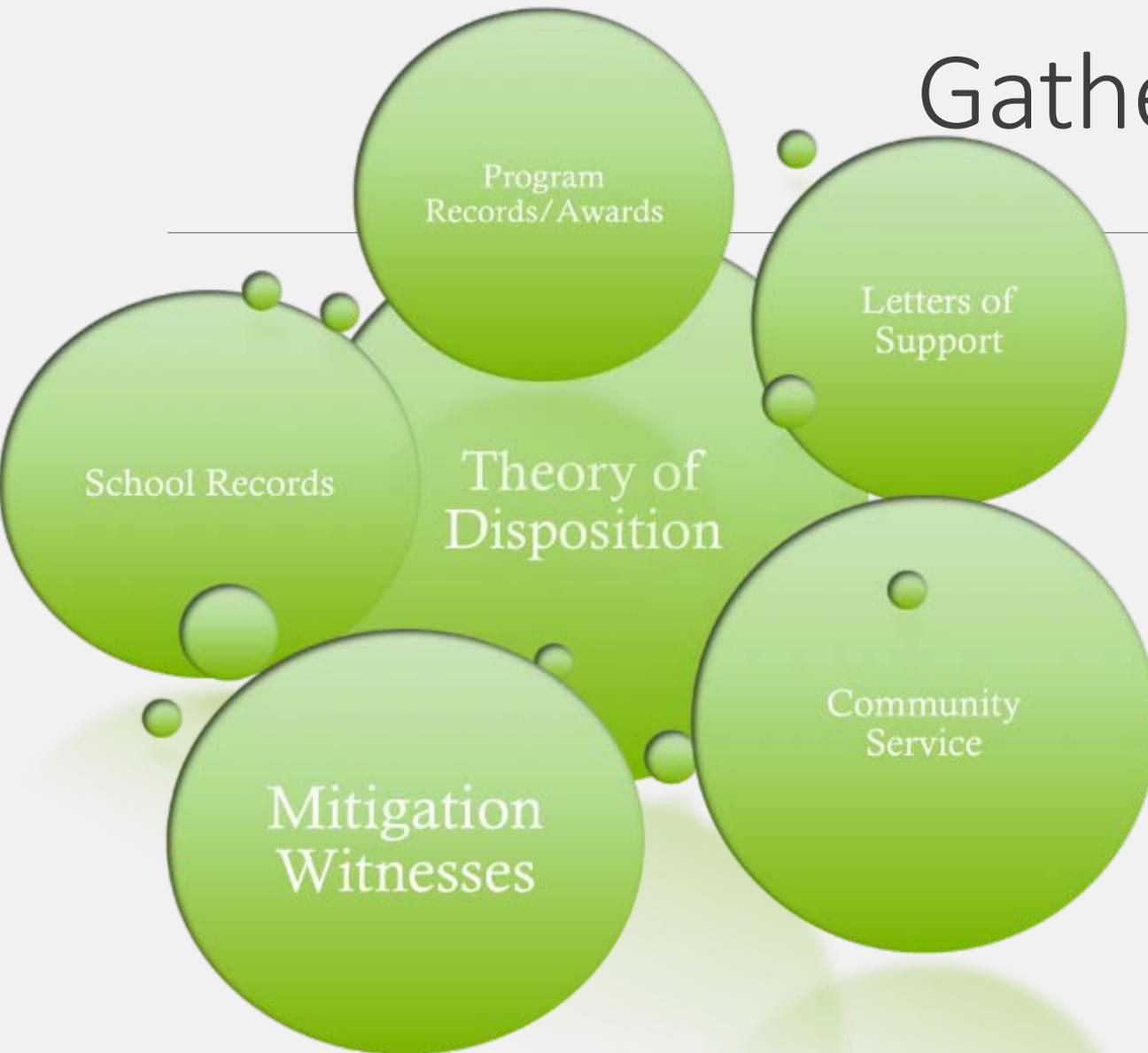
Family Engagement



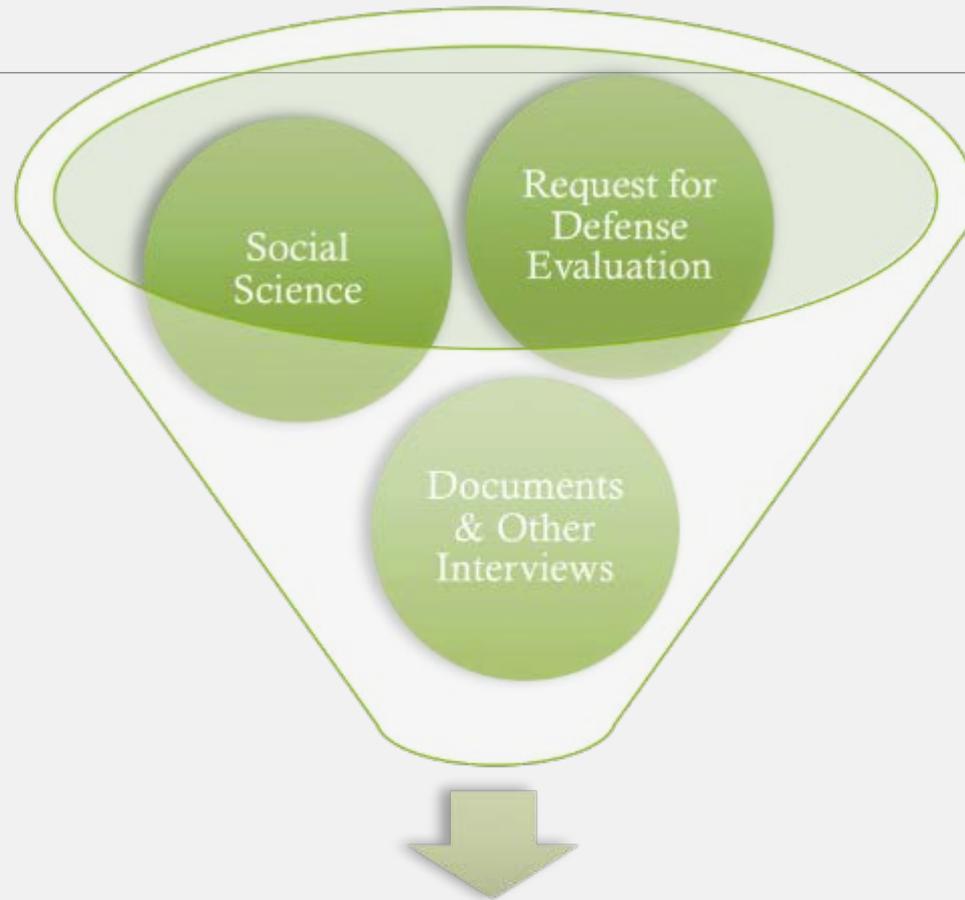
Talk to the Probation Counselor



Gather Support

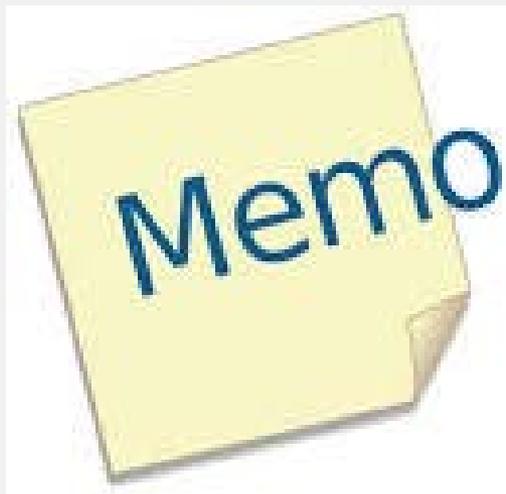


Other Considerations



Individualized Disposition Plan

Communicating Info to the Court



Incorporating Research

Research Summary provided in
[Handout – Annotated Disposition
Studies Bibliography](#)

Sample Pre-Hearing Submissions

Supp 35 – Disposition
Advocacy – Sample Pre-
Hearing Submission

1. SAMPLE DISPOSITION LETTER

INCLUDES:

2 LETTERS FROM TEACHERS
2 SHORT STORIES BY CLIENT (ARTISTIC EXPRESSION)
LETTER FROM CLIENT'S EMPLOYER

2. SAMPLE MOTION TO DISMISS PETITION BECAUSE CHILD IS A GOOD CHILD AND THIS IS HIS FIRST CONTACT WITH THE JUVENILE JUSTICE SYSTEM

INCLUDES:

MULTIPLE CHARACTER LETTERS FROM THE COMMUNITY ON CHILD'S
BEHALF – THE LAST CHARACTER LETTER IS A PARTICULARLY GOOD
MODEL

NOTE: (IF YOUR JURISDICTION DOES NOT ALLOW FOR THIS KIND OF
MOTION, YOU CAN STILL USE THE CONTENT AND ATTACHMENT IN
CRAFTING A DISPOSITION LETTER, REQUESTING UNSUPERVISED
PROBATION OR DIVERSION, ETC.)

3. SAMPLE DISPOSITION LETTER

(FOR CHILD WITH SIGNIFICANT JUVENILE RECORD, BUT WHO HAS BEEN FAILED
BY VARIOUS STATE AGENCIES WHO WERE RESPONSIBLE FOR HIS CARE)

4. SAMPLE DISPOSITION LETTER PRIOR SPECIAL EDUCATION NEEDS IGNORED

INCLUDES:

LETTER FROM SCHOOL
CERTIFICATES OF ACCOMPLISHMENT
HOME DETENTION REPORT
ARTICLE ON SUCCESS RATE OF CHILD'S SCHOOL

5. SAMPLE DISPOSITION LETTER IN MURDER CASE – WRITTEN JOINTLY BY SOCIAL WORKER AND LAWYERS

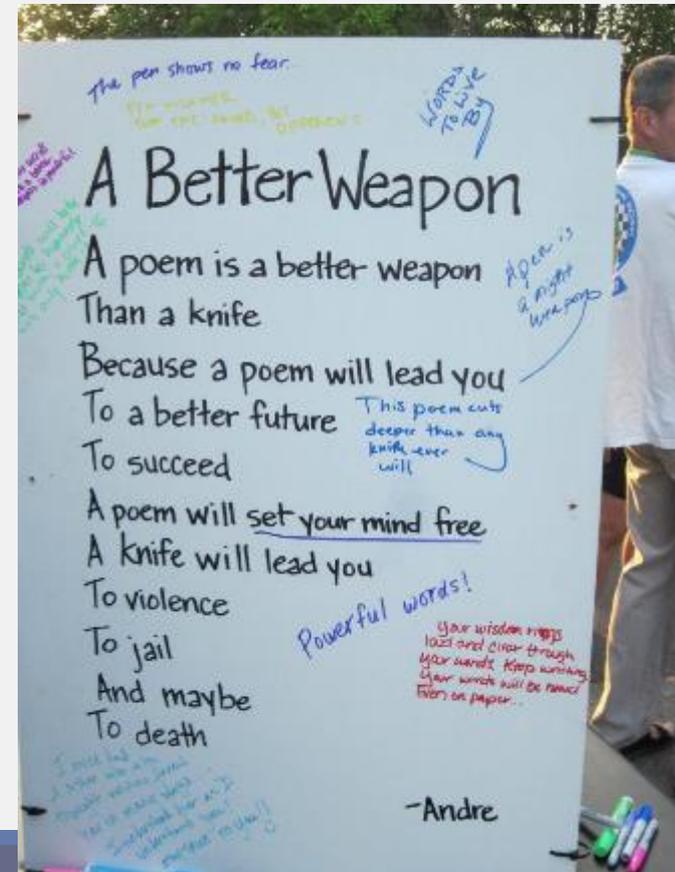
6. BASIC DISPOSITION LETTER

7. SAMPLE "24/7" PLAN

(DOCUMENTING CLIENT'S PROPOSED SCHEDULE HOUR BY HOUR IF
PLACED ON PROBATION IN COMMUNITY)

8. SAMPLE APOLOGY LETTER FROM CLIENT

Creative Advocacy



V. The Hearing

Disposition Hearing

Evidence presented to court

Things to contest

Things are outside the guidelines

Probation Conditions

PROBATION DO'S	
<input type="checkbox"/> 1	I will come to court and go to all meetings scheduled by the court for my case(s).
<input type="checkbox"/> 2	I will live with _____ and obey all their rules.
<input type="checkbox"/> 3	I will be on probation (also called community supervision) for _____ months and I will report to my probation counselor at this address: Juvenile Court, <u>Thistown</u> , WA 99111. Phone: (000) 555-1212 I will call my probation counselor. I will attend every meeting set by my probation counselor and I will show up to my meetings on time.
<input type="checkbox"/> 4	I will go to school every day. I will have no unexcused absences, suspensions or expulsions.
<input type="checkbox"/> 5	I will keep working at the job I have right now. I have to tell my probation counselor if anything changes with my job.
<input type="checkbox"/> 6	I will follow Curfew . This means I must be at home and stay at home: <input type="checkbox"/> Every night from _____ p.m. until _____ a.m. <input type="checkbox"/> Sunday to Thursday from _____ p.m. until _____ a.m. <input type="checkbox"/> Friday and Saturday from _____ p.m. until _____ a.m.
<input type="checkbox"/> 7	When my probation counselor asks me to, I will give a sample of my urine to test for drugs or alcohol.
OTHER CONDITIONS	
<input type="checkbox"/> 16	COMMUNITY SERVICE: I will complete _____ hrs of community service. My probation counselor must approve the place/location I choose to do community service.
<input type="checkbox"/> 17	CONFINEMENT: I will spend _____ days in detention starting _____. I will receive credit for the _____ days that I already spent in detention.
<input type="checkbox"/> 18	WORK CREW: I will spend _____ days working on a juvenile work crew. I will go to a meeting on _____ (date) to learn about and schedule my work crew.
<input type="checkbox"/> 19	RESTITUTION: I will pay back _____ \$ for the following victim(s) 1. _____ 2. _____ 3. _____ 4. _____ I will pay this money to the clerk's office and will pay at least \$ _____ a month.
<input type="checkbox"/> 20	RESTITUTIONS HEARING: I will come to court on ____/____/____ to find out how much I have to pay the victim for the harm I caused.

PROBATION DON'TS	
<input type="checkbox"/> 8	I will NOT travel outside <u>Thistown</u> County without permission.
<input type="checkbox"/> 9	I will NOT drink or have alcohol. I will NOT use or have drugs that were not given to me by my doctor.
<input type="checkbox"/> 10	I will NOT commit any crimes or get arrested. I will not do anything that will get me into trouble or get me arrested.
<input type="checkbox"/> 11	I will have NO CONTACT with the following persons: a. Name _____ DOB: _____ b. Name _____ DOB: _____ c. Name _____ DOB: _____ d. Name _____ DOB: _____ This means I will NOT talk to or send messages by mail, phone, email, text message, or through the internet, other persons or by any other way.
<input type="checkbox"/> 12	I will NOT be alone with children 3 or more years younger than me. If I am around children I MUST have a parent or approved adult who knows about what I have been accused of and the rules the judge gave me. The adult must be able to see me all times when children are around me.
<input type="checkbox"/> 13	I will NOT have, look at or listen to anything that shows or describes any sexual acts. I will NOT have or look at anything that shows or describes the uncovered private parts of the human body.
<input type="checkbox"/> 14	I will NOT have or use any guns or knives.
<input type="checkbox"/> 15	Other: _____
OTHERS OF MY PROBATION	
<input type="checkbox"/> 21	FINES: I will pay \$ _____ in fines. I will pay at least \$ _____ every month or at another rate required by my probation counselor.
<input type="checkbox"/> 22	VICTIM: I will pay <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 to the victim compensation program of Washington State. I will pay \$ _____ every month. *Instead of paying the victim fee I have to complete _____ hours of community service.
<input type="checkbox"/> 23	ATTORNEY FEES: I will pay \$ _____ for the cost of having an attorney. I will pay all of this by the time I am done with community supervision. * Instead of paying the attorney fee I have to complete _____ hours of community service.
<input type="checkbox"/> 24	DNA: I will pay a \$ _____ DNA collection fee.
<input type="checkbox"/> 25	OTHER: _____
<input type="checkbox"/> 26	OTHER: _____

I understand all of the things the judge has ordered me to do, which I have checked above, and I agree to obey them and any other rules given by the judge and my probation counselor.

Signature _____ Date: _____

Post-Disposition Advocacy

Contesting Restitution

Probation Violations

Seeking Registration Relief

HYPO
