

ORIGINAL

FILED

04/21/2025

Bowen Greenwood
CLERK OF THE SUPREME COURT
STATE OF MONTANA

FILED

Case Number: OP 25-0295

APR 21 2025

Bowen Greenwood
Clerk of Supreme Court
State of Montana

Toston Gray LaFournaise
Inmate Name

3025877
Inmate ID or AO#

Crossroads Correctional Center
Facility of Incarceration

50 Crossroads Dr
Address of Facility

Shelby MT 59474
City State Zip

IN THE SUPREME COURT OF THE STATE OF MONTANA

No. OP 25-0295
[The Clerk of Court will assign a number]

Toston Gray LaFournaise
NAME

PETITIONER,

v.

Petition for Writ of
Habeas Corpus

Warden D.J. Crodfrey
NAME OF WARDEN/FACILITY ADMINISTRATOR,

RESPONDENT.

I, Toston LaFournaise, 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.

☐ 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 *either* good time or street 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.

Mr LaFournaise is coming before the court pro SE with two separate charges, DC 2018-57 and BDC 2018-252.

Mr LaFournaise has been Incarcerate since 3-17-17, since that time he has committed one offense which is his first offense - DC 2018-57, sexual intercourse w/o consent with a plea deal of 15 yrs DOC/10ss, which LaFournaise discharged 6/8/24.

Mr LaFournaise was 17 yrs old when he was charged with his second offense - BDC 2018-252 - with the time of the crime was committed on or around

the end of August 2015, the State sentenced LaFournise to Sexual Intercourse w/o consent on 3/18/2014, 20 yrs to Msp consecutive with no credit time served. The state was under the influence that Mr LaFournise was released and committed his second offense which was not the case.

LaFournise is Parole eligible on 6/8/2025 and since being sentenced on 3/18/2014, Mr. LaFournise has completed sex offender treatment 1 and 2 Dated April 2 2014, has completed other treatments and is currently in a Victims Impact.

Mr. LaFournise is hoping the court sees his positive actions and completing treatment is satisfactory that the court will aggregate his two sentences to run concurrent and give him credit for time served From 3/17/17 to 3/18/2019, a total of 731 days.

[Use extra pages if necessary]

p. 3 of 5

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:

VERIFICATION

STATE OF MONTANA)
County of Toole) : ss.

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

DATED this 7 day of April, 2025.


Inmate Signature

Tostan LaFournaise
Printed Name

CERTIFICATE OF MAILING (SERVICE)

I hereby certify that on April, 2025, 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)

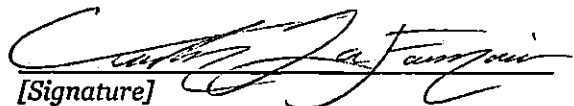
Office of the Attorney General

P. O. Box 201401

Helena, MT 59620-1401

or

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


[Signature]

Tostan LaFournade
[Print name]

p. 5 of 5