

FILED

03/15/2024

Bowen Greenwood
CLERK OF THE SUPREME COURT
STATE OF MONTANA

Case Number: OP 24-0158

Rachell RENE FLORES
Inmate Name

3579U
Inmate ID or AO#

LEWIS CLARK COUNTY DETENTION CENTER
Facility of Incarceration

221 BRECKENRIDGE
Address of Facility

HELENA MT 59606
City State Zip

FILED

MAR 15 2024

Bowen Greenwood
Clerk of Supreme Court
State of Montana

IN THE SUPREME COURT OF THE STATE OF MONTANA

No. _____
[The Clerk of Court will assign a number]

Rachell FLORES
NAME

PETITIONER,

v.

Captian BRADLEY BRADLEY
NAME OF WARDEN/FACILITY ADMINISTRATOR,

RESPONDENT.

**Petition for Writ of
Habeas Corpus
For purpose of bail**

I, RACHEL RENE FLORES, am representing myself, and I
[Name of Inmate]
believe that I am entitled to a Writ of Habeas Corpus under § 46-22-101, MCA, for one
or more of the following reasons:

[Check the applicable box]:

- The Department of Corrections has incorrectly calculated my sentence which illegally extends my parole eligibility or discharge date.
- The Parole Board should have granted me a parole AND the Board violated my Due Process rights in denying me a parole.
- I am entitled to more credit for jail time served than I received.

with HER Main Boss that A BAIL HEARING
for Request of BAIL is possible as long as
my ATTORNEY Request that Motion in DISTRICT
COURT PRIOR TO THE APPEAL BEING GRANTED.

✓ I REQUESTED SPENCER NASSIS TO Motion TO
DISTRICT COURT for Bond Hearing Pending Appeal
and He did NOT have time to Motion and did NOT
file in court. Then my appeal went through AFTER
I REQUESTED Bond Hearing, so the ATTORNEY SPENCER
NASSIS WAS NO longer able to Motion on My Behalf.

I'm Requesting a Release of Detention pending
appeal (46.9.107). I have a Terminal condition BRAIN
Tumor type growths, this jail does NOT allow my medication
and I'm in need of medical care also for my skin
cancer to be removed. I have good time of over
8 1/2 years of my 10 year sentence. The Elk Horn
Treatment Center I was sent to can NOT accept me
because of medical conditions, so I can NOT be accepted
to the location I was sentenced to. I'm now
in jail with medical need, BRAIN Tumor condition
verified by the jail and I request a BOND HEARING
for medical care. I'm non violent non drug offender.

[Use extra pages if necessary]

I also request STAY of Execution of Sentence
and relief pending appeal (46.20.202)

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writ for purpose of BALL. (46-22-103)

My sentence is illegal because:

I was sentenced after April 28, 1999, and I received a sentence of more than 5 years to the Department of Corrections, none of which was suspended.

My sentence violates my right to be free from double jeopardy.

The length of my sentence is longer than the law allows.

I am entitled to good time that is not credited against my sentence.

I am being held in jail and I believe my bail is excessive.

Other reason incarceration is illegal.

Describe in detail why you are entitled to habeas corpus relief. Be specific. If possible, provide citations to legal authority. Attach any documents that help you explain why the Court should grant your petition. A copy of any judgments, orders or other documents that support your argument must be provided.

I HAD A HEARING 2.7.24 AFTER THAT I WAS PLACED INTO CUSTODY. I ASKED MY LAWYER FOR A BAIL HEARING FOR POSSIBLE BOND. MY LAWYER SPENCER HARRIS SAID BOND WAS NOT ALLOWED DURING APPEAL. SPENCER HARRIS MOTIONED FOR APPEAL AND DURING THAT MOTION I FOUND IN STATE CODE (46-22-103) I CALLED THE APPELLATE OFFICE AND WAS TOLD BOND HEARING HAVE TO BE REQUESTED PRIOR TO A MOTION GRANTED FOR APPEAL. THEN I CALLED THE PUBLIC DEFENDERS OFFICE AND SPOKE TO THE LADY IN CHARGE WHO CONFIRMED

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I Recently Had Behaviour changes and was
 tested positive for illegal drugs. I and my Doctors
 now understand the BRAIN TUMORS CAUSED MY
 ONSET changes to my Behavior after 8 years and
 a half on PROBATION WITH NO PROBLEMS. I WAS
 SENTENCED TO ELKHORN BECAUSE OF POSITIVE DRUG TEST.
 CHOICES MADE BECAUSE OF BRAIN TUMORS, ELKHORN
 CAN NOT ACCEPT ME, I WAS SENTENCED TO PRE RELEASE
 FOLLOWING ELKHORN AND I'M TERMINALLY ILL ON DISABILITY
 AND DO NOT QUALIFY FOR POC PLACEMENT AT PRE RELEASE
 TO BE FORCED TO WORK WHILE TERMINAL ON DISABILITY.
 THE PLACEMENTS CAN NOT ACCEPT ME AND SO DURING
 THIS APPEAL I NEED MEDICAL CARE. I'M REQUESTING
 A BOND BAIL HEARING / MOTION FOR CONSIDERATION
 TO ALLOW ME TO BOND OUT FOR MEDICAL CARE. I
 DO HAVE SSDI INCOME AND I'M A FEW SPOTS AWAY FROM
 RED ALDER HOUSING. I ALSO DO HAVE A HOME TO STAY AT
 WITHIN REGION 4 AREA OF PROBATION. I ALSO HAVE PARENTING
 COURT 4.24.24 TO SEE MY SON / CUSTODY. I'M TERMINAL
 AND MY APPEAL MAY TAKE LONGER THAN I CAN LIVE AND
 SO I PLEASE REQUEST BOND BAIL. I WILL PUT A
 MONTAGE ON FOR DRUGS OR LOCATION AND I'M NON VIOLENT

[Use extra pages if necessary]

my charges ARE for BAO checks p. 3 of 5

I have NO VIOLENT HISTORY AT ALL

NO DRUG CHARGES AND AM

TERMINAL CAN I MOTION
 FOR BOND PENDING APPEAL?

As relief, I request the following:

- my immediate release from prison.
- reduction of my sentence or that this Court remand this cause to the district court directing the court to resentence me to a lesser sentence.
- that the Department of Corrections recalculate my sentence as this Court directs.

Other relief. Explain: Bond HEARING Request for Bond.
RELEASE pending APPEAL (46-9-107) (46-22-103)
Request for Bond during appeal, TO BE GRANTED
Bond for medical needs, TO HAVE ankle monitor
THAT DETECTS illegal DRUGS / alcohol while in community.
(46-9-121) BOND EQUAL TO MY LAST BOND OR LOWER
(46-20-204) VERIFICATION DUE TO FINANCIAL HARDSHIP.

STATE OF MONTANA)
) : ss.
 County of _____)

I ~~believe I am being incarcerated illegally~~^{RF}. I certify that the contents of this petition are true and accurate to the best of my knowledge.

DATED this _____ day of _____, _____.

Rachelle Flores
 Inmate Signature

RACHEL REBE FLORES
 Printed Name

CERTIFICATE OF MAILING (SERVICE)

I hereby certify that on 3-11, 2024, I have mailed the Petition for a Writ of Habeas Corpus, as noted by a check mark (✓), to the following attorney by placing a copy in the United States Mail, postage prepaid:

State of Montana (see INSTRUCTIONS #9)

Office of the Attorney General

P. O. Box 201401

Helena, MT 59620-1401

or

_____ County Attorney (see INSTRUCTIONS #9)
[Write name of County]

Rachell Flores
[Signature]

RACHELL FLORES
[Print name]