IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF LINN

State of Oregon,	)	
Plaintiff	)	
	)	Case No.: 17CR02097
vs.	)	
	)	**JUDGMENT**
	)	
Richard Clinton,	)	Case File Date: 01/11/2017
Defendant	)	District Attorney File #: 16-4183

DEFENDANT

True Name: Richard Clinton
Date Of Birth: 07/02/1966

Sex: Male

Alias(es): RICHARD LEON CLINTON

HEARING

Proceeding Date: 06/02/2017
Judge: David E Delsman

Defendant appeared in person and was not in custody. The court determined that the defendant was indigent for purposes of court-appointed counsel, and the court appointed counsel for the defendant. The defendant was represented by Attorney(s) KEITH JAMES ROHRBOUGH, OSB Number 753207. Plaintiff appeared by and through Attorney(s) MELISSA M CHUREAU, OSB Number 022726. Defendant knowingly waived two day waiting period before sentencing.

COUNT(S)

It is adjudged that the defendant has been convicted on the following count(s):

Count 25 : Making a False Claim for Health Care Payment

Count number 25, Making a False Claim for Health Care Payment, 165.692, Felony Class C, committed on or between 07/15/2016 and 08/01/2016. Conviction is based upon a No Contest Plea on 06/02/2017.

Sentencing Guidelines

The Crime Severity Classification (CSC) on Count Number 25 is 6 and the Criminal History Classification (CHC) is E.

This sentence is pursuant to the following special factors:

- Parties stipulate to a dispositional departure from a 6-I

The court finds substantial and compelling reason for a Upward Dispositional Departure, as stated on the record. This departure is pursuant to the following aggravating or mitigating factor(s):

- Stipulation of Parties

The court finds substantial and compelling reason for a Downward Durational Departure, as stated on the record. This departure is pursuant to the following aggravating or mitigating factor(s):

- Stipulation of Parties

Sentence Instructions

Defendant shall:

- Report to the Linn County Jail for fingerprinting by 06/02/17.
- The Court finds that a victim suffered pecuniary damages as a result of defendant’s conduct. Defendant is ordered to pay the restitution as stated in the Money Judgment below.

Incarceration

Defendant is sentenced to the custody of Oregon Dept of Corrections, for a period of 6 month(s). Defendant is remanded to the custody of the Linn County Sheriff for transportation to the Supervisory Authority for service of this sentence. Defendant may receive credit for time served.

The Defendant may be considered by the executing or releasing authority for any form of Reduction in Sentence, Conditional or Supervised Release Program, Temporary Leave From Custody, Work Release authorized by law for which the Defendant is otherwise eligible at the time of sentencing. The Defendant may be considered for release on post-prison supervision under ORS 421.508(4) upon successful completion of an alternative incarceration program.

Post-Prison Supervision

The term of Post-Prison Supervision is 24 month(s). If the Defendant violates any of the conditions of post-prison supervision, the defendant shall be subject to sanctions including the possibility of additional imprisonment in accordance with the rules of the State Sentencing Guidelines Board. The court recommends as a condition of post-prison supervision:

- The Court recommends that there be no employment providing health or other dependent care or any in-home services whether by private pay or payment directly or indirectly with Medicaid or Medicare funds, or acting as any person's Power of Attorney or representative in any capacity.

Statutory Provisions

Defendant is ordered to submit blood or buccal sample and thumbprint pursuant to ORS 137.076.

Monetary Terms

Defendant shall be required to pay the following amounts on this count:

Fees and Assessments: Payable to the Court.

Type	Amount	Modifier	Reduction	Actual Owed
Fine - Felony	$200.00			$200.00
Total	$200.00			$200.00

Compensatory Fine/Restitution:

Restitution is ordered to be paid to the court and disbursed to the payee(s) named below.

Payee	Not To Exceed	Amount
DHS / AR & Receipting Units, OFS RSTARS Receivables		$7,800.00
Total		$7,800.00

Payee	Amount
DHS / AR & Receipting Units, OFS RSTARS Receivables Joint and Several Liability with: Melissa Chandler Case#: 17CR02090	$1,500.00
DHS / AR & Receipting Units, OFS RSTARS Receivables Joint and Several Liability with: Garna Johnson Case#: 17cr02104	$5,800.00
DHS / AR & Receipting Units, OFS RSTARS Receivables Joint and Several Liability with: Ronald Johnson Case#: 17cr02110	$5,800.00
DHS / AR & Receipting Units, OFS RSTARS Receivables Joint and Several Liability with: Kathleen Sherriffs Case#: 17CR02111	$1,100.00
Total	$14,200.00

Count 26 : Theft in the First Degree - Theft by Deception

Count number 26, Theft in the First Degree - Theft by Deception, 164.055, Felony Class C, committed on or between 07/15/2016 and 08/31/2016. Conviction is based upon a No Contest Plea on 06/02/2017.

Sentencing Guidelines

The Crime Severity Classification (CSC) on Count Number 26 is 3 and the Criminal History Classification (CHC) is G.

Probation

Defendant is sentenced to Supervised Probation for a period of 24 month(s) and shall be subject to the following conditions of Probation:

Defendant is subject to all general conditions of probation (ORS 137.540).

Furthermore, Defendant is subject to the following Special Conditions of Probation (ORS 137.540(2)): Defendant shall:

- Report to the Department of Corrections at 118 2nd Ave SE, Suite F, Albany, OR immediately after pronouncement of this sentence (or within 72 hours after release from jail).
- No employment providing health or other dependent care or any in-home services whether by private pay or payment directly or indirectly with Medicaid or Medicare funds, or acting as any person's Power of Attorney or representative in any capacity.

Statutory Provisions

Defendant is ordered to submit blood or buccal sample and thumbprint pursuant to ORS 137.076.

Monetary Terms

Defendant shall be required to pay the following amounts on this count:

Fees and Assessments: Payable to the Court.

Type	Amount	Modifier	Reduction	Actual Owed
Fine - Felony	$200.00			$200.00
Total	$200.00			$200.00

Count 27 : Making a False Claim for Health Care Payment

Count number 27, Making a False Claim for Health Care Payment, 165.692, Felony Class C, committed on or between 08/15/2016 and 09/02/2016. Conviction is based upon a No Contest Plea on 06/02/2017.

Sentencing Guidelines

The Crime Severity Classification (CSC) on Count Number 27 is 6 and the Criminal History Classification (CHC) is F.

Probation

Defendant is sentenced to Supervised Probation for a period of 36 month(s) and shall be subject to the following conditions of Probation:

Defendant is subject to all general conditions of probation (ORS 137.540).

Furthermore, Defendant is subject to the following Special Conditions of Probation (ORS 137.540(2)): Defendant shall:

- Report to the Department of Corrections at 118 2nd Ave SE, Suite F, Albany, OR immediately after pronouncement of this sentence (or within 72 hours after release from jail).
- No employment providing health or other dependent care or any in-home services whether by private pay or payment directly or indirectly with Medicaid or Medicare funds, or acting as any person's Power of Attorney or representative in any capacity.

Statutory Provisions

Defendant is ordered to submit blood or buccal sample and thumbprint pursuant to ORS 137.076.

Monetary Terms

Defendant shall be required to pay the following amounts on this count:

Fees and Assessments: Payable to the Court.

Type	Amount	Modifier	Reduction	Actual Owed
Fine - Felony	$200.00	Waived	$200.00	$0.00
Total	$200.00		$200.00	$0.00

Count 28 : Theft in the First Degree - Theft by Deception

Count number 28, Theft in the First Degree - Theft by Deception, 164.055, Felony Class C, committed on or between 08/17/2016 and 09/30/2016. Conviction is based upon a No Contest Plea on 06/02/2017.

Sentencing Guidelines

The Crime Severity Classification (CSC) on Count Number 28 is 3 and the Criminal History Classification (CHC) is F.

Probation

Defendant is sentenced to Supervised Probation for a period of 24 month(s) and shall be subject to the following conditions of Probation:

Defendant is subject to all general conditions of probation (ORS 137.540).

Furthermore, Defendant is subject to the following Special Conditions of Probation (ORS 137.540(2)): Defendant shall:

- Report to the Department of Corrections at 118 2nd Ave SE, Suite F, Albany, OR immediately after pronouncement of this sentence (or within 72 hours after release from jail).
- No employment providing health or other dependent care or any in-home services whether by private pay or payment directly or indirectly with Medicaid or Medicare funds, or acting as any person's Power of Attorney or representative in any capacity.

Statutory Provisions

Defendant is ordered to submit blood or buccal sample and thumbprint pursuant to ORS 137.076.

Monetary Terms

Defendant shall be required to pay the following amounts on this count:

Fees and Assessments: Payable to the Court.

Type	Amount	Modifier	Reduction	Actual Owed
Fine - Felony	$200.00	Waived	$200.00	$0.00
Total	$200.00		$200.00	$0.00

Count 29 : Making a False Claim for Health Care Payment

Count number 29, Making a False Claim for Health Care Payment, 165.692, Felony Class C, committed on or between 08/31/2016 and 10/03/2016. Conviction is based upon a No Contest Plea on 06/02/2017.

Sentencing Guidelines

The Crime Severity Classification (CSC) on Count Number 29 is 6 and the Criminal History Classification (CHC) is F.

The court finds substantial and compelling reason for a Downward Dispositional Departure, as stated on the record. This departure is pursuant to the following aggravating or mitigating factor(s):

- Stipulation of Parties

Probation

Defendant is sentenced to Supervised Probation for a period of 36 month(s) and shall be subject to the following conditions of Probation:

Defendant is subject to all general conditions of probation (ORS 137.540).

Furthermore, Defendant is subject to the following Special Conditions of Probation (ORS 137.540(2)): Defendant shall:

- Report to the Department of Corrections at 118 2nd Ave SE, Suite F, Albany, OR immediately after pronouncement of this sentence (or within 72 hours after release from jail).
- No employment providing health or other dependent care or any in-home services whether by private pay or payment directly or indirectly with Medicaid or Medicare funds, or acting as any person's Power of Attorney or representative in any capacity.

Statutory Provisions

Defendant is ordered to submit blood or buccal sample and thumbprint pursuant to ORS 137.076.

Monetary Terms

Defendant shall be required to pay the following amounts on this count:

Fees and Assessments: Payable to the Court.

Type	Amount	Modifier	Reduction	Actual Owed
Fine - Felony	$200.00	Waived	$200.00	$0.00
Total	$200.00		$200.00	$0.00

COUNTS DISPOSED WITH NO CONVICTION

Count # 1, Making a False Claim for Health Care Payment is Dismissed.

Count # 2, Theft in the Second Degree is Dismissed.

Count # 3, Making a False Claim for Health Care Payment is Dismissed.

Count # 4, Theft in the Second Degree is Dismissed.

Count # 5, Making a False Claim for Health Care Payment is Dismissed.

Count # 6, Attempt to Commit a Class A Misdemeanor is Dismissed.

Count # 7, Making a False Claim for Health Care Payment is Dismissed.

Count # 8, Attempt to Commit a Class A Misdemeanor is Dismissed.

Count # 9, Making a False Claim for Health Care Payment is Dismissed.

Count # 10, Theft in the First Degree is Dismissed.

Count # 11, Making a False Claim for Health Care Payment is Dismissed.

Count # 12, Theft in the First Degree is Dismissed.

Count # 13, Making a False Claim for Health Care Payment is Dismissed.

Count # 14, Attempt to Commit a Class C/Unclassified Felony is Dismissed.

Count # 15, Making a False Claim for Health Care Payment is Dismissed.

Count # 16, Theft in the First Degree is Dismissed.

Count # 17, Making a False Claim for Health Care Payment is Dismissed.

Count # 18, Theft in the First Degree is Dismissed.

Count # 19, Making a False Claim for Health Care Payment is Dismissed.

Count # 20, Attempt to Commit a Class C/Unclassified Felony is Dismissed.

Count # 21, Making a False Claim for Health Care Payment is Dismissed.

Count # 22, Theft in the Second Degree is Dismissed.

Count # 23, Making a False Claim for Health Care Payment is Dismissed.

Count # 24, Attempt to Commit a Class A Misdemeanor is Dismissed.

Count # 30, Attempt to Commit a Class C/Unclassified Felony is Dismissed.

If convicted of a felony or a crime involving domestic violence, you may lose the right to buy, sell, transport, receive, or possess a firearm, ammunition, or other weapons in both personal and professional endeavors pursuant to ORS 166.250, ORS 166.291, ORS 166.300, and/or 18 USC 922(g).

MONEY AWARD INCLUDING RESTITUTION

Judgment Creditor: State of Oregon
Judgment Debtor: Richard Clinton

Restitution

Payee	Amount
DHS / AR & Receipting Units, OFS RSTARS Receivables	$7,800.00

Payee	Amount
DHS / AR & Receipting Units, OFS RSTARS Receivables Joint and Several Liability with: Melissa Chandler Case#: 17CR02090	$1,500.00
DHS / AR & Receipting Units, OFS RSTARS Receivables Joint and Several Liability with: Garna Johnson Case#: 17cr02104	$5,800.00
DHS / AR & Receipting Units, OFS RSTARS Receivables Joint and Several Liability with: Ronald Johnson Case#: 17cr02110	$5,800.00
DHS / AR & Receipting Units, OFS RSTARS Receivables Joint and Several Liability with: Kathleen Sherriffs Case#: 17CR02111	$1,100.00

Payees are to be paid as ordered under Monetary Terms.

Defendant is ordered to pay the following monetary totals, including restitution or compensatory fine amounts stated above, which are listed in the Money Award portion of this document:

Type	Amount Owed
Restitution Joint and Several	$14,200.00
Restitution	$7,800.00
Fine - Felony	$400.00
Total	$22,400.00

Money Award total does not include reduced amounts of $600.00 as stated in the individual counts.

The court may increase the total amount owed by adding collection fees and other assessments. These fees and assessments may be added without further notice to the defendant and without further court order.

Subject to amendment of a judgment under ORS 137.107, money required to be paid as a condition of probation remains payable after revocation of probation only if the amount is included in the money award portion of the judgment document, even if the amount is referred to in other parts of the judgment document.

Any financial obligation(s) for conviction(s) of a violation, which is included in the Money Award, creates a judgment lien.

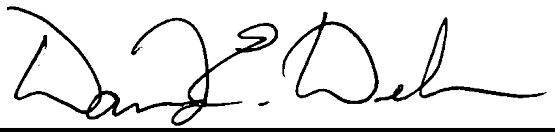
Payment Schedule

Payment of the fines, fees, assessments, and/or attorney's fees noted in this and any subsequent Money Award shall be scheduled by the clerk of the court pursuant to ORS 161.675.

Payable to:

Linn County Circuit Court
PO Box 1749
Albany, Oregon 97321
P: 541-967-3845
F: www.courts.oregon.gov/linn

Dated the _____ day of Signed: 6/2/2017 02:57 PM _____, 20 _____

Signed: 

David E Delsman **David E. Delsman, Circuit Court Judge**