

POST PRISON TRANSFER BOARD
Executive Clemency
Legal Notice – Form 153

File

5

CIRCUIT CLERK
SEBASTIAN CO., AR

OCT 19 2004

RECEIVED

TO: Judge Jim Marschewski
Attorney Stephen Tabor
Sheriff Sebastian County Sheriff
Secretary of State Charlie Daniels
Attorney General Ryan Blue
File Copy

CR-99-213

RE: Walker, Barry

ADC# 117770

Board Hearing: 12/03/2004

gm

TE Date: 02/23/2001

Persuant to Arkansas Code ANN 5-4-607 Attached is the named inmate's application for Executive Clemency.

Our file contains the following information:

County	Docket	Crime	Counts	Sent. Date
Sebastian	1999-213	Sexual Abuse-1st Degree	1	03/29/2000

Total Sentence Length: 5y 0m 0d

Minimum Release Date: 03/08/2005

The inmate's application will be reviewed by the Post Prison Transfer Board during the month noted above. At present, this is only a record review. However, the inmate may later be scheduled for an interview (hearing) at the request of the board. If you wish to comment or express an opinion regarding this application, please respond now. This is the only notification you will receive pertaining to this application. Your comments will be placed in the file and considered whenever this application is reviewed by the Board.

4



STATE OF ARKANSAS
OFFICE OF THE GOVERNOR

EXECUTIVE CLEMENCY APPLICATION

Mike Huckabee
Governor

Please use blue or black ink when completing the application.

Note: By submitting this application you consent to the release of the information contained therein and waive any privacy protections or other privileges to the furthest extent allowable by state and federal law.

Name: Barry A Walker Date of Birth: 1/1/64
Address: 20 Howell Loop Race/Sex: M/C
City: Glenwood ADC or DCC #: 117770
(If applicable)
State: AR Zip: 71943 Social Security #:
Telephone (home): 870 (work): 501 844-6492

Person preparing the application (if other than yourself):

Name: Jana Bradford
Address: PO Box 2248
City: Glenwood State: AR Zip: 71943
Telephone (home): (870) (work): (870) 356-3947
Is the person preparing the application an attorney? Yes No Arkansas Bar # 93045

I AM APPLYING FOR:

COMMUTATION (time cut) (Please continue on Page 5)

PARDON (Please continue on Page 6)

FIREARM RESTORATION ONLY (Please continue on Page 6)



My reason(s) for applying for a commutation of my sentence (time cut):
Place an X next to the appropriate space below:

1. _____ I wish to correct an injustice which may have occurred during the trial. I have attached letters or other documentation that will support this claim. If you wish to attach an explanation or statement to this application, it will be considered as a part of the application. Discuss results of appeals or Rule 37 or other post-conviction proceedings in an attached statement.
2. _____ I have a life-threatening medical condition which does not qualify for Act 290. I have attached a statement explaining my condition. Your medical statement will be validated by ADC or DCC Medical Services before being sent to the Post Prison Transfer Board. You must provide a medical information release in order for us to view your medical records.
3. _____ I want to adjust what may be considered an excessive sentence.
4. _____ My institutional adjustment has been exemplary and the ends of justice have been achieved.

NOTE:

- A. All supporting documentation must be available when the Board considers your application.
- B. The Board will ordinarily not consider your application if your case is currently being appealed or if a Rule 37 petition or other petition of post-conviction relief is pending.
- C. If your application is based on your belief that your sentence is excessive or that your institutional adjustment has been exemplary and the ends of justice have been achieved, the application will ordinarily be denied if you have not served the portion of your sentence indicated by the following table:

Life Sentence	20 years
Over 30 years	7 years
25 - 30 years	6 years
22 - 24 years	5 years
19 - 21 years	4 years
16 - 18 years	3 years
11 - 15 years	2 years
Below 11 years	1 year

If you believe that this table should not apply in your case, you should petition the Post Prison Transfer Board, in writing, for a waiver of these rules.

GENERAL INFORMATION:

1. Give the full name under which you were convicted and any alias names you have used:
Barry Alan Walker

2. List all crimes(s) for which you have been convicted, the county of conviction, date of conviction, docket number, and sentence that you wish to be considered for executive clemency. (Sentence may include fines, probation*, suspended sentence or time incarcerated in the Arkansas Department of Correction or the Department of Community Correction.)

Crime(s)	County	Conviction Date	Docket#/Sentence
Sexual Abuse in the First Degree	Sebastian	3/29/2000	99-213 60 months

Note: Please attach a separate sheet if necessary to include all offenses.

*Please include a copy of any orders of probation or suspended sentence you may have received.

3. Are you currently:
 ___ Serving a sentence in the ADC or DCC? Discharge date: _____
 On parole? Discharge date: 3/29/2005
 ___ On probation? Discharge date: _____
 ___ Serving a suspended sentence? Discharge date: _____
 ___ Discharged from your sentence? Discharge date: _____

4. Do you want to have your rights to possess a gun restored? Yes ___ No.

5. Were other persons also involved in this crime? ___ Yes No.
 If yes, list the names of your accomplices and what, if any sentences they received.

6. Concerning the facts of the crime, briefly explain what happened.

I touched an 8 year old child's vaginal area with my hand then pulled her shorts down and pulled her back against my lap with my jeans unzipped.

7. What is your reason for requesting executive clemency at this time?

I would like a second chance to be a fully productive citizen of this state and practice medicine again in rural Arkansas.

CRIMINAL HISTORY:

List all other crimes: juvenile, misdemeanor, DWI, traffic violations, etc, or crimes committed outside the state of Arkansas, you were found guilty of but are not requesting clemency for. **Do not** include convictions listed in response to question 2 above.

Crime(s)	County/State	Conviction Date	Docket #	Sentence
Speeding	Garland	2/9/04	UNAVAILABLE	UNKNOWN
Improper Passing	Montgomery	11/13/02	UNAVAILABLE	UNKNOWN
DWI	Garland	6/18/01	UNAVAILABLE	UNKNOWN

ARE YOU A SEX OFFENDER THAT IS CURRENTLY REQUIRED TO REGISTER BY LAW?

Yes No. (If your answer is yes, you must submit your most recent risk assessment with this application. This can be obtained from your sheriff's office.) *See attached*

PERSONAL BACKGROUND:

1. Are you : Single Married Separated Divorced Widowed
 If married, what is your spouse's full name? _____
 When and where were you married? _____

2. For any previous marriages, list the following information:

Name of Spouse	Date of marriage	Date Marriage ended	Reason (divorce, death, etc.)
Gina McGrew	8/12/95	9/1/99	General Indignities
Lisa Huddleston	1/3/87	1/2/91	Irreconcilable Differences

3. How many children do you have? _____ . List the following information:

Name	Age	Address
	3	20 Howell Loop Glenwood AR 71943

4. Have you ever served in the Armed Forces? Yes No
 If so, which branch? Army & Air Force
 What type of discharge did you receive? Honorable Dishonorable Medical Other



EDUCATIONAL BACKGROUND:

List the following information about all schools you have attended, including any vocational-technical training:

Name & Address of School	Date of Attendance	Highest Grade	Completed/Degree
University of Arkansas for Medical Sciences	1989-1996	M.D.	M.D., Board Certified Family Practice
Henderson State University	1982-1987	B.S.	Aviation

EMPLOYMENT BACKGROUND:

1. Please provide the following information about your current job:

Name of Employer: Walker Landscaping & Irrigation, Inc.

Employer's address: 20 Howell Loop, Glenwood, AR 71943

When were you hired: June 2003

Give a brief description of your job responsibilities: Owner, Residential & Commercial Landscape & Irrigation contracting, Landscape & Irrigation design, Equipment operation (Skid steer, Trencher, Backhoe) Business management

2. If you are currently unemployed, but on disability, please list how you became disabled (work-related injury, etc.)

3. For previous jobs you have held, List the following information:

Name & Address of Employer	Type of Work	Dates Employed	Reason for Leaving
Lance Coster Landscaping Hot Springs	Landscaping	4/2001 - 5/2002	Started my own Business

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MISCELLANEOUS INFORMATION:

1. How is your health? Excellent Good Fair Poor

2. Have you ever been confined to a mental hospital? Yes No
If yes, list the following information:

Name & Address of Institution	Date Committed	Date Released

3. Do you use any type of drugs, including prescription drugs? Yes No
If yes, list the type of drugs and the reason for their use: _____

Would you willingly submit to a drug test at your expense? Yes No

4. Do you use alcohol: Yes No
If yes, how often: Periodically Regularly Socially Heavily

5. Have you ever received treatment for alcohol or drug problems? (Example: Alcoholics Anonymous) Yes No
If yes, please provide a brief explanation: Completed Substance Abuse Treatment Program at Delta Regional Unit in Jan, 2001

6. Do you currently owe any fines or restitution for the crimes you were convicted?
 Yes No

If you have paid your fines or restitution, please include a copy of your receipt showing they are paid in full.

REFERENCES:

List three (3) people not related to you who have not been convicted of any felonies who have known you for at least five (5) years:

Name Address/City State/Zip Phone

By signing and submitting this application, I hereby swear or affirm the information provided in true and accurate to the best of my knowledge and hereby waive any state or federal privacy protections or other privileges to the extent allowable by law:

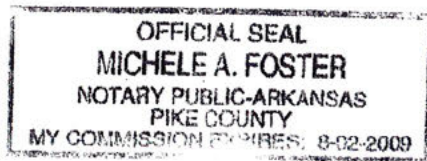
Applicant's Signature: Barry A. Walker

Date of Application: 8-17-04

Subscribed and sworn to me this 17th day of August, 2004.

Notary Public: Michele A. Foster

My Commission Expires: 8-02-2009



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