

IN THE SUPREME COURT OF TENNESSEE  
AT NASHVILLE

FILED

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**BILLY RAY IRICK**

**Petitioner-Appellant**

**vs.**

**STATE OF TENNESSEE**

**Respondent-Appellee**

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APPELLATE COURT CLERK  
NASHVILLE

No. E2010-01740-SC-R11-PD

**COURT OF CRIMINAL APPEALS**

**NO. E2010-01740-CCA-R28-PD**

**DEATH PENALTY**

**APPLICATION FOR PERMISSION TO APPEAL COURT OF CRIMINAL  
APPEAL'S DENIAL OF MOTION TO  
REOPEN POST-CONVICTION PROCEEDINGS**

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### ISSUES PRESENTED FOR REVIEW

1. Whether the appellate court erred in holding that new scientific evidence in the form of a report by Dr. Peter Brown stating to a “reasonable degree of medical certainty” that “the weight of the available information indicates that Mr. Irick, more likely than not, lacked substantial capacity either to appreciate the wrongfulness of his conduct or to conform that conduct to the requirements of the law due to a severe mental illness” which he diagnosed as “psychotic disorder not otherwise specified” and "cognitive disorder not otherwise specified" were insufficient, as a matter of law, to allow the reopening of petitioner's post-conviction proceedings based on a claim of actual innocence by reason of insanity.
2. Whether there are any other reasons for not allowing petitioner to reopen his post-conviction proceedings to present evidence, for the first time, of his actual innocence by reason of insanity at the time of the offense and other later arising mental health evidence to demonstrate that his execution would be a fundamental miscarriage of justice.
  - A. There is no statute of limitations for “new scientific evidence” under current T.C.A. §40-30-102.
  - B. Under the “old” post-conviction act, the issue of petitioner’s sanity at the time of the offense and during trial has not been ruled upon on its merits after a full and fair hearing and petitioner has not waived the issue.
  - C. Petitioner’s death sentence invokes his fundamental right to life and therefore the constitutional guarantee of due process prohibits his execution without a full and fair hearing regarding his sanity.
  - D. The State should be estopped from enforcing the statute of limitations.

## STATEMENT OF THE CASE

### Nature of the Case, Course of Proceedings and Disposition in the Court Below as it Concerns Petitioner's Motion to Reopen Post-Conviction Proceedings

Petitioner's underlying conviction was from a state court jury verdict of felony murder and two counts of rape of a minor, resulting in a sentence of death and two concurrent sentences of 40 years rendered on November 3, 1986. Defendant was acquitted of first degree murder. On November 7, 1988, the Tennessee Supreme Court affirmed his conviction in State v. Irick, 762 SW2d 121 (Tenn. 1988). Defendant sought review in the United States Supreme Court; however, his application for *certiorari* was denied on March 6, 1989. (109 S.Ct. 1357).

On May 3, 1989, defendant filed a post-conviction petition in the Knox County Criminal Court (Case No. 36992). On April 1, 1996, the Knox County Criminal Court denied post-conviction relief on all issues. The Tennessee Court of Appeals denied appellate relief in Irick v. State, 973 SW2d 643 (Tenn.Crim.App. 1998). Subsequently, defendant filed a petition for review with the Tennessee Supreme Court. However, the court denied review and later that year, the United States Supreme Court denied *certiorari* in Irick v. Tennessee, 525 U.S. 895, 119 S.Ct. 219, 142 L.Ed. 180 (1998).

On January 22, 1999, the Federal District Court for the Eastern District of Tennessee appointed Howell G. Clements and subsequently C. Eugene Shiles to represent Billy Ray Irick in his federal *habeas* proceedings, Case No. 3:98-cr-666. The district court granted the state of Tennessee' two motions for summary judgment and dismissed the *habeas* petition without an evidentiary hearing while further denying a certificate of appealability and pauper's oath status in its order of March 30, 2001. Defendant appealed to the Sixth Circuit Court of Appeals and was eventually granted a partial

certificate of appealability from the Sixth Circuit Court of Appeals on two issues. Subsequently, the Sixth Circuit denied relief upholding the district court's granting of summary dismissal in a two to one decision. See Irick v. Bell, 565 F.3d 315 (6th Cir. 2009). Defendant then sought *certiorari* review by the United States Supreme Court, which was denied on February 22, 2010 (Irick v. Bell, 2010 WL 596620), as well as petitioner's motion to rehear on April 19, 2010.<sup>1</sup>

On June 28, 2010, petitioner filed a motion to reopen his post-conviction proceedings in the Knox County Criminal Court which is the subject of this appeal. On September 16, 2010, the Criminal Court of Appeals entered its judgment/order affirming the trial court's denial of petitioner's motion to reopen.

## **STATEMENT OF OTHER RELEVANT FACTS AND COURT PROCEEDINGS**

### **I. Knox County Criminal Court Proceedings**

#### *The indictment and appointment of counsel.*

On June 18, 1985, a criminal indictment was issued against the petitioner in regard to the death and rape of seven year old Paula Dyer. The four count indictment charged: (1) felony murder; (2) first degree murder; (3) rape of a minor less than thirteen (13) years old (vaginal); and (4) rape of a minor less than thirteen (13) years old (anal). (IRICK 160-61). The trial court appointed Kenneth Miller and James Varner of the Knoxville, Tennessee bar to represent the petitioner. (IRICK 162)

#### *Facts presented in the guilt/innocence phase of the trial.*

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<sup>1</sup> In addition, defendant's federal *habeas* proceedings have been reopened pursuant to the Sixth Circuit Court of Appeal's order of remand to the United States District Court of defendant's Rule 60(b) motion for relief from judgment and the district court's order of August 6, 2010 reopening portions of his federal *habeas* proceedings. This Court has also heard and rendered opinions on competency issues, its last opinion being entered on September 22, 2010, No. M1987-00131-SC-DPE-DD.

At the time of Paula Dyer's death, her mother, Kathy Jeffers, had known the petitioner for approximately two (2) years. (Trial Transcript, p. 544, IRICK 204). She had been introduced to the petitioner when the family was living in Clinton, Tennessee through her then husband, Kenny Jeffers, who had known the petitioner for a much longer period of time. Petitioner actually lived with the Jeffers as an "adopted" member of the family during the next two years, and since petitioner rarely kept a job, he regularly babysat the family's five children when the Jeffers were at work or otherwise out of the home. (Trial Transcript, pp. 545-546, 564, IRICK 205-206, 218). At trial, Mrs. Jeffers stated that her relationship with the petitioner was "like brother and sister" and that he had cared for the children and had never been a "cause for concern" with them. (Trial Transcript, pp. 544, 564-565, (IRICK 204, 218-19).

Mrs. Jeffers also testified that while living in Clinton, Tennessee, their home had been destroyed by fire and that the petitioner had been responsible for rescuing two of her children. Subsequently, the Jeffers and petitioner, as a family, relocated to Knoxville, Tennessee. (Trial Transcript, p. 544, IRICK 204). However, upon relocating to Knoxville, Mr. and Mrs. Jeffers separated with Mrs. Jeffers and the children moving into a two bedroom house on Exeter Street around the first of March 1985<sup>2</sup> while Kenny and the petitioner moved in with Kenny's parents on Virginia Avenue in Knoxville. (Trial Transcript, p. 546-547, IRICK 206-07). Even after the separation, petitioner continued to babysit and play with the Jeffers children much as he had done before, though not as often. (Trial Transcript, p. 567, IRICK 221).

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<sup>2</sup>During the trial, Kathy Jeffers agreed that she had been at the Exeter residence for "approximately a month and a half" prior to the offense, which occurred on April 15, 1985. (Trial Transcript, pp. 565-566, IRICK 219-20).

On the day of Paula Dyer's death, April 15, 1985, Mrs. Jeffers returned to the Exeter Street home at approximately 3:30 or 4:00 p.m. where she saw the petitioner, along with her husband, Kenny, and another friend. (Trial Transcript, pp. 549-550, IRICK 208-09). At approximately 5:00 or 5:30 in the afternoon, Mrs. Jeffers laid down for a nap and did not wake until 8:00 or 8:30 in the evening. During that period of time, the Jeffers children, including Paula, were cared for by the petitioner and Kenny. (Trial Transcript, p. 552, IRICK 211).

After putting the children to bed around 9:00 p.m., Mrs. Jeffers saw the petitioner on her back porch. At first she thought the petitioner was talking to someone, but then realized that "he was talking to himself" and that she could not understand what he was saying. It sounded like "mumbles" to her. (Trial Transcript, pp. 554, 568, IRICK 212,222). After showering, she again saw Irick in the kitchen where they spoke. She learned that earlier in the day the petitioner had been literally chased out of the Virginia Avenue home with a broom by Kenny Jeffers' mother, Linda Jeffers. (Trial Transcript, pp. 568-569, IRICK 222-23). Petitioner told Kathy Jeffers that he was upset with Kenny's mother over the incident and that he would be leaving for Virginia the next day. He further stated his preference to leave that night, but that Kenny wanted him to babysit the children. (Trial Transcript, p. 555-556, IRICK 213-14).

During the conversation described above, Kathy Jeffers testified that petitioner left the kitchen, went to the porch and brought back a quart of beer in a paper bag, from which he was drinking. (Trial Transcript, p. 555, IRICK 213). When asked on direct during the trial whether petitioner was

intoxicated "at that point," she testified, "[n]o, I noticed more his being mad than anything else," and further agreed that petitioner spoke "coherently." (Trial Transcript, p. 558, IRICK 216).<sup>3</sup>

Since the Jeffers family did not have a telephone, Mrs. Jeffers testified she left home around 10:00 that evening in order to use a pay phone to call Kenny. She explained to the jury that she wanted Kenny to watch the children since petitioner had stated he didn't want to be there and had been drinking. ( Trial Transcript, p. 557, IRICK 215). When she returned from making the phone call, Mrs. Jeffers told the petitioner that she was going to have Kenny come back and watch the children.

When she left for work, the children were still in bed, and the petitioner was on the back porch. (Trial Transcript, pp. 557-558, IRICK 215-16). She arrived at work around 10:30 and would, about an hour later, receive a telephone call from her husband saying that the petitioner could not wake Paula. Paula would be taken to the hospital and pronounced dead from asphyxiation.

*Conclusion of guilt/innocence phase of the trial:*

During the guilt phase of the trial, counsel attempted to create a reasonable doubt as to the identity of the perpetrator. The defense called no witnesses, and the petitioner did not testify. No mental health evidence was presented during this phase of the trial. On November 1, 1986, a Knox County jury found the petitioner guilty of felony murder and the two counts of aggravated rape while acquitting of first degree murder. (Trial Transcript, pp. 982-83, IRICK 226-27).

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<sup>3</sup>Mrs. Jeffers' testimony would become the subject of controversy and a continuing Brady claim when post-conviction counsel learned that she had told Knoxville police, in part, that petitioner was "drunk and talking crazy." See p. 21 below.

*Trial counsel's investigation of mental health issues:*

Prior to trial, defense counsel filed an insanity defense notice with the court. From subsequent post-conviction hearings discussed in more detail below, it was learned that defense attorneys had obtained copies of petitioner's mental health records from the Knoxville Mental Health Center, where he had been treated as an outpatient, Eastern State Mental Hospital where he had been treated and hospitalized as a child, records from the Church of God Children's Home in Sevierville, Tennessee where he had lived from ages eight to thirteen, and limited Army records. (P.C. Transcript, p. 98, IRICK 456). Trial counsel consulted with a psychiatrist at Ridgeview Psychiatric Hospital in Oak Ridge, Tennessee (name unknown), Dr. Jack E. Scariano (a neuropsychiatrist with West Knoxville Neurological Associates), Dr. Emily Oglesby, and Dr. Diana McCoy, a psychologist.<sup>4</sup> Interestingly, when Dr. McCoy contacted petitioner's mother, his mother said she did not care if her son was helped or not. (P.C. Transcript, p. 110, IRICK 462). Trial counsel had been told by her that, if convicted, her son should be put to death. (P.C. Transcript, p. 27, IRICK 453).

Dr. Emily Oglesby, a neuropsychologist, told trial counsel that her testing was invalid because the petitioner would not cooperate, presumably by refusing to answer questions. (P.C. Transcript, p. 129, IRICK 473). Trial counsel were also provided the opinions of Dr. Clifton Tennison and Dr. Neal W. Dye, who were appointed by the court to conduct competency screenings and who found petitioner to be competent at the time of the offense and to stand trial. After considering the mental health evidence, defense counsel withdrew the insanity defense. (IRICK 180).

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<sup>4</sup>In a post-conviction hearing held on December 14, 1995, Mr. Miller testified that he was unable to recall the name of the expert from Ridgeview and perhaps one other expert he consulted. (PC Transcript, p. 177, IRICK 474).

*Mental health evidence presented during sentencing:*

During the trial, the only evidence offered by the defense concerning petitioner's mental state was provided during sentencing by or through Nina Braswell-Lunn, a clinical social worker at the Knoxville Mental Health Center. Ms. Lunn had worked with and treated petitioner when he was between the ages of six and eight. However, when petitioner was placed at the Church of God home in Sevierville, Tennessee, at the age of eight, Ms. Lunn lost all contact with him; therefore, her testimony and the exhibits that were introduced were restricted to the time period between May 1965 and August of 1967. What is provided below is a summary of information that she provided in testimony and/or through treatment reports.

In March of 1965, at age six (6), Billy, while still in the first grade, was referred to the Knoxville Mental Health Center<sup>5</sup> (hereinafter "the Center") by the school's principal. The principal specifically requested an independent mental evaluation to answer the question of whether Billy's extreme behavioral problems and un-manageability in school were the result of emotional problems or whether Billy suffered from some form of "organic brain damage." Ms. Lunn performed the initial assessment and stated, in part:

At the present time [age six] he is overly aggressive, is difficult to manage, is very difficult to discipline particularly. He apparently mistreats animals; this is something that is particularly evident with his cat. He is hyperactive all during the night, he talks in the nighttime and rummages about the house. He prowls and meddles a great deal at home and at school. He has for a couple of years been telling people outside the home that his mother mistreats him, that she ties him up with a rope and beats him and he also has told neighbors and other people of his parents being naked in bed and this kind of thing. Both parents show considerable concern over the fact that it seems to them that Billy Ray does not really relate to them, that he is in pretty much of a

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<sup>5</sup>The name of the facility was subsequently changed to the currently existing Helen Ross-McNabb Mental Health Center.

world of his own. They state that when they correct him or try to talk with him he only gives them a blank meaningless stare.

Later in the initial assessment, Ms. Braswell stated:

At around the time of the birth of the younger brother, Jeffrey, Billy was talking enough that he began telling stories of his mother's mistreating him, of tying him up and beating him. Mrs. Irick apparently takes all this very seriously, in effect internalizes the verbal attacks from the boy. I would raise the question of how much of this behavior on Billy Ray's part is actually stimulated by the mother through unconscious mechanisms. It seems very apparent that Ms. Irick is an emotionally unstable person.

(Trial Exhibit 53, IRICK 249-50).

She further noted that petitioner's problems were apparently already "long standing" (Trial Transcript, p. 1007, IRICK 231) and testified at trial that, in her opinion, Billy's behavior/condition was consistent with abused children. (Trial Transcript, p. 1008, IRICK 232). Approximately a month later, Dr. Ken Carpenter, the psychiatrist-director of the center, met with Billy and made the following observation, "His reality observations are deficient and the patient has only slight awareness of this. The possibility of brain damage in this case is fairly great." His diagnostic impression was "adjustment reaction of childhood versus organic brain damage versus childhood schizophrenia" and recommended further psychological testing. (Trial Exhibit 55, IRICK 253). Billy continued to be seen and treated at the Center on an out-patient basis.

In May of 1965, while Billy Ray was still just six years old, Dr. John A. Edwards, a clinical psychologist, and the Center's psychiatrist/director, interviewed Billy and concluded that he was most likely "suffering from a severe neurotic anxiety reaction with a possibility of mild organic brain damage." He noted that Billy felt "intense hostility" directed at his family members and had little emotional control. In a remarkably prescient observation, Dr. Edwards noted:

Billy Ray tends to *fear his own impulses* as well as being threatened from those in his environment; in fact, he seems to be overwhelmed and at the mercy of other people. Has an exceptional fantasy life with some possible atypical thinking.

(Emphasis supplied). (Trial Exh. 57, IRICK 256).

In the fall of 1966, staff at the Center recognized that Billy's home life was unsuitable for a child with such severe mental problems. Ms. Lunn testified that the staff had been very specific about the need for the parents to be involved in Billy's treatment. However, she stated that his mother had "psychiatric problems of her own and was just not able to function in the role of a parent for Billy." She further testified that his father was not supportive of the effort and "we were not able really to keep them [Billy's mother and father] involved in treatment at the Center." (Trial Transcript, p. 997, IRICK 228). Therefore, Ms. Lunn began seeking Billy's hospitalization at Eastern State Mental Hospital in Knoxville.<sup>6</sup> In a letter to the Church of God Home dated November 14, 1966, Ms. Lunn would write in regard to Billy's earlier placement at Eastern State:

Billy's mother has become increasingly more disturbed to the point that recently she had to be placed on heavy medication and the possibility of hospitalization for her is still being considered. It was at this time that we decided to hospitalize Billy at Eastern State in an effort, in part, to remove him from the home situation in which his mother's disturbance so strongly affects Billy.

(Trial Exhibit 61, IRICK 261).

Billy was admitted to Eastern State and spent the next ten months (October 24, 1966 - August 30, 1967) as an inpatient, though at that point in time, Eastern State had only limited experience with

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<sup>6</sup>The name of the facility was subsequently changed to the currently existing Lakeshore Mental Health Institute.

treating children, at least as inpatients. (IRICK 19). As a consequence, Ms. Lunn continued to treat Billy at Eastern State even after his admission.<sup>7</sup> (IRICK 23).

In January of 1967, after having been treated with Thorazine and other forms of treatment for over two months, Billy's diagnosis<sup>8</sup> was changed to "situational reaction of childhood" by an Eastern State psychologist, and Billy was subsequently transferred from the Intensive Treatment Unit to the children's cottages in the "therapeutic village" where he continued to receive treatment. (IRICK 34). In the spring of 1967, Eastern State sought to place Billy in a residential school, still recognizing that placement in the family home was not an option. In a March 7, 1967 letter, Ms. Lunn, who had continued to treat Billy, explained the decision to place Billy in a residential school, in part, this way, "[a]fter his initial rather positive adjustment at Eastern State Hospital, Billy has recently begun to act out, showing much of the behavior that was shown in the home and the school situation prior to hospitalization." (Trial Exhibit 63, IRICK 264).

In rebuttal to Ms. Lunn's testimony, the state called Dr. Clifton R. Tennison, a psychiatrist then employed at the Helen Ross-McNabb Center (McNabb Center), and who, in January of 1985, had, pursuant to court order, performed a forensics screening for petitioner's competency and mental condition at the time of the offense and at trial. (Trial Transcript, p. 1065, IRICK 233). Dr. Tennison's opinion was based on a review of some of the childhood records described above and a

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<sup>7</sup>While at Eastern State, medical records reflect that Billy received various treatments, including group and individual therapy, as well as regular doses of Thorazine, an anti-psychotic medication which was begun within the first 24 hours of his admission. However, it does not appear that the use of Thorazine was specifically discussed during the trial.

<sup>8</sup>In December 1966, Eastern State, under the direction of its chief clinical psychologist, Dr. Stanley Webster diagnosed Billy as having "psychoneurotic anxiety reaction, moderate, with possible brain damage" though his report was not introduced into evidence. (IRICK 29).

one hour examination session at the city jail during which the petitioner was "very hostile." (Trial Transcript, pp. 1072-1073, IRICK 239-40). He testified that the scope of his responsibilities in performing such an examination was to determine whether there was a basis to find the patient incompetent or whether further testing was needed. Therefore, he said he was looking for evidence of "psychotic disorders, effective disorders, or severe anxiety disorders." (Trial Transcript, p. 1070, IRICK 237).

Based on his examination, Dr. Tennison did not find "any evidence" of mental illness or defect that would have prevented petitioner from appreciating the wrongfulness of his conduct. (Trial Transcript, pp. 1067-1068, IRICK 234-35). While testifying that there was no evidence that petitioner experienced psychotic phenomena; however, petitioner, according to Dr. Tennison, did "endorse vague auditory illusions or mis-perceptions described as hearing sounds or noises which bothered him and sometimes startled him..." but added, "[t]hat doesn't qualify as what we call a discreet hallucination..." (Trial Transcript, p. 1085, IRICK 242).

While declining to give a specific diagnosis since the competency evaluation was of a more limited scope, nevertheless, Dr. Tennison had a "strong diagnostic impression" that petitioner suffered from an anti-social personality disorder. (Trial Transcript, p. 1069, IRICK 236). He testified that a personality disorder was not considered a "mental illness but can serve... as the context in which other mental illness might take place." (Trial Transcript, pp. 1070, 1083, IRICK 237, 241). In addition, Dr. Tennison had other impressions which included "anti-social schizoid, narcissistic, histrionic and impaired judgment."

In trying to explain the characteristics of an antisocial personality, the following dialogue took place on direct examination:

Q: Is there a characteristic of the antisocial personality that, sort of, summarizes it so that we, who aren't trained as you are, can understand what we are talking about - what you are talking about?

A: There are several characteristics, and there are many specific factors in a person's history. I can't recall all the factors in the person's history that have to be met in the criteria without having the diagnostic and statistical manual in front of me. The characteristics, though, are primarily based on an unwillingness or an inability to take into account the rights of other people - sort of the basic characteristic of antisocial personality. It is just that - uh - the rights or feelings of other are, generally, disregarded in a person who exhibits the other signs and symptoms of an antisocial personality disorder.

(Trial Transcript, pp. 1071-1072, IRICK 238-39).

When questioned further by the trial judge about Dr. Tennison's findings, the following dialogue took place.

Q: Doctor, you said you found evidence of an antisocial personality disorder and that this developed over a long period of time, usually; is that correct?

A: Personality disorders, by definition, are there because of some developmental abnormality in a person. People can only think, and feel, and behave in certain ways. There are only so many things the brain can do. In the course of developing into who you are as an adult, something is missing either in your environment or in your own genetic and biological makeup, then this can - not always - but it can result in what we call a personality disorder. So, yes, it is a long term deeply ingrained fixed way of responding to the environment. It represents in the adult what we call developmental disorders in children.

Q: You said that this personality disorder - this antisocial personality disorder is an unwillingness or an inability to take into consideration the rights of others. And it would seem to me that there is or could be a big difference between unwillingness or inability. Were you able to make a determination with this defendant on whether his disorder is an unwillingness or an inability, or did you not meet with him enough?

A: That's the problem with the personality disorders right there is that we are not able, in any scientific way - using any measures that can hold up to decide whether or not these kinds of personality traits are due to an inability or an unwillingness. There is no way to know. There are very strong theories for

both sides, but it makes no difference with regard to treatment...no one knows as far as I'm concerned.

(Trial Transcript, pp. 1087-88, IRICK 244-45).

*Conclusion of sentencing phase of the trial:*

On November 3, 1986, the jury sentenced petitioner to death by electrocution based on his felony murder conviction. In imposing the death penalty, the jury found the presence of the following four aggravating circumstances:

- (1) the victim was less than twelve (12) years of age and the defendant was eighteen (18) years of age, or older;
- (2) the murder was especially heinous, atrocious or cruel in that it involved torture or depravity of mind;
- (3) the murder was committed for the purpose of avoiding, interfering with or preventing a lawful arrest or prosecution of the defendant; and
- (4) the murder was committed while the defendant was engaged in committing the felony of rape.

(IRICK 183-84).

The following mitigating circumstances were recognized by the court and provided to the jury:

- (1) defendant has never been convicted of any felony, and before this case, had never been arrested for any felony;
- (2) defendant has never arrested or convicted of any misdemeanor involving moral turpitude;
- (3) defendant has a history of a mental impairment that required the defendant to be placed in an institution at a young age;
- (4) defendant was under the influence of alcohol or marijuana at the time of the offense; and
- (5) defendant has shown remorse.

(IRICK 181-82).

*Mental health evidence not presented during sentencing:*

In addition to the Center records introduced at trial, trial counsel had also obtained a limited number of records from the Church of God Home ("the Children's Home") where Billy resided from age nine through age thirteen along with records from Eastern State which dealt with his hospitalization, treatment and, among other circumstances, a series of incidents in June of 1972 that led to his removal from the Children's Home and return to Eastern State for hospitalization. These two sets of records were not introduced during petitioner's trial, but a summary of the information is provided below, along with a limited number of records from the McNabb Center which were not presented or described during trial.

In addition to Nina Lunn's letter of November 14, 1966 to Eastern State (described above, p. 11), Dr. Carpenter, also of the McNabb Center, wrote the staff at Eastern State on October 24, 1966 urging admission for Billy. The letter states, in part:

Please admit this patient at your earliest convenience. He has been under treatment at the Mental Health Center for the past six (6) months and we feel that because of his mother's condition and Billie's [*sic*] *psychosis* that a period of hospitalization would be helpful. Nina Lunn, Billie's [*sic*] therapist here, will attempt to continue with him at least on a weekly basis... (Emphasis supplied).

(IRICK 16).

The letter also goes on to state that Billy's medication included Mellaril (25 mg q.i.d.) and Stelazine (2 mg b.i.d.) which are both anti-psychotic and anti-anxiety medications. In yet another letter dated October 25, 1966, Ms. Lunn had told Eastern State officials :

At times, he is definitely out of contact; there are comments of a hallucinatory quality. However, these have not been dealt with too seriously in view of this boy's age and tendency toward fantasy...Billy for the most part functions at his mother's will and

functions on his mother's emotionality. His ego strengths are quite limited and he is impulse driven...when threatened, he becomes quite negative which is seen as his fear, but deep resentment and hostility are not seen as a part of this child's makeup as much so as they are part of the mother's. Mrs. Irick has recently become more intensely disturbed...we are recommending hospitalization at this time due to the apparent need for more extensive care for this child. The mother's condition very likely could become worse and if so, it is possible that she too will need hospitalization. The mother's use of this child in expressing her own deep personal and emotional conflicts is seen as a very real factor in any changes that the boy might be able to make.

(IRICK 17).

It should be noted that Eastern State began treating Billy with Thorazine, a strong anti-psychotic medication, on his first full day at the hospital, which was October 25, 1966. His next dosage of Thorazine appears to be 50 mg on October 28. Beginning the next day, October 29, the records reflect that he was put on a *daily* regimen of 12.5 mg of Thorazine. (See Nurses' Notes beginning at IRICK 98).

On December 1, 1966, Dr. Stanley Webster, Chief Clinical Psychologist of Eastern State, reported, after concluding the first set of comprehensive examinations of Billy, that his psychomotor functioning had considerably "regressed." He found that there were indications of "emotional lability, low frustration tolerance and explosiveness." (IRICK 28-29). After being asked to draw human figures, Billy, according to the report, "stated his intention to draw a naked figure [in the case of the female figure], but then changed his mind and added a dress." The report goes on to state that:

Other than the clothes, the only difference between the two figures was that the male possessed teeth and the female didn't. This suggests that the patient's father may not be the passive individual that the records indicate.

(IRICK 29).

Dr. Webster's diagnosis was "psychoneurotic anxiety reaction, moderate, with possible brain damage." Id. On December 8, 1966, Billy's dosage was doubled to 25 mg per day. After having his

Thorazine dosage doubled to 25 mg per day (IRICK 100), Billy was re-examined on January 12, 1967. At that time, a different physician changed Billy's diagnosis to "situational reaction of childhood." (IRICK 34; see also IRICK 40). Nevertheless, on April 16, 1967, his dosage was once again doubled to 50 mg per day until his discharge. (IRICK 101-104). Therefore, while ultimately disputing Billy was psychotic, Eastern State placed Billy on daily doses of an anti-psychotic and twice doubled his dosage, while sometimes exceeding 50 mg per day when the boy became "agitated." (See letter of Susan Tollerson below).

On August 30, 1967, at the age of eight, Billy was "conditionally discharged" from Eastern State to the children's home which meant that he could return to Eastern State without further admission procedures. In a letter from Susan Tollerson, a psychiatric social worker with Eastern State to Paul Duncan of the children's home, she stated, in part:

Billy Ray's medication at discharge was Thorazine 50 mg. q.i.d. This prescription may be refilled three times by sending the pink duplicate copy to the Cashier: Eastern State Psychiatric Hospital. A prescription must be obtained following that, but his medication can still be obtained through the hospital if you prefer since this will be at no cost. Often, with the doctor's permission, Billy Ray's medication has been slightly increased when he becomes agitated and we have found this procedure most helpful...

(IRICK 42).

During these years, between the ages of eight and thirteen, Billy was rarely, if ever, visited by his parents. However, in June of 1972, the Children's Home arranged a rare visit to his parents' home for Billy, who was now thirteen years of age. However, the visit and its aftermath went very badly. During the visit, Billy used an axe to destroy the family television set, clubbed flowers in the flower bed, and, in a very disturbing incident, used a razor to cut up the pajamas that his younger sister was wearing *as* she slept. The razor was later found in his sister's bed. (IRICK 496).

On July 25, 1972 and back at the Children's Home, Billy broke a window in one of the dormitories and gained access to the girls' sleeping quarters. As the young girl slept, Billy was found hovering over her until she began screaming. Later, a "butcher knife" was found in the girl's bed. Billy was still just thirteen years old. On that same day, Billy was expelled from the Children's Home and returned to Eastern State as an inpatient. Id.

Back at Eastern State, Billy was placed once again on 50 mg of Thorazine. Medical records from this date of his re-admission on July 25, 1972 state, "It is now thought that boy may be really dangerous had been taken off psychotropic drugs at the Children's Home." (IRICK 90). Billy remained as an inpatient until March 2, 1973 when, at the age of fourteen (14), he was discharged to his parents' home with a diagnosis of "adjustment reaction to adolescence" with a "guarded" prognosis. (IRICK 79-80). There is no indication of any follow-up treatment or even a subsequent examination of Billy until he was examined for competency to stand trial for the underlying offense.

Billy joined the Army in November 1975 at the age of seventeen (17) but was discharged within a short period of time for unstated reasons. After his discharge from the Army, Billy's life seemed to be one of roaming, though there are few, if any, records to provide any detail.

## **II. Appellate Proceedings**

Following petitioner's conviction and death sentence, his attorneys filed an appeal with the Tennessee Supreme Court. However, none of the issues raised before the Tennessee Supreme Court concerned mental health issues or intoxication. In State v. Irick, 762 SW2d 121 (Tenn. 1988), the Tennessee Supreme Court affirmed petitioner's conviction and sentence. *Certiorari* was denied by the United States Supreme Court in Irick v. Tennessee, 525 U.S. 895, 119 S.Ct. 219, 142 L.Ed.2d

180 (1998). (State and Federal pleadings of petitioner are provided, beginning at IRICK 279 and IRICK 352).

### **III. State Post-Conviction Trial Proceedings**

#### *Post-conviction petition and claims:*

On May 3, 1989, a *pro se* state post-conviction petition was filed in the Criminal Court for Knox County, Tennessee (No. 36992) and petitioner was appointed Douglas Trant as counsel. Among the claims submitted in post-conviction proceedings were the following:

1. "Petitioner, Billy Ray Irick, has been denied his constitutional right under the Sixth and Fourteenth Amendments to the United States Constitution to reasonably effective assistance of counsel at both the trial and sentencing phase of his trial, and on appeal, in that counsel representing petitioner was not within the 'range of competence demanded of attorneys in criminal cases' and trial and appellate counsel's performance was deficient and said performance prejudiced the defense. Counsel's assistance to petitioner was so defective as to require reversal of the conviction or, in the alternative, reversal of the sentence imposed at the separate sentencing hearing." (Petition for Post-conviction Relief, ¶ 6, May 3, 1989).
2. "Trial counsel failed to conduct an adequate or effective pre-trial investigation of the case." (Petition for Post-conviction Relief, ¶ 9(d), May 3, 1989).
3. "Trial counsel failed to conduct proper, adequate or effective strategy and tactics with regard to the case." (Petition for Post-conviction Relief, ¶ 9(e), May 3, 1989).
4. "Trial counsel did not investigate and interview all necessary and essential witnesses." (Petition for Post-conviction Relief, ¶ 9(g), May 3, 1989).

5. "Counsel failed to investigate for witnesses and/or prepare and present them during the penalty phase of trial to demonstrate all aspects of defendant's character and background that would support a sentence less than death." (Amendment to Petition for Post-conviction Relief, ¶ 9(q), September 8, 1989).

6. "Counsel failed to prepare adequately for either the guilt/innocence phase or the penalty phase of trial and to develop and present to the jury a coherent theory of defense at either phase." (Amendment to Petition for Post-conviction Relief, ¶ 9(r), September 8, 1989).

7. "Counsel for the defendant failed to have a neurological examination done of the defendant even though there is evidence of a severe head injury to the defendant during his childhood." (Amendment to Petition for Post-conviction Relief, ¶ 9(u), September 8, 1989).

8. "Counsel for the defendant at trial did not properly investigate the case for trial. ABA standards relating to the defense function, 4.1." (Amendment to Petition for Post-conviction Relief, ¶ 9(ff), September 8, 1989).

9. Among other Brady claims, petitioner alleged that the prosecution failed to produce evidence that "Billy Irick was well on his way to being intoxicated according to Kathy Jeffers when she left for work that evening." (Amendment to Petition for Post-conviction Relief, ¶ 3, January 19, 1993). (For all Post-Conviction Petitions, see IRICK 383, *et seq*).

*Mental health evidence including evidence of intoxication submitted to the post-conviction trial court:*

During their investigation, P.C. counsel obtained the file of the state district attorney. Within that file was a transcribed statement of Kathy Jeffers, mother of the victim. The statement taken on April 16, 1985, one day after the death of her daughter, was the result of an interview conducted by Detective Wisner and Detective Ashburn of the Knoxville Police Department. During the interview,

the following exchange took place concerning her observations of petitioner's sobriety and state of mind when she left the house for work that night:

DW: The room where that you left Paula at...And so, you went to work at Hageman's, and then the next time you saw your husband, where was that at?

KJ: He came in, I was getting ready to go to the phone. The girl I worked with, Donna, was there with me. I was going to call and see if he was at the other truck stop and tell him to go home, that Bill was drunk and talking crazy...

DW: Bill called you?

KJ: No. I went down early for a reason, to find Kenny and ask him to go home and stay with the kids. But he [Kenny] walked in the door of Hageman's..

JA: Bill was drunk when you left home?

KJ: I had to find somebody to stay with the kids.

DW: Yeah, but Bill was intoxicated when you left?

KJ: He wasn't drunk drunk, but he was well on his way.

(IRICK 774).

Despite a proper request by petitioner's trial counsel, P.C. counsel discovered that the statement had never been provided to trial counsel and alleged a Brady violation that was both material and prejudicial.<sup>9</sup>

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<sup>9</sup>The Assistant District Attorney would ask Kathy Jeffers during the trial on no less than five separate occasions about what she had observed regarding petitioner's alcohol intake that evening. (Trial Transcript, pp. 551, 554, 555 and 558-559, IRICK 210, 212, 213, 216-17). While Ms. Jeffers would testify that she saw petitioner drinking beer from a quart bottle wrapped in a brown paper bag, she did not testify in form or substance that petitioner was drunk or "well on his way [to being drunk]." A representative sample of her testimony can be found on pages 558 and 559 of the transcript. A portion of her direct testimony follows:

Q: Now, you said he had been drinking and was talking to himself and seemed angry. Could you tell whether he was intoxicated at that point?

P.C. counsel also obtained the services of Dr. Pamela Auble, a neuropsychologist, to support a claim that trial counsel had been ineffective in failing to present evidence of petitioner's mental health in mitigation. However, during the hearing, the state trial judge ruled that her testimony was irrelevant and would not be considered because it was based on interviews and testing that occurred *subsequent* to the offense. Her testimony was presented only as a proffer. (P.C. Transcript, pp. 98-103, IRICK 456-461).

During the proffer, Dr. Auble testified that she had reviewed various medical and mental health records, including records from the Knoxville Mental Health Center/Helen Ross McNabb Center (discussed above), Eastern State/Lakeshore Hospital (discussed above), United States Army (discussed above), his "GED," West Knoxville Neurological Associates, and prison records. (P.C. Transcript, pp. 96-98, IRICK 454-56). From her review of the records, she stated she could not find evidence that a "neurological work up" had been completed at the time of the trial, though one had

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A: No, I noticed more his being mad than anything else.

Q: Was he able to talk with you coherently when he did have a conversation with you?

A: Yes, sir.

Q: Was he able to walk around the house, the kitchen, and to the back porch without stumbling over furniture or falling or anything like that?

A: Yes, sir.

Adding insult to injury, during the penalty phase of the trial, Assistant District Attorney Drake argued to the jury that they should not consider intoxication as a mitigating factor and stated: "I anticipate that the defense is going to suggest that he was acting under the influence of alcohol or marijuana. Where's the proof of it? What does 'under the influence' mean? *No one* has ever said he was intoxicated..." (Trial Transcript, pp. 1096-1097, IRICK 246-47). (Emphasis supplied.)

been started by Dr. Emily Oglesby, who indicated that her testing was invalid because on non-cooperation. (P.C. Transcript, pp. 107-108, IRICK 462-463).

Dr. Auble testified that she evaluated petitioner in January and February of 1990 at the Riverbend facility. While there, she administered 15 tests and spent approximately 21 hours with him. (P.C. Transcript, p. 96, IRICK 454). After describing the various tests that she administered, she opined that petitioner suffered from "a serious mixed personality disorder" with strong paranoia features, possible schizoid features and brain damage could not be ruled out. (P.C. Transcript, pp. 112-113, IRICK 466-467). During cross examination, Dr. Auble discussed, in part, the information provided from the Children's Home and Eastern State regarding the incidents discussed above pertaining to petitioner's sister and the girl in the Children's Home dormitory in the summer of 1972.

The state's rebuttal included calling Ken Miller, one of petitioner's two trial attorneys. Mr. Miller testified that after consulting with Dr. McCoy prior to trial, it was determined that they would not pursue an insanity defense. He further described his concern that petitioner would be viewed as a sociopath and that in his opinion, his client's responses to questions had at times changed on what he thought would be in his best interest. (P.C. Transcript, p. 178, IRICK 475).<sup>10</sup>

*Post-conviction resolution:*

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<sup>10</sup>Cf., however, Mr. Miller's statement with Dr. Tennison, the state's witness, who performed the forensic competency screening. As quoted above, on page 13, he stated, in part, "...[a]nd the defendant has every opportunity to give me some evidence along those lines [evidence to support an insanity defense] and did not. In fact, he was very hostile, very mocking, very sarcastic, very pejorative. And in one sense of the term, when someone is there to try to help you out a little bit, to mock them, and mimic them, and put them off is not extremely good social judgment..." (Trial Transcript, p. 1086, IRICK 243).

On April 1, 1996, the court denied post-conviction relief to the petitioner on all issues. (IRICK 508).

#### **IV. Post-Conviction Appellate Proceedings**

On appeal to the Court of Appeals, post-conviction counsel submitted the following issues:

1. Whether the petitioner received ineffective assistance of counsel at his trial for first degree murder, felony murder, and aggravated rape, requiring the setting aside of his conviction and sentence of death.
2. Whether the state's violation of its duty under Brady v. Maryland requires a new, fair trial.
3. Whether petitioner's sentence of death by electrocution must be set aside when all of the four aggravating circumstances found by the jury to justify the imposition of the death penalty are clearly invalid.

The Court of Appeals denied post-conviction relief in Irick v. State, 973 SW2d 643 (Tenn. Crim. App. Jan. 14, 1998).<sup>11</sup> Subsequently, a petition for review was filed with the Tennessee Supreme Court. The issues stated in that petition follow:

1. Whether defendant was ineffectively assisted at trial because defense counsel failed to investigate available exculpatory evidence.
2. Whether the state's failure to fulfill its Brady obligations requires a new trial.
3. Whether defendant was ineffectively assisted at his sentencing hearing.

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<sup>11</sup>However, the Court of Appeals did find that the fourth aggravating factor, the felony murder aggravator, failed to adequately narrow eligibility for the death penalty. Nevertheless, the court found the error to be harmless. Id. at 659.

4. Whether defendant must receive a new sentencing hearing because the jury improperly considered five aggravating circumstances. (See P.C. appellate brief beginning at IRICK 513).

In his brief to the Tennessee Supreme Court, post-conviction counsel argued that the testimony provided by petitioner's trial counsel "did absolutely nothing to establish the brutal treatment defendant received at the hands of his parents, his mental illness, and possible brain damage." (Supreme Court Application, p. 18, IRICK 571). Subsequently, the Tennessee Supreme Court denied review and later that year, the United States Supreme Court denied *certiorari* in Irick v. Tennessee, 525 U.S. 895, 119 S.Ct. 219, 142 L.Ed. 180 (1998).

**V. Facts Discovered During Federal *habeas corpus* Proceedings:**

Subsequent to appointment, *habeas* counsel sought funds to hire investigators and mental health experts. (IRICK 683). While the district court granted funds for investigators, it denied defense counsel funds for the initial appointment of mental health experts on two separate occasions. (IRICK beginning at 690 and 732).

During counsel's investigation, a *habeas* investigator traveled to Knoxville, Tennessee to interview potential witnesses and among those individuals interviewed was Inez M. Prigmore. Ms. Prigmore had become acquainted with Billy Ray Irick and his family when Billy was approximately fourteen or fifteen years old and living on Bakertown Road in Knoxville, Tennessee. During that period of time Ms. Prigmore lived, on a part time basis, two doors from the Irick home. In her affidavit, she testifies that she personally observed Billy Ray's father, Clifford Irick, to be an excessive drinker and a brutal man and that she could frequently hear Clifford Irick swearing at his wife and children from his residence approximately 1000 feet away. (IRICK 865). She could also hear the sounds of the children being struck within the home and observed Billy, his mother and one or more

sisters at various times with bruises on their bodies. On one occasion, she witnessed Clifford Irick hit one of his daughters, who was pregnant at the time, knocking her to the ground. Id.

Finally, she relates that she personally observed Billy Ray's father hit him in the back of the head with a piece of lumber, knocking Billy Ray to the ground. At the time of the incident, Billy Ray was approximately fifteen years of age. When Billy Ray was approximately seventeen years of age, she personally heard Clifford Irick tell Billy to leave the house and to never return.<sup>12</sup> (Id.)

Investigators also found that no one had interviewed Ramsey and Linda Jeffers nor their daughter, Kathy Jeffers (the victim's mother's name is also Kathy Jeffers), all of whom had lived with the petitioner in the weeks just preceding Paula Dyer's death.<sup>13</sup> (See IRICK 859, 862, 864). While interviewing these unsympathetic witnesses, the investigator learned that Billy, just days or weeks before the offense, was caught stalking through Kenny's parents' home late one night after everyone was in bed with a bared machete. Kenny's father, Ramsey, who was also the step-grandfather of the victim, stopped Billy and asked him what he was doing. Billy stated unabashedly that he was going down the hall "to kill" Ramsey Jeffers' son, Kenny, with the machete. Ramsey Jeffers knew of no explanation or possible motivation for Billy's bizarre behavior. Mr. Jeffers convinced Billy to put down the machete and return to his room, but apparently no legal action was taken. (See IRICK 859).

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<sup>12</sup>Cf. Dr. Webster, after analyzing the young Billy's drawings, observed that "the patient's father may not be the passive individual that the records indicate." (IRICK 29).

<sup>13</sup>The *habeas* investigator, Bill Dipillo, first interviewed Linda and Ramsey Jeffers at their home on July 1, 1999. Subsequently, on July 14, 1999, Mr. Dipillo and *habeas* counsel, Howell Clements, interviewed Linda, Ramsey and Cathy Jeffers. Finally, on November 3, 1999, Linda, Ramsey and Cathy Jeffers signed the affidavits which have been made exhibits to this pleading.

In that same period of time - just days or weeks before Paula Dyer's death - Billy chased a school aged girl with the same machete down a Knoxville public street in broad daylight with the explanation that he "didn't like her looks." (See, e.g., IRICK 859). Mr. and Mrs. Ramsey Jeffers, along with their daughter, Cathy Jeffers, who was also living at the home, stated in affidavits that Billy was frequently "talking with the devil," "hearing voices," and "taking instructions from the devil." (IRICK 858-862). In her affidavit, Cathy Jeffers stated that the petitioner told her, "[t]he only person that tells me what to do is the voice." (IRICK 864). She also recalled an evening when petitioner was frantic that the police would enter the home and kill them with chainsaws. (*Id.*). This highly revelatory evidence had never been discovered by previous counsel nor had it ever been discussed, alluded to or even admitted by petitioner to the knowledge of *habeas* counsel.<sup>14</sup>

*Expert review of later arising evidence:*

Upon discovery of this later arising evidence, *habeas* counsel, Howell Clements, using his own funds (a total of \$1,750.00), provided the Prigmore and three Jeffers affidavits to two Chattanooga psychologists, Dr. Kenneth S. Nickerson and Dr. William F. Blackerby<sup>15</sup> for their review, along with some of the other records described above. Petitioner was of course in the custody of the Riverbend Maximum Security Institution in Nashville. Given that the funds were out of Mr. Clements' own pocket and were limited, there were insufficient funds available at that time to have either of the two physicians travel to Nashville to personally examine petitioner or to administer any tests.

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<sup>14</sup>Petitioner has, to date, denied and/or claimed no memory of the events discussed in the three Jeffers affidavits. See Brown Rept., p. 15, IRICK 921, where Dr. Brown reports that Irick criticized those who claim he was hallucinating at the time as "crazy" or "lying."

<sup>15</sup> Mr. Clements paid Dr. Blackerby \$1,000 and Dr. Nickerson \$750.00.

After reviewing the three Jeffers' affidavits and substantial portions of petitioner's mental health history, Dr. Blackerby opined in an affidavit dated September 14, 1999 that petitioner "suffered at the very least from a dissociative disorder, and probably was schizophrenic or intermittently psychotic." (IRICK 868-69). Dr. Nickerson concurred with Dr. Blackerby's conclusions in an affidavit signed November 17, 1999. (IRICK 875-76). They disputed the validity of the earlier evaluations and further opined that the petitioner should be reevaluated based on the newly discovered factual evidence as well as the advances of the mental health sciences relevant to patients such as the petitioner.

Armed with the affidavits of Dr. Blackerby and Dr. Nickerson, as well as the affidavits of Inez Prigmore and the three Jeffers family members, *habeas* counsel again requested for the second time that the federal district court provide funds to hire a mental health expert who could personally examine petitioner and administer the necessary tests to form an expert opinion on petitioner's sanity at the time of the offense and to stand trial. (IRICK 740). Again, the district court rejected their requests. (IRICK 744). Nevertheless, *habeas* counsel submitted all of the affidavits and other documents which were officially made part of the record pursuant to two district court orders expanding the record. (See IRICK beginning at 745, *et seq*; IRICK 847 (Order); IRICK 850 (Motion); and IRICK 857 (Order)).

Subsequent to the dismissal of the *habeas* petition and while the *habeas* case was on appeal before the Sixth Circuit and United States Supreme Court, counsel contacted Dr. Clifton Tennison mentioned above as the psychologist who had performed the initial mental health screening before petitioner's trial. After reviewing the three Jeffers' affidavits, he stated in his affidavit that he could

no longer have confidence in his earlier evaluation because he had not been provided all material evidence.<sup>16</sup> He states, in part:

The information contained within the attached affidavits [the three Jeffers affidavits] raises a serious and troubling issue of whether Mr. Irick was psychotic on the date of the offense and at any previous and subsequent time. That is, this historical information would have been essential to a determination of a role of a severe mental illness - a mental disease or defect - in his ability to have appreciated the nature and wrongfulness of his behavior, and therefore, to the formation of an opinion with regard to support for the insanity defense. ...

The fact that this information was not provided to me prior to my evaluation of Mr. Irick is very troubling to me as a medical professional and as a citizen with regard to issues of ethics, humanitarian concern, and clinical accuracy. I am concerned that in the light of this new evidence, my previous evaluation and the resulting opinion were incomplete and therefore not accurate...

I further note that behavioral health science greatly advanced since 1985 and especially within the last five to ten years. While the basis screening and assessment procedures for forensic evaluations have remained consistent in principal, diagnostic criteria and categories have changed, scientific data and testing instruments have been improved and expanded, and the clinical handling of evidence and standards for opinions and testimony have changed. Because of such changes and advances, and especially in the light of this new information, it is my professional opinion to a reasonable degree of medical certainty that without further testing and evaluation, no confidence should be placed in Mr. Irick's 1985 evaluations of competency to stand trial and mental condition at the time of the alleged offense.

(IRICK 896-99).

*Initial Classification Psychological Summary from Riverbend Maximum Security Institute.*

Since petitioner's conviction and sentence to death in 1986, the state is believed to have withheld evidence of petitioner's insanity. Since the dismissal of his *habeas* petition by the Sixth Circuit Court of Appeals, *habeas* counsel have been taking steps to prepare for the next round of state

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<sup>16</sup>*Habeas* counsel first contacted Dr. Tennison in August of 2009. However, Dr. Tennison did not complete his review of the materials and form an opinion until a few weeks prior to the completion of his affidavit.

and federal proceedings. One of those steps was to investigate whether petitioner is currently competent to be executed. In performing that investigation, counsel sought an update of all medical records from Riverbend Maximum Security Institute where petitioner has been incarcerated since his sentence of death. *Habeas* counsel had already received Riverbend records from previous counsel which included, at least, all Riverbend records prior to October 6, 1988, when James Varner, one of Irick's two original trial attorneys, requested medical records from Riverbend. (See Affidavits of Mr. Varner and Mr. Miller with Attachments, IRICK 877-884). These exhibits reflect that on or about October 10, 1988, Riverbend supplied Mr. Varner with allegedly all the medical records in their possession. Id.

After requesting all records from Riverbend on October 29, 2009, *habeas* counsel subsequently received medical records from Riverbend, under a cover letter dated December 16, 2009.

(IRICK 867 A and B). Among those records was a document entitled Initial Classification Psychological Summary performed by staff of the Riverbend facility and dated December 12, 1986

- a little more than a month after being sentenced to death. That summary stated, in part:

The Peabody Picture Vocabulary Test indicates that the subject is functioning within the "borderline" range of intellectual abilities. Inmate Irick scored at the less than third grade level in the reading segment and at the beginning of the fifth grade level in the arithmetic segment of the Revised WRAT. This inmate's Carlson Psychological Survey Profile did not fit any of the type categories and has not yet been identified. He did, however, score at very high level in the thought disturbance and self-depreciation scales. The thought disturbance scale reflects "disorganization of thinking, confusion, perceptual distortions and hallucinations, and feeling of unreality. These traits may manifest themselves in unusual affect, including anxiety. High scorers on this scale are indicating unusual problems in dealing with reality because they cannot organize themselves or the work around them. They are emotionally upset, and may be moody, hypochondriacal, and miserable." The self-depreciation scale reflects "the degree to which the person degrades himself and his actions. The high scorer generally does not value himself and refuses credit for any

accomplishment. This may be a characteristic personality trait for him or it may be a mood state, reflecting despondency, depression, and possible suicidal tendencies."

(IRICK 278).

After receiving the summary, *habeas* counsel reviewed the records provided to them by previous counsel and, after diligent search, could not find where this document had previously been provided. Subsequently, *habeas* counsel provided the summary to James Varner, Kenneth Miller and Douglas Trant (post-conviction counsel), none of whom remembered ever seeing the document, and with all stating within their attached affidavits that they were confident they would have remembered its substance since the contents support a finding that petitioner was incompetent at all relevant times. (IRICK 877, 878, 881-82, 885-86). The summary was also provided to the Attorney General's office, and while the AG's office has not conceded that the document was withheld, neither has it taken a contrary position.

#### **VI. Petitioner's Examination and Diagnosis by Dr. Peter Brown**

Beginning in late 2009, *habeas* counsel approached Dr. Peter Brown for further assistance in evaluating the petitioner. Again, using his own funds, Attorney Howell Clements arranged for the petitioner to be examined by Dr. Peter Brown and Dr. Malcolm Spica.<sup>17</sup> Subsequently, in November and December of 2009, and still during the pendency of petitioner's federal *habeas* case, Dr. Malcolm Spica administered twenty-three (23) psychiatric tests to the petitioner. (See pp. 2 and 3 of Dr. Spica's Report which was introduced at the competency hearing as Exhibit 2, IRICK 1090-

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<sup>17</sup>With no funds having been approved from the federal court, Dr. Spica was paid \$5,400.00 out of Howell Clements' personal funds. Dr. Brown deferred payment though recently counsel has sought through the Administrative Offices of the Court to have Dr. Brown compensated for at least portions of his services.

1091). Then, on December 7, 2009 and January 21, 2010, the petitioner was interviewed by Dr. Peter Brown. Based on his review of historical documents, the testing performed by Dr. Spica, and his own interviews, Dr. Brown prepared the report which begins at page IRICK 906.

Dr. Brown's report describes the petitioner as suffering from a severe mental disturbance with both genetic and environmental origins. Historical records indicate that the birth of the petitioner was troubled and that petitioner may have suffered from "cerebral anoxia" and early medical records report a concern with resulting "organic brain damage." (See Report of Dr. Brown, p. 25, IRICK 931). Information obtained by federal *habeas* counsel also demonstrates that petitioner's home was violent and unstable based on the eyewitness account of Inez Prigmore, a former neighbor. (*Id.* at pp. 5-6, IRICK 911-12).

Furthermore, there was a history of "chronic and severe psychiatric disorder" in petitioner's family, including his mother, who had a long history of psychiatric disturbances and treatment, as well as an aunt or cousin. (*Id.* at p. 23, IRICK 929). (Petitioner also reported to Dr. Brown that his mother is a "practicing witch" who regularly uses spells and witchcraft directed against others. (*Id.* at p. 6, IRICK 912)). Since his arrest for the offense, petitioner's mother has been, at best, apathetic towards her son and his attorneys, when not openly hostile. He further reported that the petitioner was, at the time of the offense, consuming marijuana and alcohol and that chronic use of these substances can worsen emotional and cognitive problems. "In particular, the combination may have combined to heighten paranoid thinking patterns." (*Id.* at p. 13, IRICK 919).

Petitioner denies guilt though he cannot provide an account of what happened during the actual offenses, though he has previously testified as to some of the surrounding circumstances during his first post-conviction hearing. Petitioner states, "I can't say yea or nay about who did it...it is just

not in me to do this. If I thought I had done this I would kill myself." (Id. at p. 16, IRICK 922). Dr. Brown found no evidence "whatsoever" of malingering or symptom exaggeration. (Id. at p.12, IRICK 918). Dr. Brown has provided the following diagnoses:

- AXIS I:**       a..     Cognitive disorder NOS  
                  b.     Psychotic Disorder NOS, by history, rule out Schizophrenia, Paranoid Type
- AXIS II:**       Paranoid Personality Disorder; Schizoid Personality Disorder
- AXIS III:**     No diagnosis
- AXIS IV:**     Stressors (severely/prolonged): Post-Conviction 1st Degree Murder, Incarceration
- AXIS V:**       GAF = 48/48 (severe symptoms or impairments)

(Id. at p. 20, IRICK 926)

In regard to his diagnosis of a cognitive disorder, Dr. Brown described evidence of gross impairment of petitioner's executive function, in other words, the capacity to plan, premeditate, weigh out consequences and carry out plans. He stated that the evidence of impairment was particularly evident during more complex tasks with profound deficits in petitioner's verbal fluency. (Id. at p. 12, IRICK 918). Dr. Brown further explained:

The deficits in verbal fluency and executive function are likely to interact in a vicious cycle during times of stress. His anxiety will mount as he is unable to formulate a plan or to organize his thinking in words. Coupled with his difficulties in restraining his behavior this will likely lead to worsening anxiety, bizarre thinking and impulsive behavior.

His deficits are further complicated by marked paranoia and, possibly, intermittently florid psychotic symptoms. He is unable to maintain himself as is typical for many paranoid individuals through by avoiding all but the most perfunctory social contacts.

This pattern appears to have been present since early childhood with documentation of a gross failure of formal social development both at home and at school, prolonged psychiatric hospitalizations, repeated school failure, premature discharge from the

military, a prolonged period of time when he was a vagrant and his tenuous adaptation to present life through extreme isolation.

Id.

The deficits described above also led Dr. Brown to conclude that the past and present test results were "in fact over estimates" of his cognitive abilities, explaining that petitioner's abilities in real life situations will be significantly worse than his performance on paper and pencil tests because "deficits in integrating knowledge into actual thinking and behavior will be disproportionately compromised and complicated and emotionally stressful real-life situations." Id. Even so, he concluded that test results were approximately consistent with the social and emotional levels of a 7 - 9 year old child.<sup>18</sup> (Id. at p. 1, IRICK 907).

Dr. Brown's second AXIS I diagnosis was "psychotic disorder NOS or "not otherwise specified." He judged the information obtained from the Jeffers as strong evidence of a severe psychiatric illness, such as paranoid psychosis, though he left his diagnosis at the more general level of "not otherwise specified" as provided in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. He found numerous factors increased the risk of adult psychotic disorder in the petitioner, including a childhood history of parental rejection and physical abuse; documented lack of coping skills; lack of overall support system; substance abuse; and psychological stress, such as being thrown out of the home and living in a highly contentious environment on the date of the offenses against Paula Dyer. Dr. Brown also found evidence of genetic predisposition to psychotic disorders, noting severe psychiatric illnesses in petitioner's mother and a cousin. He reviewed and documented the long history of petitioner's mental health treatment beginning at age six and which

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<sup>18</sup>Based on the Wechsler Test of Adult Reading, Dr. Spica measured petitioner's full scale IQ at 95. (See pp. 3-4 of Dr. Spica's Rept., IRICK 1090-1091).

included ever increasing doses of Thorazine, an anti-psychotic medication, while being treated as an in-patient at Eastern State Psychiatric Hospital.

Dr. Brown also expressed the following opinion regarding petitioner's condition and circumstances at the time of the offense:

The combination of impaired ability to control behavior, command hallucinations and related paranoid delusions constitutes one of the most severe psychiatric emergencies. In this case there is evidence that he reported on multiple occasions in the weeks prior to his arrest that his behavior was being controlled by the devil, that police were coming to kill him and that he had to take action to save himself. This coincided with a dramatic impairment in hygiene and self care. He was observed planning to attack or chasing other individuals with a knife. Chasing a total stranger down the street while screaming and brandishing a machete is not only consistent with other reported symptoms but clearly demonstrates a severe, acute incapacity to control behavior.

Dr. Brown found that petitioner's severe impairments would have existed continuously from childhood and been present "both at the time of the offense and at the time of his trial and are present now."

*PRIOR EVALUATIONS:*

Dr. Brown notes that the situation concerning petitioner is not one where the examiners "failed to connect the dots" but rather was a situation where several critical pieces of the puzzle were missing. (*Id.* at p. 19, IRICK 925). In characterizing the information provided by the three Jeffers family members, Dr. Brown states:

In the final stages, several adults who lived with him [the Jeffers] reported evidence of the most severe and dangerous, psychotic symptoms: command hallucinations of violence accompanied by persecutory delusions.<sup>19</sup>

(*Id.* at p. 13, IRICK 919).

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<sup>19</sup>Dr. Brown further states, "Auditory hallucinations can take a variety of forms. The most potentially dangerous are 'command' sounds or voices that the patient believes cannot be resisted."

He predicts that had the previous examiners been provided the information found in the Jeffers and Inez Prigmore affidavits, they would have dramatically altered their conclusions and recommendations. In his opinion, they would have certainly recommended, "at a minimum," psychiatric hospitalization for close assessment and evaluation. (Id. at p. 20, IRICK 926). He further states:

It is important to remember that rather than claiming a psychiatric illness, Mr. Irick consistently denied psychiatric disturbance. In the absence of the information from the Jeffers family, they [the previous examiners] were left with a hostile and unsympathetic individual who denied any significant psychiatric symptoms and evidently claimed to be unable to remember the events in question.

Id.

*PETITIONER'S MENTAL STATE AT TIME OF THE OFFENSE*

Under the circumstances that existed at the time of the offense, Dr. Brown found that the petitioner suffered a gross impairment in his capacity to refrain or control his behavior. Concluding to a reasonable degree of medical certainty, Dr. Brown stated:

There is insufficient information to conclude that Mr. Irick was capable of forming specific intent in the commission of his offense, as defined by Tennessee statute. There is evidence of severe mental illness at the time of the offense and his sanity at the time cannot be established beyond a reasonable doubt.

Specifically, the weight of the available information indicates that Mr. Irick, more likely than not, lacked substantial capacity either to appreciate the wrongfulness of his conduct or to conform that conduct to the requirements of the law due to a severe mental illness. It is more likely than not that he lacks substantial capacity to appreciate the wrongfulness of his acts.

Neuropsychological testing and developmental history indicate that the claimant has severe deficits in his capacity to premeditate, appreciate, make judgments or conform his behavior. It is more likely than not that these deficits have been present since childhood and have continued unchanged throughout his adult life. Test results are approximately consistent with those of a seven to nine year child. His severe

impairments would have existed continuously from childhood and have been present both at the time of the offense and at the time of his trial and are present now.

## **VII. Competency Hearing**

On August 16 and 17, 2010, a competency hearing was held in the Knox County Criminal Court. Petitioner called Dr. Peter Brown who testified that he examined him on December 7, 2009 and January 21, 2010 and further that he relied upon testing performed by Dr. Malcolm Spica in November and December 2009, Dr. Spica's report filed as Exhibit 2 to Dr. Brown's testimony, and numerous medical and social records.<sup>20</sup> Dr. Brown stated that the primary purpose of his examinations at the time had been to determine whether petitioner was competent and/or sane at the time of the offense and not the issue of competency to be executed. (The Tennessee Supreme Court had not set an execution date at the time of Dr. Brown's examinations). However, he testified that his evaluations and time spent with the petitioner had provided him with sufficient information to formulate opinions as to petitioner's mental state, including "the level of rational understanding that [petitioner] reaches." Petitioner has not received psychiatric treatment during his custody.

Dr. Brown discussed his four diagnoses, including petitioner's psychiatric disorder which has historically included hallucinations and delusions defined as "fixed beliefs...that are patently false in our culture" though he found no evidence of psychotic episodes since 1985, which occurred at the time of the offense. According to the test results, petitioner shares many of the same attributes of a person suffering chronic schizophrenia. Dr. Brown testified that the hallucinations and delusions

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<sup>20</sup>Though counsel had arranged for brain imaging tests on Monday, August 9, 2010 and had the petitioner transported from Riverbend Maximum Security Institution to the offices of Dr. David Kessler at Vanderbilt University Hospital, the petitioner suffered from claustrophobia when technicians attempted to perform the imaging tests. Therefore, there were no imaging tests performed.

experienced by the petitioner were episodic and brought on by emotional conflict. He cited the events described in the three Jeffers' affidavits as the best examples of episodic hallucinations experienced by petitioner. However, he also testified that the testimony of Kathy Jeffers (Paula Dyer's mother) concerning petitioner's behavior on the day of the offense which included descriptions of mumbling and talking to himself when no one was there, his being "drunk and talking crazy," the loss of his job on the day of the offense, and his having been chased out of the Jeffers' home by Linda Jeffers (the step grandmother of the victim) as examples and/or symptoms of emotional conflict capable of triggering an episode of florid psychosis in the petitioner.

Dr. Brown testified that one of the effects of florid psychosis with hallucinations and/or delusions is a loss or absence of memory. He said it was very unusual for anyone who experiences a psychotic episode to be able to describe those experiences. He explained that hallucinations and/or delusions experienced during psychotic episodes interferes with the "laying down of memories" but was not the same as amnesia. Instead, the loss of memory is consistent with paranoid psychotic individuals with florid psychosis who experience "emotional disintegration" which is an extremely painful and "incoherent experience." Loss of memory is also associated with "normal" individuals who experience unusual and/or stressful situations.

Dr. Brown testified that from his examinations and questioning of the petitioner, the petitioner has no recollection or memory of committing the offenses and steadfastly denies guilt. Dr. Brown testified that he was confident the petitioner was not malingering or faking symptoms. In fact, petitioner consistently denied mental illness and criticized others who said otherwise, referring to them as "crazy" or "lying." Nina Braswell also testified as to her observations during her treatment of the petitioner as a child.

The state's only witness was Dr. Bruce Seidner who performed a competency evaluation of the petitioner at the Riverbend facility and who submitted a written report to the court. During the competency hearing, Dr. Seidner described the petitioner as "very disturbed, dis-inhibited and out of control" as a child and having long suffered from "major psychiatric illness and substance abuse" during the rest of his life. He described the petitioner as "entirely cooperative" and using his "best effort." Petitioner had "no hesitation" consenting to the evaluation and, according to Dr. Seidner, knew and articulated the purpose of the evaluation. In his report, Dr. Seidner generally described the petitioner this way:

While Mr. Irick is currently stable and does not demonstrate any cognitive or affective defects that impair his functional abilities or competence, his history of conduct problems and mental illness is well documented. The stability and consistency of prison life has allowed him to develop control over the affect storms, dissociative experience, and psychiatric disorders that clearly drove the majority of his pre incarceration living.

Dr. Seidner further testified there was "no question" that petitioner had experienced "command hallucinations" and "persecutory hallucinations" in the past as recounted in the Jeffers' affidavits. He stated that because of petitioner's psychiatric condition, he was susceptible to being overwhelmed and impulsive when not in a structured and relatively solitary environment without obligations. He further concluded that petitioner had experienced dissociative episodes which he defined as "...where an individual is conscious and behaving, but has no *self-experience* of that period of being conscious and behaving." Dr. Seidner confirmed that the victim of such dissociative episodes would have no memory of them. He concurred with Dr. Brown that there was no evidence of malingering or faking. He also found, as did Dr. Brown, that petitioner avoided referring to himself as mentally ill and further denied experiencing hallucinations.

Dr. Seidner testified that in his opinion, petitioner was competent to be executed based on his knowledge that he was condemned to be executed and that the state's reason for condemning him to death was the rape and death of Paula Dyer. Nevertheless, he testified that the petitioner continued to deny guilt and a culpable role in Paula's death.

#### **VIII. Decisions Below as to Petitioner's Motion to Reopen Post-Conviction Proceedings**

The trial court held that his claim of insanity did not satisfy any of the criteria for a motion to reopen a post-conviction proceeding. (8/6/10 Trial Order, p. 3). Furthermore, the court held that the filing of the motion was untimely, finding that the affidavits of Dr. Blackerby and Nickerson in late 1999 and lay persons who had known the petitioner at the time of the offense started the clock running on petitioner's time to file a motion to reopen. (*Id.* at p. 4).

While the appellate court did not find the motion to be untimely, nevertheless, the appellate court affirmed the trial court decision on other grounds. First, the appellate court held that felony murder did not require specific intent or premeditation and therefore any medical findings in regard to intent were unavailing. (App. Order at p. 10) Second, the appellate court found that as a matter of law, the two diagnoses of paranoid and schizoid personality disorders were insufficient to support a defense of insanity. (*Id.* at p. 11). Thirdly, the appellate court stated that Dr. Brown's diagnoses of psychotic and cognitive disorders "not otherwise specified" and opinion that, to a reasonable degree of medical certainty, petitioner was incapable of appreciating the wrongfulness of his conduct and/or to conform his conduct to the requirements of the law due to his psychotic and cognitive disorders were insufficient as a matter of law to "establish" his insanity and allow a reopening of post-conviction proceedings. (*Id.* at p. 12). More specifically, the court found Dr. Brown's diagnoses of psychotic disorder and cognitive disorder "not otherwise specified" were "preliminary" opinions and

therefore incapable of establishing petitioner's insanity. Finally, the appellate court indicated that, in fact, the "new evidence" was not Dr. Brown's report but instead the information found in the Jeffers affidavits. On that basis, the court stated that the more appropriate procedure for petitioner's claim was a writ of error *coram nobis*. Id.

#### **REASONS SUPPORTING REVIEW AND DISCUSSION OF ISSUES**

In this appeal, petitioner is challenging the appellate court's holding that Dr. Brown's diagnoses of "psychotic disorder NOV" and "cognitive disorder NOV" which were expressed to a reasonable certainty and his opinion that these disorders rendered petitioner incapable of appreciating the unlawfulness of his conduct and/or conforming his conduct to the requirements of the law, also expressed to a reasonable degree of medical certainty, were insufficient, as a matter of law, to reopen his post-conviction proceedings based on a claim of actual innocence by reason of insanity. Supreme Court review is necessary to secure the settlement of the important question of law and/or public policy as to what constitutes a sufficient showing of actual innocence, by reason of insanity, based on new scientific/medical evidence to satisfy the requirements of T.C.A. §40-30-117(a)(2) to reopen a post-conviction proceeding and to satisfy petitioner's constitutional rights under the Eighth and Fourteenth Amendments to the United States Constitution and Article I, Sections 8, 9 and 16 to the Tennessee Constitution to not be executed when actually innocent of the offense. The issues in this case also require this court's exercise of its supervisory authority to spare the life of the petitioner who is not guilty of the offenses by reason of insanity and to correct the appellate court's misinterpretation of the nature and quality of the evidence represented by Dr. Brown's report. Finally, petitioner's sentence of death alone warrants this court's exercise of supervisory authority to ensure

the integrity and appropriateness of this ultimate punishment. Below is a discussion of each of the issues.

- I. **The appellate court erred in holding that new scientific evidence in the form of a report by Dr. Peter Brown stating to a “reasonable degree of medical certainty” that “the weight of the available information indicates that Mr. Irick, more likely than not, lacked substantial capacity either to appreciate the wrongfulness of his conduct or to conform that conduct to the requirements of the law due to a severe mental illness” which he diagnosed as “psychotic disorder not otherwise specified” and “cognitive disorder not otherwise specified” were insufficient, as a matter of law, to allow the reopening of petitioner's post-conviction proceedings based on a claim of actual innocence by reason of insanity.**

In the days or weeks just prior to the offense, the petitioner evidenced signs of indisputable insanity, including trying to kill his best friend, Kenny Jeffers, with a machete; chasing a school aged girl down a Knoxville public street in broad daylight while waving a machete and threatening to kill her; talking to "the devil;" hearing voices; taking instructions from the devil; expressing fear that the police would break into his home and kill him; and doing what "the voice" told him to do. Dr. Brown explains in his report that this evidence, first discovered during habeas proceedings, finally explains petitioner's behavior at the time of the offense and places the case and petitioner's mental capacity in a whole new light in that petitioner was "more likely than not, grossly impaired by acute severe psychiatric illness..." (Brown Report, p. 19, IRICK 925). Testing revealed “gross impairment” of petitioner’s executive function and verbal fluence, “complicated by marked paranoia and, possible, intermittently florid psychotic symptoms.” *Id.* at pp. 12-13, IRICK 918-19. His diagnoses, stated to a reasonable degree of medical certainty, includes both cognitive and psychotic disorders.

Suffering as he was from these two severe mental disturbances, Dr. Brown finds that petitioner lacked substantial capacity either to appreciate the wrongfulness of his conduct or to conform that

conduct to the requirements of the law - the definition of insanity governing at the time of the offense.

See Graham v. State, 547 SW2d 531 (Tenn. 1977). Dr. Brown further stated:

The combination of impaired ability to control behavior, command hallucinations and related paranoid delusions constitutes one of the most severe psychiatric emergencies. In this case, there is evidence that he reported on multiple occasions in the weeks prior to his arrest that his behavior was being controlled by the Devil, that the police were coming to kill him and that he had to take action to save himself. This coincided with a dramatic impairment in hygiene and self-care. He was observed planning to attack or chasing other individuals with a knife. Chasing a total stranger down the street while screaming and brandishing a machete is not only consistent with the other reported symptoms but clearly demonstrates a severe, acute incapacity to control behavior.

Deficits in executive function and working memory led Dr. Brown to conclude that test results from whatever time period "overestimate" his cognitive abilities. Id. at p. 13, IRICK 919. Even so, he concludes that test results of emotion and social maturity were approximately consistent with those of a 7 - 9 year old child. Id. at p. 26, IRICK 932. Dr. Brown found that petitioner's severe impairments would have existed continuously from childhood and been present "both at the time of the offense and at the time of his trial and are present now." Id. at p. 1, IRICK 906.

Similarly, Dr. Tennison, after being provided with the newly discovered information, disputed the validity of his own competency screening performed in 1985, stating that it was "incomplete and therefore inaccurate" since his original opinion had been based on a woefully inadequate and/or incomplete personal history. He found the three Jeffers affidavits would have altered the course of his assessment, "most likely resulting in a referral for inpatient completion of the court ordered evaluation." (Affidavit of Dr. Tennison, ¶ 6, p. 2, IRICK 897). Dr. Tennison found the newly discovered evidence included examples of "paranoid delusional thinking" and references to auditory

hallucinations, both command and conversational in nature, that had never previously been reported to him. *Id.* at ¶ 7. In paragraph 9 of his affidavit, Dr. Tennison states:

While I have had no opportunity to interview Mr. Irick since April 30, 1985, the information contained within the attached affidavits (Exhibits 2 - 4) raises a serious and troubling issue of whether Mr. Irick was psychotic on the date on the date [*sic*] of the offense and at any previous or subsequent time. This historical information would have been essential to a determination of the role of a severe mental illness - a mental disease or defect - in his ability to have appreciated the nature and wrongfulness of his behavior, and therefore to the formation of an opinion with regard to support for the insanity defense.

In other words, there is now reliable and compelling new scientific evidence in the form of medical opinions of petitioner's insanity at the time of the offense. Dr. Brown's diagnoses and conclusions make the necessary connection between the circumstantial evidence of petitioner's irrational and dangerous behavior and new scientific evidence in the form of medical diagnoses which allows this court to reopen his post-convictions proceedings and grant him relief based on his insanity at the time of the offense.

Nevertheless, the appellate court found Dr. Brown's report insufficient as a matter of law, stating, in part, that his "conclusions regarding the existence of these disorders are, at best, preliminary" although this issue was not raised by the State or the trial court. (App. Order, p. 12). The appellate court appeared to place particular emphasis on the designation of the psychotic and cognitive disorders as "NOS" which means not otherwise specified, quoting from two sentences from the report indicating that a more specific diagnosis was not possible. The court then goes on to state "because Dr. Brown's report establishes only a likelihood that the petitioner suffered from unspecified cognitive and psychotic disorders that could have supported the conclusion that he was insane at the time of the offenses, the report was insufficient as a matter of law to support the reopening of the

petitioner's prior post-conviction proceeding." *Id.* Though denying petitioner relief, nonetheless, the appellate court did find that the concept of "'actual innocence' can encompass innocence as a result of insanity at the time of the offense." (*Id.* at p. 11). Finally, the court stated that the new evidence in the case was the Jeffers affidavits and that the more appropriate proceeding is for a writ of error *coram nobis*.

Respectfully, the appellate court was in error when it found Dr. Brown's diagnoses to be preliminary. In Ray v. State, the Tennessee Court of Criminal Appeals held that "petitioner must delineate, in motion to reopen, new scientific evidence *that has already been secured* and which will establish his actual innocence..." 984 SW2d 236, 238 (Tenn.Crim.App. 1997) (Emphasis in original). Dr. Brown makes clear in his report and testimony that his diagnoses of psychotic and cognitive disorders are to a reasonable degree of medical certainty and are specific diagnoses specified in the DSM-IV TR at p. 343 and DSM-IV TR at p. 179, respectively. (Brown Rept., pp. 21 and 24, IRICK 927 and 930). Since his diagnoses of AXIS I, psychotic and cognitive disorders, are recognized diagnoses within the psychiatric profession,<sup>21</sup> petitioner respectfully submits that the court's interpretation of the diagnoses as "preliminary" has no support in the record or the medical profession, and further that there is no law which supports the appellate court's conclusion that the two AXIS I diagnoses are insufficient, as a matter of law, to reopen a post-conviction proceeding. Furthermore, petitioner's post-conviction petition was filed prior to May 10, 1995 and is therefore governed by T.C.A. §40-30-101, *et seq* (repealed 1995) rather than the revised Post-Conviction Procedure Act, T.C.A. §40-30-210, *et seq* (1997). Under the old post-conviction statute, petitioner was only required

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<sup>21</sup>See IRICK 1080, *et seq*, which are copies of the relevant pages cited by Dr. Brown within the *Diagnostic and Statistical Manual of Disorders*, Fourth Edition, DSM-IV-TR.

to prove his allegations by a preponderance of the evidence. State v. Kerley, 820 SW2d 753, 755 (Tenn.Crim.App.), perm. to appeal denied (Tenn. 1991) and Oliphant v. State, 806 SW2d 215, 218 (Tenn.Crim.App.), perm. to appeal denied (Tenn. 1991).

In fact, petitioner meets the requirements of T.C.A. §40-30-117(a)(2) as interpreted by Ray v. State in that petitioner has already secured the factual basis and a professional medical opinion to a reasonable degree of medical certainty as to his insanity which *will* establish his actual innocence when his petition is reopened and he is allowed to present his evidence to the courts. The designation of "NOS" does not indicate that the diagnosis is "preliminary" or uncertain but only that there is insufficient information to be more specific with the DSM decision tree about the type of psychotic disorder from which the petitioner suffers.<sup>22</sup> Dr. Brown goes on to delineate the reasons why a more specific diagnosis within the rubric of psychotic disorders cannot be made. These include petitioner's

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<sup>22</sup>In petitioner's competency hearing, filed as Exhibit 2, Dr. Brown explained the NOS designation as follows:

- Q: ...let's begin with the psychotic disorder first. That's AXIS I, NO. V on your diagnosis. What is the DSM designation for that, please.
- A: DSM definition of psychotic disorder that's not otherwise specified is a person who has - clearly has - psychotic symptoms for which there is inadequate information to proceed to the next more specific designation.
- Q: Okay. So this NOS, does this imply...uncertainty on your part as to whether or not he, in fact, manifests a psychotic disorder?
- A: No. The DSM is a decision tree model, meaning that you move along only according to the amount of information that you have. So that based on - on the available information, he meets the criteria for a psychotic condition and additional information would be required to be more specific.

Exhibit 2, Competency Transcript, pp. 22-23, IRICK 957-958.

own limitations in expressing himself (cognitive disorder) and lack of a thorough examination at or near the time of the offenses. (Brown Rept. at p. 21, IRICK 927).

The appellate court also found that Dr. Brown's report is not really the "new" evidence upon which the motion to reopen was based. Instead, the appellate court stated that the new evidence was the information found in the three Jeffers affidavits. Again, respectfully petitioner disagrees. The motion to reopen his post-conviction proceedings was based upon T.C.A. §40-30-102(b)(2) which provides that a second or otherwise untimely petition based upon "new scientific evidence establishing that the petitioner is actually innocent may be filed. The Jeffers information is clearly not "scientific" and since the Jeffers information does not directly relate to whether or not petitioner committed the offenses but instead relates to his mental state at the time, it is believed, and hereby submitted, that expert testimony in the form of mental health opinion was necessary for the petition to constitute a viable defense pursuant to the Post-Conviction Act.

It is beyond dispute that the issue of insanity is a matter outside a jury's normal understanding or competence, and evidence of such a claim, in contemporary litigation, must include competent medical testimony. In Ake v. Oklahoma, the United States Supreme Court stated in regard to psychiatrists and mental health experts:

In this role, psychiatrists gather facts, through professional examination, interviews, and elsewhere, that they will share with the judge or jury; they analyze the information gathered and from it draw plausible conclusions about the defendant's mental condition, about the effects of any disorder on behavior; and they offer opinions about how the defendant's mental condition might have affected his behavior at the time in question. They know the probative questions to ask of the opposing party's psychiatrist and how to interpret their answers. Unlike lay witnesses, who can merely describe symptoms they believe might be relevant to the defendant's mental state, psychiatrists can identify the "illusory and often deceptive" symptoms of insanity [cites omitted] and tell the jury why their observations are relevant. Further, where permitted by evidentiary rules, psychiatrists can translate a medical diagnosis into

language that will assist the trier of fact, and therefore offer evidence in a form that has meaning for the task at hand.

470, U.S. 68, 80 (1985).

The supreme court ruled that "[w]hen a defendant has made a preliminary showing that his sanity at the time of the offense is likely to be a significant factor at trial, the constitution provides that a state provide access to a psychiatrist's assistance on this issue if the defendant cannot otherwise afford one." 470 US 68, 75 (1985). Without expert testimony, the Supreme Court found that a defendant would be denied the opportunity "to participate *meaningfully*" in his trial. *Id.* at 76. (Emphasis supplied). Therefore, there can be little doubt that Dr. Brown's testimony constitutes expert opinion and is "scientific" and was also the basis of petitioner's motion to reopen.

Furthermore, it is inconceivable that any state or federal court would consider a claim of insanity when the opining physician had not had an opportunity to personally examine the defendant or administer any psychological tests to that defendant but had only reviewed medical records. As explained above, this did not occur until November 2009 when Howell Clements paid for petitioner's examination out of his own funds. Referencing once again Ray v. State, defendant states that there can be little doubt that had he presented his claim of actual innocence by reason of insanity based solely on preliminary diagnoses by two physicians, neither of whom had examined the defendant or administered psychological testing, his claim would have been summarily dismissed. In addition, the history as it has been related to this court certainly substantiates that Dr. Brown's opinion was "new" since undersigned counsel had been trying over a prolonged period of time to acquire funds for mental health examinations of the petitioner and only obtained the services of Dr. Brown and Dr. Spica in November 2009 after paying a substantial portion from their own funds.

Finally, the appellate court indicated that, considering the nature of the evidence, the claim should have more properly been included in a writ of error *coram nobis*. (Order at p. 12). However, and as already discussed above, proving actual innocence by reason of insanity required expert testimony in the form of an opinion from a psychiatrist or psychologist with such evidence constituting scientific/medical evidence instead of factual evidence. For that reason alone, petitioner's claim was properly brought as a petition to reopen. Further, appellate courts in this state have, in analogous circumstances, stated the opposite. In Curry v. State (No. W 2003-02-350-CCA-R3-8C, May 10, 2004, 2004 WL 1047604 (Tenn.Crim.App., Jackson)), the petitioner, in a petition for writ of error *coram nobis*, claimed that his judgment was void because he was insane at the time the crime was committed. Among the court's finding in denying him a writ of error *coram nobis*, was that "the issues raised [insanity] by petitioner could have been raised through a post-conviction proceeding." Id. at \*3.

**II. There are no other reasons for not allowing petitioner to reopen his post-conviction proceedings in order to allow him, for the first time, to present evidence of his insanity at the time of the offense.**

A. There is no statute of limitations for "new scientific evidence" under current T.C.A. §40-30-102

T.C.A. Section 40-30-102, which governs the limitations of bringing actions under the current

Post-Conviction Act provides:

(a) Except as provided in subsections (b) and (c), a person in custody under a sentence of a court of this state must petition for post-conviction relief under this part within one (1) year of the date of the final action of the highest state appellate court to which an appeal is taken or, if no appeal is taken, within one (1) year of the date on which the judgment became final, or consideration of the petition shall be barred. The statute of limitations shall not be tolled for any reason, including any tolling or saving provision otherwise available at law or equity. Time is of the essence of the right to file a petition for post-conviction relief or motion to reopen established by this

chapter, and the one-year limitations period is an element of the right to file the action and is a condition upon its exercise. Except as specifically provided in subsections (b) and (c), the right to file a petition for post-conviction relief or a motion to reopen under this chapter shall be extinguished upon the expiration of the limitations period.

(b) No court shall have jurisdiction to consider a petition filed after the expiration of the limitations period unless:

(1) The claim in the petition is based upon a final ruling of an appellate court establishing a constitutional right that was not recognized as existing at the time of trial, if retrospective application of that right is required. The petition must be filed within one (1) year of the ruling of the highest state appellate court or the United States supreme court establishing a constitutional right that was not recognized as existing at the time of trial;

(2) The claim in the petition is based upon new scientific evidence establishing that the petitioner is actually innocent of the offense or offenses for which the petitioner was convicted; or ....

In Dellinger v. State, this court confirmed the plain meaning of the statute when the court ruled that the statute supplies "an avenue for relief when new scientific evidence of actual innocence becomes available after the filing of a post-conviction is time-barred. 279 SW3d 282, 291 (Tenn. 2009). Nevertheless, the trial court (though not the appellate court) held defendant's motion to reopen as time barred on the basis that the affidavits of Drs. Blackerby and Nickerson which were signed in 1999 and the Jeffers' information which was also discovered in 1999 started the clock running on his time to file a motion to reopen post-conviction proceedings. As stated more fully below, the Jeffers' facts are circumstantial evidence of insanity but do not qualify as "new *scientific* evidence" since they were observations of petitioner's behavior by ordinary citizens. Furthermore, the Blackerby and Nickerson affidavits were, according to state law, insufficient to reopen the post-conviction proceedings since they had never personally examined the defendant and the diagnoses expressed

in the affidavits were explicitly qualified by Drs. Blackerby and Nickerson who both stated that testing (none had been performed by them) would be needed to confirm the proffered diagnoses.

The Jeffers' information was circumstantial evidence, not of whether the defendant committed the crime, but instead of his mental state at the time. Therefore, the Jeffers facts alone would not have constituted "new scientific evidence," allowing defendant to reopen his post-conviction proceedings. Instead, the defendant needed medical/scientific testimony which could interpret those facts and render a medical opinion which demonstrated his actual innocence by reason of insanity. However, the defendant had no experts in 1999 unless his federally appointed counsel were to continue to pay for experts out of their own personal funds which, of course, they ultimately did when no relief was forthcoming in the federal *habeas* case.

Defendant's counsel had initially sought the appointment of experts (specifically, Dr. William Hillner) from the federal district court but had been denied in an order entered August 26, 1999. (See IRICK 683, *et seq*; 690, *et seq*; 695, *et seq*; 713, *et seq*; and 732, *et seq*). In an effort to have the federal district court reconsider the appointment of experts, *habeas* counsel, Howell Clements, had, out of his own pocket, paid Dr. Blackerby and Dr. Nickerson to review medical records from the Knoxville Mental Health Center, Eastern State Mental Hospital, and the children's home in Sevierville, Tennessee, the Jeffers' affidavits and a few other miscellaneous records, and to render an opinion in the form of an affidavit, to demonstrate that the defendant was more mentally disturbed than previously believed and, further, to demonstrate the viability of a claim of actual innocence by reason of insanity, thereby making it more probable that the federal district court would reconsider and appoint mental health experts.

After reviewing the medical records described above, Dr. Blackerby opined that at the time of the offense, the defendant suffered, at least, from a dissociative disorder and "probably was schizophrenic or intermittently psychotic." However, Dr. Blackerby makes clear in his affidavit, on page 2, paragraph 5, and on page 3, paragraph 6, that his opinions represent a "preliminary diagnosis."

He concludes his affidavit with the following paragraph:

It is also my opinion that further testing of Mr. Irick is warranted for the purposes of determining *whether or not the functioning of Mr. Irick's brain is impaired*, using equipment that was not available to Dr. Pam Auble or previous examiners. Such testing would include a PET scan. Further testing would also be indicated to determine whether Mr. Irick *actually has been suffering* from schizophrenia and/or a psychosis for which the PET scan may also be useful.

(Emphasis supplied.) IRICK 810.

Clearly, Dr. Blackerby and Dr. Nickerson, who simply concurred in Blackerby's findings, provided preliminary diagnoses for which further testing and, at least, an examination of the defendant, was necessary. Therefore, subsequent to obtaining the Jeffers' affidavits, petitioner once again moved for the appointment of mental health experts. (IRICK 740). Nevertheless, the federal district court again denied appointment of experts or any funding to secure medical/scientific evidence. (IRICK 744).

Had the defendant filed a motion to reopen in 1999 based on these preliminary diagnoses, the case law discussed below dictated that his petition would have been dismissed as insufficient. For instance, in Ray v State, 984 SW2d 236 (Tenn. Crim. App. 1997), the defendant sought to reopen his post-conviction proceedings on the basis of actual innocence. He moved the court for permission to test the alleged murder weapon and perform ballistic analysis, which the trial court granted. However, on appeal, the Tennessee Court of Criminal Appeals, reversed the trial court, refusing

defendant's request to obtain discovery or testing of physical evidence and found that the request to reopen the post-conviction proceedings was "premature" and was therefore denied. Because of the importance of this case to the instant case, petitioner will quote from the Tennessee Court of Appeals opinion extensively:

Under the 1995 revisions to the Post-Conviction Procedure Act, a petitioner may now file a motion in the trial court to reopen a prior post-conviction petition if "[t]he claim in the motion is based upon new scientific evidence establishing that such petitioner is actually innocent of the offense or offenses for which the petitioner was convicted." Tenn.Code Ann. § 40-30-217(a)(2) (Supp.1996) (emphasis added). In December, 1995, the petitioner filed a motion to reopen his prior \*238 post-conviction petition based upon this statutory ground. After a hearing on the motion, the trial court entered an order on March 6, 1997, finding that "the petitioner has shown the existence of valid scientific methodology and technology capable of providing new scientific evidence of his innocence" and that "the ballistic material in evidence will not be significantly damaged, destroyed nor altered by the testing proposed." (emphasis added). Because of this Court's previous order, however, the trial court was precluded from allowing the petitioner to proceed with the testing.

In opposition to the petitioner's motion, the state correctly argues that Tenn.Code Ann. § 40-30-217(b) (Supp.1996) mandates that the motion to reopen include affidavits which set out the factual basis underlying the ground for relief. Accordingly, the state contends that the Post-Conviction Procedure Act does not provide the petitioner a vehicle for obtaining discovery. We agree. In order to satisfy the requirements of § 40-30-217, a petitioner must delineate, in the motion to reopen, the new scientific evidence *that has already been secured* and which will establish his or her actual innocence. (Emphasis in the original).

.....

#### DISPOSITION OF ISSUES

As previously noted, petitioner's motion presents two issues. In his first issue, he requests this Court to allow the trial court to reopen his petition for post-conviction relief and hold an evidentiary hearing on the merits. This issue is premature. To reopen the petition for post-conviction relief, the petitioner must present new scientific evidence that establishes actual innocence. The trial court, pursuant to Tenn.Code Ann. § 40-30-217(a)(2), must find that new scientific evidence, in and of itself, establishes actual innocence. This would require an examination of all of the evidence, not just this one piece of evidence. Certainly, we offer no speculation as to the future of this litigation. Since petitioner's request that this Court allow the reopening of his petition for post-conviction relief is premature, it is denied.

Id. at 238 and 239.

The court concluded by stating that discovery or testing of evidence was not available under T.C.A. §40-30-217 and that the case could be reopened only if the trial court determined that newly discovered scientific evidence establishes that the petitioner will be able to prove he is actually innocent of the offense for which he was convicted. Id. As in Ray v. State, Irick was not in a position in 1999 to seek the reopening of his post-conviction proceedings because Drs. Blackerby and Nickerson had only reviewed a portion of the relevant documents, had never seen or examined the defendant, and had never administered any testing of any kind to the defendant and, therefore, could only render a "preliminary diagnosis." In Ray v. State, the appellate court ruled two years prior to the incidents in question that a petitioner must delineate in a motion to reopen new scientific evidence "that has already been secured and which will establish his or her actual innocence." Furthermore, the court refused to grant Ray discovery rights or to allow the testing of physical evidence. Similarly, in this case, had defendant sought to reopen his post-conviction proceedings following the decision in Ray, the trial and appellate courts would have found, at best, the motion to be premature. In addition and again following the holdings in Ray, the trial would have denied the defendant funding for mental health experts again because in order to reopen the post-conviction proceedings and to obtain any such relief, his actual innocence had to be established/supported by information articulated within the motion and in the possession of defendant and/or his counsel.

Therefore, petitioner respectfully argues that it would be a gross injustice for him to be denied the reopening of his post-conviction proceedings based on a finding of being time barred. The case of Ray v. State clearly established, two years before the acts in question, the evidence required to

reopen his case. Given the holdings on Ray v State, the trial and appellate courts would have denied his motion to reopen based on "preliminary diagnoses" and denied granting him further discovery or funds to hire mental health experts. Furthermore, had the defendant gone ahead and filed a motion to reopen, he risked losing the issue of actual innocence by reason of insanity to an adverse ruling. Finally, petitioner respectfully requests that the court keep in mind that all of the medical examinations discussed have been paid for out of Attorney Howell Clements' own personal funds. To have required Mr. Clements and/or his co-counsel to continue to fund defendant's post-conviction proceedings or risk the running of statute of limitations is simply inequitable.

B. Under the "old" post-conviction act, the issue of petitioner's sanity at the time of the offense and during trial has not been ruled upon on its merits after a full and fair hearing and petitioner has not waived the issue.

Another basis for reopening post-conviction proceedings is that the issue of petitioner's insanity was never litigated or ruled upon on its merits after a full and fair hearing. The post-conviction statute in force when petitioner first applied, T.C.A. § 40-30-112 (Acts 1967, ch. 310, § 10; 1971, ch. 96, § 3; T.C.A., § 40-3811), provided, *in part*:

When ground for relief is "previously determined" or "waived."

(a) A ground for relief is "previously determined" if a court of competent jurisdiction has ruled on the merits after a full and fair hearing.

A "full and fair hearing" never occurred because (1) none of the habeas evidence was considered by the jury or reviewed by mental health experts involved or consulted during the case; and (2) the post-conviction trial court erroneously ruled that none of the psychological testimony presented in that proceedings was competent because Dr. Auble had only examined the petitioner

after the offense and therefore presumably could not opine as to his mental health at the time of the offense. Both bases are discussed more fully below.

During the guilt/innocence phase of petitioner's trial, no evidence was introduced which had any bearing on petitioner's mental state. During sentencing, mitigation evidence was introduced through Ms. Lunn, but the most proximate evidence introduced which related to petitioner's mental state was dated March 7, 1967, when petitioner was eight (8) years old. While one or more examiners diagnosed petitioner with a psychotic disorder as a child, neither Ms. Lunn nor any of the other examiners consulted by trial counsel had the benefit of the habeas evidence or any other evidence of similar substance or gravity. Therefore the jury was deprived of the most relevant and important evidence that might have been considered in the whole case since the issue of guilt (the defense being one of questionable identity of the perpetrator) had little evidentiary support.

At post conviction proceedings, the trial court refused to consider evidence as to petitioner's mental state on the grounds that petitioner's expert witness, Dr. Pamela Auble, had examined the petitioner only after the offense had occurred and therefore could not opine as to his mental state which existed at the time of the offense. Nevertheless, Dr. Auble's proffered testimony was limited to a personal history that included medical records ending on the date of petitioner's discharge from Eastern State on March 2, 1973 at the age of fourteen (14), U.S. Army records from November 1975 when petitioner was seventeen (17) and petitioner's own recollection which included *none* of the habeas information.

Without considering the *habeas* evidence, the issue of insanity could not have been the subject of a full and fair hearing. In addition to Section 40-30-112 of T.C.A. (1989), T.C.A. Section 40-30-115, provided in part:

(a) The court may grant leave to withdraw the petition at any time prior to the entry of the judgment, may freely allow amendments and shall require amendments needed to achieve substantial justice and a full and fair hearing of all available ground for relief.

Therefore, pursuant to the statutory provisions, petitioner should be allowed a full and fair hearing on the issue of insanity - an issue yet to be litigated and decided on its merits. *See, Swanson v. State*, 749 SW2d 731 (Tenn. 1988).

C. Petitioner's death sentence invokes his fundamental right to life and therefore the constitutional guarantee of due process prohibits his execution without a full and fair hearing regarding his sanity.

In determining whether due process prohibits strict application of post-conviction statute of limitations for claims arising after the limitations period would have normally run, a court must (1) determine when the statute of limitations would normally begin to run, (2) determine whether grounds for relief actually arose after the limitations period would normally have commenced, and (3) if the grounds are "later-arising," determine if, under the facts of the case, a strict application of the limitations period would effectively deny the petitioner a reasonable opportunity to present the claim. *Crawford v. State*, 151 SW3d 179, 183 (Tenn.Crim.App. 2004). "Later arising" claims are not subject to a "bright-line" determination but instead are subject to a case-by-case analysis of whether the petitioner was denied "a reasonable opportunity to have the issue heard and litigated." *Wright v. State*, 987 SW2d 26, 30 (Tenn. 1999). *See also, O'Donnell v. State*, 905 SW2d 951, 952 (Tenn. 1993) in regard to repealed T.C.A. §40-30-102. In fact, this court has refused to create a specific limitations period for later-arising claims. *Harris*, 301 SW3d at 146. Under the circumstances of this case, procedural due process requires that petitioner be afforded an opportunity to litigate the issue of his

sanity and/or in the alternative, that no jury would have sentenced him to death in light of the Jeffers information regarding his hallucinations and other symptoms of his psychotic disorder.

In Workman v. State, this court stated that due process requires the weighing of the competing interests of the state and the defendant before dismissing a claim that newly discovered evidence may prove the defendant is actually innocent. 41 SW3d 100, 103 (Tenn. 2001). See also Buford v. State, 845 SW2d 204 (Tenn. 1992); Seals v. State, 23 SW3d 272 (Tenn. 2000); and Williams v. State, 44 SW3d 464 (Tenn. 2001). In Workman, this court was correctly concerned that he would be put to death without being given "any opportunity to have the merits of his claim evaluated by a court of this state." Id. Similarly, Irick has had no opportunity to present his evidence of insanity at the time of the offense though he has obtained a reliable factual basis in the form of the Jeffers affidavits and a medical opinion from Dr. Peter Brown. Furthermore, the Court of Appeals agrees that "'actual innocence' can encompass innocence as a result of insanity at the time of an offense." (Order, p. 11). This court went on to rule in Workman that it had "no hesitation in concluding that due process precludes application of the statute of limitations to bar consideration of a writ of error *coram nobis* in [Workman's] case."

When a petitioner's life is at stake, the Tennessee Supreme Court frames the question not as one concerning the right to attack a conviction but instead as one involving a fundamental right to be free from unconstitutional punishment. Howell v. State, 151 SW3d 450, 462 (Tenn.2004). Recognizing that while the State has no duty to enact post-conviction procedures, nevertheless, the "fundamental right of due process" is an "over-arching" issue affecting post-conviction proceedings. Id. at 461. In ensuring due process to a petitioner, the court stated:

What exactly is required in order to comply with due process in any given situation is often a difficult question. See Seals v. State, 23 SW3d 272, 277 (Tenn.2000) (stating that “Due process is flexible and calls for such procedural protections as the particular situation demands.”) (quoting Phillips v. State Bd. of Regents, 863 SW2d 45, 50 (Tenn.1993)). We have recognized that due process requires a defendant have “an opportunity to be heard at a meaningful time and in a meaningful manner,” House v. State, 911 SW2d 705, 711 (Tenn.1995) (quoting Mathews v. Eldridge, 424 U.S. 319, 333, 96 S.Ct. 893, 47 L.Ed.2d 18 (1976)). Also, and perhaps most importantly, we recognize that due process “embodies the concept of fundamental fairness.” Seals, 23 SW3d at 277 at 461.

Id.

While recognizing that the state has a “legitimate and strong interest in the finality of judgements,” the court noted “[h]owever, the petitioner’s interest is even stronger - his interest in protecting his very life.” Id. at 462. Under the circumstances of this case, procedural due process requires that petitioner be afforded an opportunity to litigate the issue of his sanity for the reasons state above as well as those that follow.

D. The State should be estopped from enforcing the statute of limitations.

*The State failed to timely produce information evidencing petitioner’s current insanity in 1988.*

As previously stated, the State in October of 1988, when petitioner’s case was yet to be decided by the Tennessee Supreme Court on appeal from the original trial, withheld or failed to produce petitioner’s Initial Classification Psychological Summary which included the following:

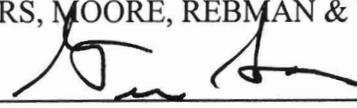
This inmate's Carlson Psychological Survey Profile did not fit any of the type categories and has not yet been identified. He did, however, score at very high level in the thought disturbance and self-depreciation scales. The thought disturbance scale reflects "disorganization of thinking, confusion, perceptual distortions and hallucinations, and feeling of unreality. These traits may manifest themselves in unusual affect, including anxiety. High scorers on this scale are indicating unusual problems in dealing with reality because they cannot organize themselves or the work around them.

The State's failure to turn over this important document was not discovered until habeas counsel requested a record update from Riverbend in December of 2009. Yet had it been turned over as requested in October of 1988, previous counsel would have had valuable mental health information as well as an opportunity to timely raise a claim of insanity as is being brought in this pleading. Bearing in mind the importance of the issue and the State's own role in delaying the presentation of his issue, it should be estopped from enforcing the statute of limitations.

CONCLUSION

Based on the foregoing, petitioner respectfully requests that his post-conviction proceedings be reopened and remanded to the trial court and that he be given an opportunity to present evidence, based upon new scientific evidence, establishing his actual innocence by reason of insanity and/or innocence of the death penalty by reason of severe mental illness.

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**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and exact copy of this pleading has been served on counsel for all parties at interest in this cause via facsimile or U.S. Mail addressed as follows:

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SPEARS, MOORE, REBMAN & WILLIAMS

By: M. Diller

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