

STATE OF VERMONT
CALEDONIA COUNTY, SS.

STATE OF VERMONT

VERMONT DISTRICT COURT

V.

IONAS A. DIXON

DOCKET NO. 69-1-07'Cacr

DECISION ON MOTION FOR YOUTHFUL OFFENDER STATUS

By virtue of an Amended Information filed on March 5th, 2009, the Defendant is charged with voluntary manslaughter in the shooting death of Jacob McDowell at Sutton on January 27th, 2007.¹ He is represented by Attorneys Kerry DeWolfe and Douglas Willey. The State is represented by State's Attorneys Lisa Warren and Robert Butterfield.

Also filed on March 5th was a Notice of Plea Agreement and Motion for Youthful Offender Status under Title 15 section 5281 *et seq.*² Hearings were held on the Motion on April 30th, May 1st and May 8th, 2009. The Motion went under advisement on that date.³

As required by statute, the Department of Children and Families (hereafter DCF) filed a joint Youthful Offender Recommendation with the Court and parties on April 22nd, 2009.⁴ That recommended that the Defendant be afforded youthful offender treatment under the statute. It also suggested that the Court consider normal sentencing factors such as punishment and deterrence.⁵ However, the legislature entirely omitted those from the new Youthful Offender statute, and they cannot, therefore, be considered.

Introduction

It is appropriate, under the circumstances, to focus first in the discussion on findings about the victim. The victim in this case was Jacob McDowell, who was then

¹ The Defendant was originally charged with Second Degree Murder under 13 V.S.A. § 2301, which carries a minimum penalty of 20 years imprisonment up to life. The amended charge of voluntary manslaughter carries a minimum penalty of 1 year and a maximum of 15 years of imprisonment.

² In general, Vermont has chosen to significantly limit the powers of the judge in its system of juvenile justice, in that the judge is unable to directly sentence a delinquent to any particular facility, institution or program, and is left with only the power to approve or disapprove the recommendations of DCF in its disposition report and caseplan. Vermont's new statutory schema under Subchapter 5 only permits the Family Court hearing a Youthful Offender motion to consider rehabilitation.

³ The decision in this emotionally charged and difficult case was, regrettably, somewhat delayed by the requirement that the undersigned go on active duty with the U.S. Army from May 8th to May 23rd, 2009.

⁴ State's Exhibit 38 is the DCF Youthful Offender caseplan. It was authored by Senior Social Worker Emily Carrier of DCF and Alan Corinier of the Department of Corrections (hereafter DOC).

⁵ The classical sentencing factors include punishment, deterrence (both general and specific), rehabilitation and incapacitation. A reasonable interpretation of the statute is that the legislature intends that only rehabilitation be considered in juvenile delinquencies.

age 24. He was killed by the Defendant after visiting the Defendant's mother, Julie Dixon. By all accounts, the victim was a kind and gentle man, who was well and deeply loved by his family and friends. He loved automobile racing and was poised to take over his grandparents' country store. His sister, Stephanie DeCesare, described him as an amazing individual who affected many others in positive ways. He was deeply loved and will be sorely missed by his family and friends. Of course, and understandably, his family and friends mourn his loss and cannot help but speculate on what his life might have been had this terrible tragedy not occurred. Regrettably, nothing this Court or the Defendant can do will bring the victim back or restore him to his family. Hopefully, Mr. McDowell's family and friends will long remember the wonderful and caring person he was, and will soon forget the angry, impulsive and immature person that Jonas Dixon was on January 27th, 2007.

The Defendant is alleged to have committed the offense of manslaughter on January 27th, 2007, at a time when he was age 15. Manslaughter is one of the listed offenses for which transfer to juvenile court is discretionary under the provisions of the old and new statutes. See 33 V.S.A. § 5204(a)(6). Interestingly, although the legislature clearly recognizes the seriousness of a manslaughter case in the old and new statutes, it shows no such recognition and makes no such distinction in the Youthful Offender subchapter. 33 V.S.A. Chapter 52, Subchapter 5. Thus, and perhaps incongruously, the new statute now requires that offenses from the most trivial to the most serious be afforded the same deferential treatment on a Subchapter 5 motion, without regard to the vastly different outcomes which resulted from the underlying criminal behavior. This leaves a Family Court with no choice but to apply the same standard to juveniles seeking youthful offender treatment whether they are charged with shoplifting or murder.

The Motion for Youthful Offender Treatment: Public Safety

The Court must now turn its attention to the pending motion for treatment as a youthful offender. In the instant case, although he was initially charged as an adult, on March 5th the Defendant moved for youthful offender treatment under the newly enacted 33 V.S.A. Chapter 52, subchapter 5. Section 5281 establishes the procedure for consideration of such motions, providing that the criminal case be moved to family court for hearing, and that information gained during such hearing is protected from use in the District Court should the motion be denied. 33 V.S.A. § 5281(d)(2).

The initial question in a motion for youthful offender treatment is whether "public safety will be protected by treating the youth as a youthful offender." 33 V.S.A. § 5284(a). The Defendant argues, in a motion filed on April 2nd, 2009, that this question has already been resolved as the law of the case by the remand decision of the Supreme Court, docketed as *State v. Dixon*, 2008 VT 112, ¶ 39. The State opposes the Defendant's Motion in Limine re Law of the Case, asserting that the Supreme Court could not have ruled on the issue of public safety in this context as the statute was not yet effective on the date of the remand.

The Court agrees that the Supreme Court's observations about public protection are not the law of this case. In its remand decision, the Supreme Court observed that various facts as found by the lower court supported a conclusion "that public protection does not require adult prosecution". *Dixon*, 2008 VT ¶ 39. This observation is not a factual finding, is not a direct holding in the case, and therefore is *dicta*. The law of the case doctrine requires that the Supreme Court's holdings on the contested points be followed by the lower court on remand. *State v. Gomes*, 166 Vt. 589, 591 (1996); *State v. Higgins*, 156 Vt. 192, 193 (1991). In this case, the Court remanded not on the issue of public protection but on other issues.

There is however considerable logic in the State's position. The effective date of the new Chapter dealing with juvenile delinquencies and its subchapter 5 was January 1st, 2009, while the remand occurred on August 14th, 2008. Although the remand discusses the issue of public protection (*Dixon* at ¶¶ 22, 39)⁶ the issue of whether treating Mr. Dixon as a youthful offender will protect public safety was not and could not have been squarely before the Court on the appeal as the statute had not yet been enacted.

In any event, although this Court does not find that the issue of public safety under Subchapter 5 has already been decided, the parties presented evidence on the issue during the instant motion hearings. This evidence, not seriously rebutted by the State, fully supports a conclusion that treating Mr. Dixon as a Youthful Offender will not jeopardize public safety.

The Defendant had no prior record of criminal or delinquent behavior before the incident in January of 2007. He has been continuously under the supervision of the Court under restrictive conditions of release since his return from the Woodside Juvenile detention facility in the spring of 2007. The evidence shows that for this two year period he has not been charged with or even suspected of violating a single condition of release. During this time, he has lived with and been supervised by his grandparents. His grandmother, Norma DeGreenia, testified on April 30th. She reports, and the Court so finds, that Jonas Dixon has followed all of the rules of her household and has not violated any of his conditions of release. Despite considerable public pressure being exerted upon her and the Defendant in the form of signs,⁷ T-shirts and letters to the editor seeking justice for the victim of the shooting, Mr. McDowell, Mr. Dixon has been able to control his emotions and conform his conduct to the law and requirements of the conditions of release.

During his two years of community supervision on conditions of release the Defendant, who was age 15 at the time of the offense and is now 17, has regularly participated in mental health treatment and counseling with Dr. Richard Witte. This

⁶ In his well-reasoned decisions on the earlier motion to transfer to juvenile court, Judge Eaton reached the same conclusion, e.g., that the evidence supported a finding that public safety was not jeopardized by the proposed transfer. Decision on Motion to Transfer, ¶ 15 (filed 10/27/08).

⁷ One such sign was placed directly in front of the DeGreenia's driveway. Others were placed at the end of their road and a car bearing signs supporting the victim was parked for a period of time near their home.

therapy is designed to treat his post traumatic stress disorder and low level depression and to help him deal with the events of January 27th, 2007.

Dr. Witte's practice is primarily geared towards the treatment of adolescents, and he has focused on that work for the last thirty years. He began working with the Defendant in April of 2007 and has seen him weekly since then. Stress and post traumatic stress disorder, along with depression – major at first and now much reduced – were the Defendant's primary diagnoses. The Defendant has made significant progress in therapy. He feels remorse over the shooting and is upset that he took Mr. McDowell's life. In fact, the Defendant told Ms. Carrier during an April 2009 interview that if could take back his actions on January 27th, he would and he would have done nothing, i.e., he would have stayed in his room.⁸ The Defendant has made sufficient positive progress in therapy that he no longer qualifies for a diagnosis of post traumatic stress disorder. Although he continues to suffer from a mild form of chronic depression, dysthymia, he no longer suffers from the major depression that plagued him before and at the time of the shooting. Before the incident he was using alcohol and marijuana, and even experimented with prescription pills 5-6 times. Since March of 2007, though, he has been drug and alcohol free.

In addition to the ongoing therapy with Dr. Witte, the Defendant was extensively examined by Dr. Philip J. Kinsler, a nationally noted clinical psychologist. Dr. Kinsler examined and tested the Defendant at Woodside in January of 2007, shortly after the incident. He found the Defendant's responses on testing to be valid and truthful, and the validity scales incorporated into the tests used showed no faking or exaggerating by the Defendant. In the weeks leading up to the shooting of Jacob McDowell, the Defendant was increasingly stressed by the bizarre, hypersexual, and psychotic behavior of his mother, Julie. Although the police and DCF were called, neither agency acted to remove the Defendant and his younger sister from what was clearly a toxic and highly neglectful environment.

In this environment was the 15 year old Jonas Dixon. As a 15 year old, his maturity level would normally be modest, but Mr. Dixon was actually about 2 years delayed in his emotional maturity. As a child, he had been the victim of domestic violence at the hands of his father. He had also been exposed to significant ongoing domestic violence between his now deceased father and his chronically mentally ill mother. Dr. Kinsler opined, after his extensive work with the Defendant, that he did not pose a danger to the public or a danger of future explosive violence. In fact, although the Defendant suffered from Post Traumatic Stress Disorder (PTSD) at the time of the shooting, he no longer qualifies for that diagnosis due to the counseling work he has accomplished with Dr. Witte. Violence is present in only a tiny fraction of those who suffer from PTSD. Dr. Kinsler opined that the Defendant tested normal for his levels of

⁸ DCF administered its own risk assessment instrument to the Defendant, which is called the YASI, or Youth Assessment Safety Instrument. This showed him to be a moderate risk to reoffend. DCF concluded, though, that he was amenable to treatment as a youthful offender and that he did not require residential treatment. This conclusion concurs with the opinions of Dr. Witte and Dr. Kinsler.

anger, does not suffer from an elevated anger problem, and posed no risk to the public for future violence.⁹

The Defendant has also attended the Caledonia School program regularly, a school with a mostly home-based learning program, due to the reluctance of two area schools to having the Defendant on their premises. This is an alternate school which offers a high school curriculum and adult basic education in a non-traditional setting. The Defendant has done well at this school, attaining good grades and never creating any disciplinary issues. Despite the fact that he is socially isolated by his conditions of release and his home-based school program, the Defendant is doing well in school, is progressing in his education, and hopes to attend college. The school director, Naomi Dean, found that the Defendant was immature for his age but always quiet, compliant and respectful. He took criticism well and was considered to be an "A" student.

It is difficult to see much difference between the former statutory standard on transfers (33 V.S.A. § 5505(f) (repealed effective 2009)), the seminal caselaw (*Kent v. United States*, 383 U.S. 541, 565-67 (1966) (see factor regarding "adequate protection of the public")), and the current statute (33 V.S.A. § 5284(a)), which requires a threshold inquiry into whether the Defendant's treatment as a youthful offender will adequately protect public safety. See former 33 V.S.A. § 5505(f)(3) (public safety will be secured by treating the defendant as a youthful offender). Each of these standards prescribes the same basic concept and test: will treating an offender as a juvenile provide sufficient protection to the public against present and future risk of harm? When viewed in that light, a conclusion that treating Mr. Dixon as a youthful offender under the new statute and the current state of the evidence is fully supported.

Before the instant offense, the Defendant had never been the subject of any adult charges or delinquency petitions. The Defendant's behavior in the community since arraignment has been without blemish. He has actively and productively engaged in mental health treatment and counseling, and has made significant positive progress therein. He has actively and consistently participated in schooling and is progressing steadily towards graduation. The Defendant, though age 15 and immature at the time of the shooting, is now 17 and showing signs of increased maturity, including remorse. He no longer lives with his seriously mentally ill mother,¹⁰ and is no longer immersed in a toxic and volatile environment. The instant tragedy appears, by all measures, to be an isolated but horrible offense, unlikely to be repeated. After three days of hearings, hundreds of pages of evidence, and much thought, this Court has independently reached the same conclusion concerning public protection that Judge Eaton reached and the Supreme Court opined: public safety can be adequately protected by treating this Defendant as a youthful offender.

⁹ Dr. Kinsler was adamant that his testing and evaluations of the Defendant showed that he was amenable to treatment and rehabilitation as a youthful offender, and this opinion was not shaken during cross examination or by the testimony of Dr. Linder, the State's expert psychiatrist.

¹⁰ Ms. Dixon suffers from a severe case of bipolar disease. She requires intensive therapy and medications to cope with life on even the simplest level. At the time of this incident she was unmedicated and untreated, was floridly psychotic, hypersexual, and was engaged in all manner of bizarre behavior. See Testimony of Dr. Philip Kinsler, 5/1/09.

Accordingly, based on all of the evidence adduced during the hearings on the motion, the pleadings, exhibits and prior testimony, the Court hereby finds that public safety will not be jeopardized by treating Jonas Dixon as a youthful offender.

Amenability to Treatment; Availability of Services

Once the Court determines that public safety will not be jeopardized by youthful offender treatment, it must then go on to the second step of the analysis required by § 5284: determining whether (A) the youth is amenable to treatment or rehabilitation in the juvenile justice system, and (B) there are sufficient services in the juvenile court system and DCF to meet the youth's treatment and rehabilitation needs. DCF, his treating therapist, and Dr. Kinsler all supported treating the Defendant as a youthful offender. In this case, despite the Court's opinion that the statute is seriously flawed in its failure to discriminate between the most serious and the most trivial criminal/delinquent behavior, the answer based on the evidence is yes to both questions.

The Court need not revisit in detail the tragic events of January 27th, 2007. These are well known to all of the parties and principals and recounting them extensively risks re-traumatizing the victim's family and friends, the Defendant, and the community at large. Jacob McDowell was, by all accounts, a kind, decent and loving individual, good to his family, well-liked, and entirely undeserving of this untimely end. Pursuant to the statute, the focus of these proceedings is on the Defendant's motion. However, neither the statute, the State nor the Court in any way intends to minimize or marginalize the impact of this terrible crime on the victim and his family. Thus, the legislature included the provision for positive rights for the victim's family in section 5288. The Court is as concerned with the impact on Mr. McDowell or any other innocent victim as it is on the Defendant seeking youthful offender treatment.

Suffice it to say that the victim unknowingly walked into a dangerous situation on the evening of January 27th, 2007. He could not have known that the immature Defendant was at an emotional breaking point with his mother's behavior, had a weapon, and would wrongfully introduce it into the situation. Nor could he have known or understood the systemic failures by law enforcement and social service agencies that resulted in Jonas Dixon being left, unnecessarily, in this horrible environment. The then-15-year-old Dixon found himself in an untenable position for an immature and depressed adolescent; his seriously mentally ill mother was engaging in all manner of depraved sexual and bizarre behavior, had assaulted his younger sister, kept a disorderly and disorganized house, harbored significant delusions, and provided poor care to Mr. Dixon and his sister. His mother routinely engaged in sexual acting-out and entertained adult male companions in her room, which was located next to his. The thin trailer walls failed to shield the Defendant from his mother's adult activities, and he finally and impulsively decided, on January 27th, to take his own life rather than continue in this environment. This decision proved short-lived and soon morphed into an impulsive decision to scare the latest visitor away by brandishing a loaded shotgun.

Despite the excellent analysis provided by Mr. Harry Jeppe, the Vermont State Firearms Examiner, the evidence does not conclusively establish exactly what transpired during the final seconds leading up to the shooting. The victim was preparing to leave and the Defendant, after briefly considered suicide by shotgun, emerged and pointed the loaded gun at the victim, ordering him to leave. Frightened by the moment, the victim and Defendant prepared to struggle for the weapon. The Defendant had not expected or prepared for this eventuality. He took the weapon off safety, pulled the trigger, and in the struggle the victim was struck and died as a result.

After his arrest and charging, the Defendant spent about two months at the Woodside Juvenile Detention center. On his release to the custody of his grandparents, he was placed on restrictive conditions of release. To date he has not been suspected of violating any condition of release, and he has made progress towards graduating from high school, has remained drug and alcohol free, and has made significant positive progress in mental health treatment and therapy, to the point that two of his diagnoses – PTSD and major depression, have abated.

This record shows that Mr. Dixon is clearly amenable to treatment and rehabilitation as a youthful offender. He has successfully participated in treatment designed to ameliorate his mental health issues including the ones which were present and active at the time of this crime. He has faithfully and regularly attended schooling designed to enable him to complete his high school requirements, an achievement standing in stark contrast to his failing performance while in the custody of his mother in the days and weeks leading up to this tragic incident. He has remained drug and alcohol free despite the stress of perceived public condemnation for the crime, and in the face of significant isolation as a result of his home-schooling, his restrictive conditions of release, and his inability to engage in age-appropriate activities.

One important consideration is the Defendant's remorse. The State focused on this during the hearings and argued that the Defendant was not amenable to treatment because he failed to show remorse for the killing of Mr. McDowell. The State argued that the Defendant had failed to show sufficient empathy for the victim and his family, and thus did not, in essence, deserve youthful offender treatment.

Dr. Witte testified, and the Court so finds, that the Defendant does feel remorse and regret for taking Mr. McDowell's life. A showing and genuine feelings of remorse are the best psychological indicators of the lack of future dangerousness on Mr. Dixon's part. Remorse for the crime is not, however, entirely the same thing as empathy for the victim and his family. In this case, the victim's family has engaged in a vigorous campaign to ensure that its point of view – that the Defendant be jailed for an adult conviction – be honored by the Court. This campaign has included letters to the editor, T-shirts displaying the message, signs, and decorated cars placed immediately adjacent to the DeGreenia residence. As a result, the Defendant has come to feel persecuted and isolated from the community and struggles to show empathy for the McDowell family. Despite an incomplete development of feelings of empathy for the McDowell family, Mr. Dixon presently has demonstrated remorse for his wrongful actions, and the evidence

shows will he likely develop an appropriate level of empathy for the family and friends of the victim as therapy progresses.

Most significantly, the juvenile court can retain jurisdiction over Mr. Dixon until he is 22, and the testimony clearly established the likelihood of his full rehabilitation by that time. Even the State's expert, Dr. Harold Linder, a noted forensic psychiatrist, estimated that the Defendant needed about four more years of mental health treatment to recover – if not be cured – from the PTSD and depression and to develop empathy for the victim and his family. Indeed, this is the time available under the youthful offender statute. The prospects for Mr. Dixon to recover and resume a productive and positive life are good. Mr. Dixon has never defended or justified his actions on the night of January 27th to Dr. Witte, and while he needs to work on specific empathy and remorse, Dr. Linder's testimony did not create doubt that this is likely if he is treated as a youthful offender.¹¹

The Defendant will need vocational assistance, continuing psychotherapy, counseling, and a mentor, and will also need to abstain from psychoactive substances in order to assure his complete rehabilitation. He will need to be supervised in the community and will need to be regularly tested to assure that he is drug and alcohol free. The evidence adduced during the hearings showed that DCF has the capability to ensure that all these requirements of Mr. Dixon's caseplan will be followed and enforced.¹²

At the same time, the evidence showed that the Defendant is not amenable to the sort of adult oriented correctional treatment that would be available to him in the Vermont adult correctional system. Vermont's primary treatment program for violent offenders is the Cognitive Self Change program (hereafter CSC). This program has both in-jail and outside components, and is often used for offenders who have a lengthy conviction record, a history of acting-out and delinquent behaviors, and a demonstrated history of aggressiveness¹³ and antisocial traits. As noted above, Mr. Dixon meets none of these criteria and would not be appropriate for the CSC program.

Moreover, Mr. Dixon is immature for his age, despite gains he has made in counseling and treatment. He presents with none of the requirements for entry into CSC and would likely be victimized in adult jail. His immaturity (an age delay of 2-3 years, as found by Dr. Witte), lack of antisocial attitudes, and complete lack of any negative background, make him uniquely unsuited for adult jail.

Jonas Dixon has been continuously in treatment on a weekly basis since a few weeks after the tragic events of January 27th, 2007. He has made substantial positive

¹¹ Dr. Linder also testified on May 8th that the Defendant posed a very low risk to the community at this time given his sheltered and highly supportive environment, intensive mental health treatment, and structured and supervised situation.

¹² Dr. Linder also testified that the Defendant has been very compliant and engaged in treatment to date. Dr. Linder further agreed that the Defendant is low risk at this time and that it appears his behavior can be controlled in the community.

¹³ In fact, the Defendant showed lower than normal levels of aggression on testing than a normal adolescent his age would show. See Dr. Kinsler's rebuttal testimony, 5/8/09.

progress in therapy with Dr. Witte, to the point that he no longer qualifies for the PTSD diagnosis. This treatment continues to be available to him and despite his age, he can and should be supervised and assisted with this treatment until at least age 22. Dr. Witte opined, and the Court so finds, that Mr. Dixon will require about another 15 or more months of individual therapy.¹⁴ Mr. Dixon would likely regress on all points in terms of the positive progress he has made in treatment if he were to be placed in jail. Both Dr. Witte and Dr. Kinsler believe that he will continue to make good progress if left in the community and treated as a youthful offender. In this case, given the nature of the crime and the tragic outcome, this Court will order that jurisdiction continue until Mr. Dixon reaches the age of 22. 33 V.S.A. § 6286(d).

An argument can be made that the new Youthful Offender subchapter represents a significant shift in policy as to the handling and treatment of youths who commit the most serious crimes. Indeed, the legislative intent regarding the handling of serious juvenile delinquencies appears to have been changed by new statutes. Formerly, the intent was to treat serious delinquencies committed by juveniles between the ages of 14 and 16 in adult court. See 33 V.S.A. 5506(b) (repealed effective 2009). Now, however, because subchapter 5 is not restricted to less serious offenses, any youth charged with any crime committed between the ages of 10 and 18 can apply for youthful offender treatment, regardless of the seriousness of the offense.

The Court concludes that the Defendant is amenable to treatment as a youthful offender. The Court also concludes that there are sufficient services in the juvenile court system¹⁵ and in DCF to enable him to complete his rehabilitation from this terrible crime while meeting his needs and protecting the community. This is only true, though, if the Court exercises its power under the new statute to continue its jurisdiction past Mr. Dixon's 18th birthday, and to require that upon reaching his 18th birthday and until he reaches the age of 22, he shall be supervised by the joint efforts of both DCF and the Department of Corrections. 33 V.S.A. § 5286(d). This will ensure the sort of community monitoring by trained DOC field supervision or probation officers that DCF is simply not equipped to provide in such a serious matter. While the emphasis will remain, as it must under the new statute, on rehabilitation, the addition of DOC supervision and participation in the plan will ensure that community monitoring is thorough and comprehensive and ensure a speedy reformulation of the plan if revocation is necessary. See 33 V.S.A. § 5285.

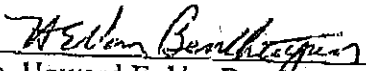
Accordingly, the caseplan submitted to the Court and Parties on April 22nd, 2009 is approved in its entirety. Defendant's Motion for Youthful Offender treatment is granted. He is hereby placed on juvenile probation with all of the terms and conditions

¹⁴ The State's psychiatrist, Dr. Linder, opined that it would take at least two years of treatment and therapy for the Defendant to successfully address his mental health issues.

¹⁵ As structured, Vermont's system limits the ability of the Family Court to take decisive long-term action to correct misbehavior or to ensure a youthful offender is sent to a secure or treatment facility in the event of significant misconduct which is in violation of his/her juvenile probation. This is because Vermont does not give Family Court Judges the power to do anything other than approve or disapprove the plan proposed by DCF. Nevertheless, the Court is satisfied that the Defendant is amenable to treatment, is unlikely to violate his juvenile probation, and is highly likely to benefit from youthful offender treatment.

prescribed in the DCF caseplan. A review hearing shall be held on or before November 29th, 2009 pursuant to 33 V.S.A. § 5286(a). A Juvenile Probation Certificate is hereby issued along with this Order.

So Ordered at St. Johnsbury, Vermont this 16th day of June 2009.


Hon. Howard E. VanBenthuysen
Presiding Judge

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