IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

CARL HENRY BLUE Petitioner	§	
vs	§	Cause No. 4:05-cv-02726
NATHANIEL QUARTERMAN Director, Texas Department of Criminal Justice, Institutional Division Respondent	§	DEATH PENALTY CASE

Affidavit of J. Randall Price, Ph.D.

1. My name is J. Randall Price. I am 61 years of age and fully competent to make this affidavit. Everything contained in this affidavit is within my personal knowledge and is, upon my oath, true. I am a forensic clinical psychologist and neuropsychologist, and I am licensed to practice psychology in the States of Texas and Oklahoma. My practice is located at 11882 Greenville Ave., Suite 107, Dallas, Texas, 75243. I have consulted in close to 300 capital murder cases and approximately 1500 non-capital criminal cases. I have consulted on federal capital murder cases and in cases in many counties in Texas. I have also consulted on capital murder cases in Florida, Arizona, Colorado, Louisiana, Oklahoma, Arkansas, Georgia, Mississippi, Ohio, Pennsylvania, and New Mexico. I have been retained by both the defense and by the prosecution in both state and federal cases. I have testified in capital cases approximately 60% of the time at the request of the defense and 40% of the time at the request of the prosecution. Since *Atkins v. Virginia* was published in 2002, I have evaluated more than 30 capital murder defendants for mental retardation both at the request of the defense and at the request of the prosecution.

I am the co-author of "Adaptive Behavior, Mental Retardation, and the Death Penalty" (Kay Stevens, *The Journal of Forensic Psychology*, 2006, Vol. 6 (3), pp. 1-29*)* and of "Applications of Neuropsychology in Capital Felony Defense Cases" (with Cecil Reynolds & John Niland, *Journal of Forensic*

Neuropsychology, 2003, Vol. 3, pp. 89-123). Between 2003-2007, I conducted several workshops related to mental retardation and capital murder cases including the Center for American and International Law (prosecution), the Texas Center for the Judiciary and National Judicial College, (judges) the Texas Criminal Defense Lawyers Association (defense), and Capacity for Justice (mental health professionals).

In addition to maintaining an active practice in forensic and clinical psychology and neuropsychology, I hold several academic appointments including Professor of Psychology at Richland College, Clinical Assistant Professor of both Psychiatry and Rehabilitation Science at the University of Texas Southwestern Medical School, and Lecturer in Law at Southern Methodist University School of Law. I completed the requirements for the Bachelor of Science, Master of Science, and Doctor of Philosophy degrees in psychology at the University of North Texas in Denton, Texas. I completed my post-doctoral clinical internship at the Baylor Institute of Rehabilitation of the Baylor University Medical Center in Dallas, Texas. I completed a post-doctoral fellowship at the University of Kentucky in Lexington, Kentucky.

I am board-certified in forensic psychology by the American Board of Professional Psychology and in neuropsychology by the American Board of Professional Neuropsychology. I am a Fellow of the National Academy of Neuropsychology. I am a member of the American Psychological Association and the Texas Psychological Association. I am also a member of the Psychology and Law Society and the Society of Police and Criminal Psychology.

2. On March 25, 2008, I was contacted by Katherine Hayes of the Office of the Attorney General of the State of Texas. Ms. Hayes retained me to review and analyze the records in this matter in anticipation of Mr. Blue being evaluated for mental retardation. On September 15, 2008, Ms. Hayes contacted me to advise that the defense's evaluation was not yet complete. On July 9, 2009, Ms. Hayes provided me with additional records to review. On July 20, 2009, Ms. Fredericka Sargent of the Office of the Attorney General of the State of Texas provided me with new records to review. On August 4, 2009, Ms. Sargent asked me to prepare a report.

3. The records provided to me for review are detailed in Appendix A, attached to this affidavit. The primary records upon which I relied are as follows:

- Trial Testimony of Walter Quijano, Ph.D.
- Trial Testimony of Windel Dickerson, Ph.d.
- Psychological Report and Test Data from Gilda Kessner, Psy.D., 9/12/08
- Psychological Report and Test Data from Gilda Kessner, Psy.D., 12/2/08

- Declaration of Stephen Greenspan, Ph.D.
- Affidavit of James R. Patton, Ed.D.
- Affidavits of Educators
- Trial Testimony of Former Employers

4. The referral assignment from the beginning of my involvement in this case has been for me to review and analyze all the available records in this case in order to offer my expert opinion about whether or not the records support a diagnosis of mental retardation in the case of Carl Henry Blue. However, the opportunity to conduct a face-to-face psychological evaluation of Mr. Blue would allow me to provide my own diagnosis of him, and if this matter is not resolved, I respectfully request the opportunity to conduct an evaluation of Mr. Blue.

5. Several slightly different diagnostic criteria for mental retardation exist. Since *Atkins* was published, the State of Texas has determined that a diagnosis of mental retardation is to be made on the AAMR 1992 definition which indicates that mental retardation "characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skills areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18." Significantly subaverage intellectual functioning is defined as an IQ standard score of approximately 70 to 75. Therefore, the three "prongs" of the diagnostic criteria for mental retardation are: (1) IQ below 70 to 75; (2) significant related adaptive functioning limitations; (3) onset before age 18. The evidence from the records for each of the three "prongs" will be analyzed in turn.

6. No record of the evaluation of Mr. Blue's intellectual functioning was found before his 1995 trial when Dr. Walter Quijano conducted a psychological evaluation with mental status examination and testified that, based on his grades in school, Mr. Blue had a moderate learning disability but that he was not in the retarded range. Dr. Quijano testified that Mr. Blue was "what we would call a dull normal, lower end of the normal scale". This outdated terminology refers to IQs between 80 and 90.

Dr. Windel Dickerson testified regarding future dangerousness in Mr. Blue's 1995 trial and in his 2001 punishment re-trial. In 2001, Dr. Windel Dickerson was retained by the defense to conduct a psychological evaluation of Mr. Blue in which he administered the Luria-Nebraska Neuropsychological Battery and requested that a quantified electroencephalogram (QEEG) be administered to Mr. Blue. Dr. Dickerson found no evidence of brain damage in Mr. Blue "other than generally not very high intelligence." Dr. Dickerson also administered six other tests: (1) MCMI; (2) MMPI; (3) Rorschach Inkblot Technique; (4) Hare Psychopathy Checklist-Revised; (5) Wide Range Achievement Test. Regarding the assessment of Mr. Blue's intellectual

functioning, Dr. Dickerson testified that he gave Mr. Blue "part of the verbal section of the WAIS because his exact IQ score was not terribly important. Dr. Dickerson continued in his testimony "and I could make a pretty good estimate of that from the Luria Nebraska, the nonverbal part. So I did give him that." Finally, Dr. Dickerson testified that "Carl has an actual IQ in the range of 75 to 80.

According to the records provided for review, the first formal IQ test administered to Mr. Blue was by Dr. Gilda Kessner on February 11, 2008 when she administered the Wechsler Adult Intelligence Scale, Third Edition (WAIS-III). Of concern is the lack of testing for effort and motivation at the time of the evaluations. Without such test results, the validity of the findings cannot be determined. However, the results of Dr. Kessner's IQ testing were as follows:

Scale	Score	%tile	95% C.I.
Verbal IQ	76	5th	72-82
Performance IQ	79	8th	73-87
Full Scale IQ	76	5th	72-81

Verbal Subtests	Scaled Scores	%tile
Vocabulary	6	9th
Similarities	5	5th
Arithmetic	3	1st
Digit Span	9	37th
Information	5	5th
Comprehension	8	25th

Performance Subtests	Scaled Scores	%tile
Picture Completion	7	16th
Digit Symbol	6	9th
Block Design	9	37th
Matrix Reasoning	5	5th
Picture Arrangement	7	16th

Dr. Kessner re-evaluated Mr. Blue on November 25, 2008 with the recently published Wechsler Adult Intelligence Scale, Third Edition (WAIS-IV). The results were as follows:

Scale	Score	%tile	95% C.I.
Verbal Comprehension	78	7th	73-85
Perceptual Reasoning	86	18th	80-93
Working Memory	80	9th	74-88
Processing Speed	81	10th	75-91
Full Scale IQ	77	6th	73-82

Verbal Subtests	Scaled Scores	%tile
Vocabulary	7	16th
Similarities	6	9th
Arithmetic	5	5th
Digit Span	8	25th
Information	5	5th

Performance Subtests	Scaled Scores	%tile
Coding	6	9th
Block Design	8	25th
Matrix Reasoning	7	16th
Symbol Search	7	16th
Visual Puzzles	8	25th

Dr. Kessner opined in her report that Mr. Blue's WAIS-IV Full Scale IQ(FSIQ) of 77 is "artificially inflated" by the practice effect stemming from her administration of the WAIS-III approximately 9 months earlier. Practice effect refers to gains in scores on cognitive tests that occur when a person is retested on the same instrument, or tested more than once on very similar instruments. In other words, these gains are thought due to the experience of having taken the test previously and not due to improvement in the cognitive ability. These gains may occur without the examinee being given any specific or general feedback on the test items.

Dr. Kessner refers to data in the *WAIS-IV Technical and Interpretive Manual* (2008) that compare WAIS-III and WAIS-IV IQs. Based on this data, Dr. Kessner reported that a "for a FSIQ score of 70 on the WAIS-III the corresponding range of composite scores on the WAIS-IV is 65-69, however this chart does not take into account regression effects or practice effects both which operate in this case." Dr. Kessner then wrote that "based on the obtained WAIS-III FSIQ score the expected WAIS-IV FSIQ is approximately a 73" which is within the 70-75 IQ range. Dr. Kessner further wrote that the DSM-IV-TR "provides for a diagnosis of mental retardation with an IQ score in the 70-75 range when the individual exhibits significant deficits in adaptive functioning." Dr. Kessner opined that "...it is more likely than not that Carl Blue does have mental retardation that falls within the mild classification."

Before discussing Dr. Kessner's methodology of the "adjustment" of Mr. Blue's obtained WAIS-III FSIQ of 76 to obtain an expected WAIS-IV FSIQ and her rejection of the WAIS-IV FSIQ of 77, a brief description of the *WAIS-IV Technical and Interpretive Manual* (2008) might be helpful. As a method of obtaining validity data, the developers of the WAIS-IV gave both the WAIS-III and the WAIS-IV to group of 240 people, aged 16-88, with an average time interval

between the two test administrations of 36 days. They counterbalanced the administration of the WAIS-III and the WAIS-IV. In other words, 120 people were administered the WAIS-III first and the WAIS-IV second, and the other 120 people were administered the WAIS-IV first and then WAIS-III. The validity correlation coefficients were calculated for each group and then averaged so that practice effect does not artificially lower the correlation coefficients. In other words, whatever practice effect that might have occurred by taking the WAIS-III first is balanced by whatever practice effect might have occurred by taking the WAIS-IV first.

After counterbalancing the administration of the WAIS-III and WAIS-IV to these 240 examinees, the developers of the WAIS-IV then statistically analyzed the results to show how similar the two instruments measure intelligence. For example, the averaged correlation coefficient for the WAIS-III FSIQ and the WAIS-IV FSIQ is .94, indicating a very high degree of similarity between what the two tests are measuring. The statistical analysis of this data also revealed that the average WAIS-IV FSIQ for this group of 240 examinees was 2.9 points lower than their average WAIS-III FSIQ. The reasons for the *group* average IQ decrease remain a matter of speculation. Nevertheless, this is a *group* average—not an *individual*—phenomenon. The 2.9 point difference is the arithmetic average of the differences in the 240 pairs of IQ scores. In other words, each and every one of the 240 individuals tested with both WAIS-III and the WAIS-IV did *not* score 2.9 points lower on the WAIS-IV. Undoubtedly, some of the individuals in this study tested lower and some higher.

Nevertheless, Dr. Kessner used these results to adjust Mr. Blue's obtained WAIS-III FSIQ from 76 to an expected WAIS-IV FSIQ of 73 and then used this FSIQ estimate as the basis for her diagnosis of mild mental retardation. This methodology is flawed in several ways:

(1) Rejecting an IQ test score obtained on the most current, well-accepted test instrument in favor of "adjusting" an outdated IQ score for what would be expected based on a group average is not within the standards of the practice of psychological assessment.

(2) The reason for re-evaluating an individual with the most currently accepted test instrument is unclear when the result is ignored. Would the result of the WAIS-IV have been ignored if the FSIQ had been an unexpected IQ of 50?

(3) While practice effect may occur with similar instruments begin administered over time, I am unaware of any peer-reviewed studies of the practice effect on the WAIS-IV stemming from the administration of the WAIS-III. Nevertheless, due to the fact that sections of the two WAIS instruments are similar, a practice effect may well occur, especially with short intervals between the administrations. Generally speaking, the standard of practice is not

to retest an individual sooner than a 6-month interval. In this case, a 9-month interval occurred between the administrations.

(4) Further analysis of the results of the administration of the WAIS-III and the WAIS-IV with Mr. Blue reveal that equivocal practice effects are seen on common subtests. Mr. Blue's profiles indicated that of the common subtests between the two instruments, 4 increased, 2 decreased, and 2 remained the same.

(5) Finally, an increase of 1 IQ point does not indicate significant practice effects. All psychological tests contain measurement error. Using the standard error of measurement of the intelligence tests, confidence intervals are calculated to create a band of scores about which a probability statement can be made concerning an individual's "true" IQ. For example, on Mr. Blue's WAIS-III FSIQ of 76, there is a 95% probability that his "true" IQ falls between 72 and 81. On his WAIS-IV FSIQ of 77, his "true" FSIQ falls between 73 and 82. The 1-point gain in FSIQ does not exceed the confidence interval, and therefore, does not evidence significant practice effects.

On the WAIS-III, Mr. Blue's IQ values fall between 76 and 79 with the outer limits of the confidence intervals between 72 and 87. On the WAIS-IV, his IQ values fall between 77 and 86 with the outer limits of the confidence intervals between 73 and 93. None of these values fall within the range of mild mental retardation. Furthermore, both Mr. Blue's WAIS-III verbal and performance subtest results range from the 1st %tile to the 37th %tile with 5 of 11 subtests falling in the low average to average range. His WAIS-IV verbal and performance subtest results also range from the 1st %tile to the 37th %tile with 6 of 10 subtests falling in the low average range. While individuals with mild mental retardation certainly have strengths and weaknesses, it is unlikely to see intellectual abilities with a range such as is seen with Mr. Blue's results. Based on data published in the previously referenced *WAIS-IV Technical and Interpretive Manual*, average WAIS-IV scaled score values from a sample of individuals with mild mental retardation indicate a range of 3.1 to 4.3 with a range of standard deviations from 1.1 to 2.4, suggesting consistently "flat" profiles of impairment on individual subtests.

Based on my analysis of the results of the WAIS-III and the WAIS-IV, it is my opinion that Mr. Blue's IQ consistently falls within the range of borderline intellectual functioning (IQ between 70 and 84) with specific abilities ranging from impaired to average. Individuals with mild mental retardation typically do not evidence such variability in specific abilities. It is my opinion that Mr. Blue's intelligence test results are inconsistent with mild mental retardation.

7. A declaration from Stephen Greenspan, Ph.D. was included in defense counsels "Report to the Court" and cited by Dr. Kessner in her report of evaluation. Dr. Greenspan's declaration was made in the case of Yokaman Hearn—not Carl Blue. Defense counsel in that case apparently asked Dr. Greenspan for an opinion concerning the question, "Can neuropsychological deficits such as those revealed by neuropsychological testing of Mr. Hearn satisfy the first criterion of the definition of mental retardation—significant limitations in intellectual functioning (AAIDD) or significantly sub-average general intellectual functioning (APA)—despite full-scale IQ scores ranging from 87-93?" This 19-page declaration covers Dr. Greenspan's review of the Hearn case as well as his notions about the theoretical constructs involved in mental retardation, intelligence, and disability. While an interesting treatise, my analysis of the case of Carl Blue will limit its scope to the existing relevant diagnostic criteria for mental retardation in the State of Texas.

8. The second prong of the diagnosis of mental retardation involves significant limitations in adaptive functioning that are related to subaverage intellectual functioning. Generally speaking, adaptive functioning refers to a person's ability to function with the common everyday demands of life and how well they meet the standards of personal independence expected someone of similar age and background. Based on the relevant diagnostic criteria for mental retardation (AAMR, 1992), significant limitations must be evidenced on two or more of the following applicable adaptive skills areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. By way of note, the AAMR revised the areas of adaptive functioning in 2002 by grouping the above areas in three categories: (1) conceptual; (2) practical; (3) social. Conceptual adaptive skills include language, reading, writing, money concepts, and self-direction. Practical adaptive skills include self-care, home living, use of the community, health, safety, and work. Social adaptive skills include interpersonal skills, responsibility, self-esteem, gullibility, and naïveté, following rules, obeying laws, and avoiding victimization.

Adaptive functioning is traditionally assessed during the developmental period by the use of a standardized adaptive behavior rating scale completed by reliable informants who have frequent contact of long duration with the individual, allowing them to observe specific behaviors involved in adaptive functioning. Evaluations of individuals in *Atkins* cases are difficult, and the use of standardized adaptive behavior rating scale is usually inappropriate. In such cases, clinical judgment based on a variety of sources including records and interviews is the typical approach to the assessment of this prong of the diagnosis of adaptive functioning. However, sometimes records are not available and reliable and unbiased informants are difficult to find. Also, the following issues add to the complexity of the assessment of this prong of the diagnosis of mental retardation in *Atkins* cases: (1) retrospectively determine whether

adaptive functioning was impaired during the developmental period and/or close to the time of the offense; (2) determine whether or not any limitations in adaptive functioning described are corroborated by more than one source and whether such limitations were significant, which means having a major impact on the person's functioning; (3) determine whether or not any limitations in adaptive functioning described were related to subaverage intelligence as opposed to other causes such as the lack of opportunity or motivation to acquire the adaptive skill.

Adaptive functioning was assessed in this case by James R. Patton, Ed.D. Appropriately, Dr. Patton did not attempt to use one of the standardized adaptive behavior instruments but rather relied on a review of school records and interviews with family members and nonfamily members who had contact with Mr. Blue as well as with Mr. Blue himself. Dr. Patton interviewed Oscar Davenport (friend of Carl Blue and 2nd cousin), Jo Ann Blue (mother of Carl Blue), Londell Blue (bother of Carl Blue), George Blue (younger brother), Paul Peterson (former teacher), Hayward Peterson (former teacher), and Wayne Blanford (former employer). Based on school records, Dr. Patton concluded that Mr. Blue: (1) "demonstrated a consistent inability to perform academically"; (2) received "special education" or remedial classes; (3) was socially promoted many years; (4) repeated a grade; (5) had "difficulties meeting the requirements of the classes he was taking" including failing many classes; and, (6) scored below grade level on standardized tests of academic achievement. Based on his interviews, Dr. Patton provided anecdotal information that Carl Blue (1) a slow learner; (2) had to be told things more than once; (3) couldn't read; (4) was frustrated when required to write; (5) had difficulties with math, money, and measurements; (6) was a follower; (7) was easily taken advantage of; (8) "could not follow rules that were imposed on him"; (9) had issues with anger; (10) could not take care of himself; (11) would wear the same clothes for long periods of time; (12) had difficulty with doing laundry and cooking; (13) had trouble with using public transportation; (14) had a number of low skilled jobs over time; and, (15) could not complete a job application and obtained most of his jobs because of a personal connection. Dr. Patton concluded that Mr. Blue had significant problems in conceptual, social, and practical adaptive functioning.

Affidavits from 9 educators were also provided for review and provide anecdotal information that Carl Blue: (1) was capable of doing better work than he did; (2) was not considered to be mentally retarded when he was in school; (3) did not take school seriously and made little effort; and, (4) was not in special education but was in reading classes for those reading below grade level. Mr. Blue has reported that he received special services in school from the 1st grade forward.

Academic ability testing conducted by Dr. Kessner on two occasions indicates that Mr. Blue is deficient in most basic academic abilities. The most recent test data revealed deficient scores in math and spelling and borderline to low average abilities in reading.

Testimony from former employers at trial stage indicate that Mr. Blue was trustworthy and dependable (John Ayers) and a dependable worker with no problems on the job (Wayne Blanford)

Approximately 1733 pages of records containing letters from Carl Blue were provided for review. Compared to other cases I have reviewed, the voluminous nature of these letters suggests that Mr. Blue is a very prolific writer. The extent of help he has received from other inmates is not known, but it is unlikely that Mr. Blue was able to received significant help on this many letters. Many of the letters reveal his opinions about his case, his death sentence, and his understanding of the nature of his appeal on the basis of *Atkins.*

Based on my review and analysis of the records provided, it is my opinion that insufficient evidence exists to support a conclusion that Mr. Blue had *significant* limitations in adaptive abilities *related* to significantly subaverage intellectual functioning. Sufficient evidence does exist to document significant limitations in academic abilities but the etiology of Mr. Blue's difficulties in that area is unclear. Moreover, Mr. Blue does not have significantly subaverage intelligence.

9. The final prong of the diagnostic criteria for mental retardation refers to the manifestation of mental retardation occurring in the developmental period (prior to the age of 18). He was not identified as mentally retarded while a student in public schools. He did receive some type of remedial help but was mostly placed in regular classes. While he was described by family members as being slow, several educators who taught Mr. Blue during the developmental period did not think he was mentally retarded but rather thought that he did not put forth good effort and was capable of better academic performance than he exhibited.

The records provided for review do not reveal a diagnosis of mental retardation prior to the publication of the *Atkins* decision in 2002 or prior to being evaluated by Dr. Kessner at the request of defense counsel in 2008.

10. Based on my review of the case materials regarding Carl Henry Blue, it is my opinion that the documentation provided for review does not support a diagnosis of mental retardation.

Sworn and subscribed before me this 14th day of September, 2009.

J. Randall Price, Ph.D.

Notary Public, State of Texas

ANDREA L. ALLEN
Notary Public
STATE OF TEXAS
Commission Expires 12/05/11

APPENDIX A

CARL HENRY BLUE -- RECORDS for EXPERT REVIEW

TDCJ - INMATE MAIL	
•TDCJ - Inmate Mail (#1)	TDCJ_MAIL 0001-0255
•TDCJ - Inmate Mail (#2)	TDCJ_MAIL 0256-0371
•TDCJ - Inmate Mail (#3)	TDCJ_MAIL 0372-0537
•TDCJ - Inmate Mail (#4)	TDCJ_MAIL 0539-0622
•TDCJ - Inmate Mail (#5)	TDCJ_MAIL 0623-0738
•TDCJ - Inmate Mail (#6)	TDCJ_MAIL 0739-0872
•TDCJ - Inmate Mail (#7)	TDCJ_MAIL 0873-1030
•TDCJ - Inmate Mail (#8)	TDCJ_MAIL 1031-1204
•TDCJ - Inmate Mail (#9)	TDCJ_MAIL 1205-1368
•TDCJ - Inmate Mail (#10)	TDCJ_MAIL 1369-1550
•TDCJ - Inmate Mail (#11)	TDCJ_MAIL 1551-1773
**13 more batches of mail are being sent	
TDCJ RECORDS	
•Administrative	TDCJ_ADMIN 001-094
•Commissary	TDCJ_COMM 0001-0070
•Disciplinary & Ad-Seg	TDCJ_DISCP 001-052
•Education	TDCJ_EDUC 00001-00003
•Grievance	TDCJ_GRIEV 001
•Hall Card	TDCJ_HALL_0001-0004
• I-60's	TDCJ_I60 00001-00008
•Inmate Trust Fund Ledger	TDCJ_TRUST_001-026
•Library - Law	TDCJ_LAWLIB 01-06
•Library - Specific Books Checked Out	TDCJ_LIBR 0001-0005
•Library - Unit	TDCJ_BKS_00001-00006
•Medical	TDCJ_MED 0001-00141
•Property	TDCJ_PROP 0001-0050
•Telephone Requests	TDCJ_TELE 0001-0010
•Visitation	TDCJ_VISIT 001-299

UTMB	UTMB 000001-000340
Job Corps	JOBCORPS 001-019
Educator Affidavits •Carolyn M. Schroeder •John E. Moehlman •Judy K. Joiner •Louis C. Hudson •Jan C. Folse •Charles Harter •Lynda Hurt •Clause Perry Vass, Jr.	 SCHROE_AFF 001-002 MOEHLM_AFF 001-002 JOINER_AFF 001-002 HUDSON_AFF 001-001 FOLSE_AFF 001-002 HARTER_AFF 001-003 HURT_AFF 001 VASS_AFF 001
Offense Report (for capital crime)	OFF_RPT 000001-000318
Brazos Co. Sheriff's Office - Jail Records	CO_JAIL 00001-00080
Bryan Police Dept. - Sexual Asslt Records	SEXUAL ASSAULT RPT 1-13
College Station Police Dept. Records •City Jail •Extraneous Offenses •Local Rap	 CITY_JAIL 0001-0003 EXTRA_OFF 0001-0115 RAP 000001-000022
CD - Blue's 1st Statement (SX K1/Dx 5)	
CD - Blue's 2nd Statement (SX L1/DX 6)	

Records from Original Trial (1995)

- Index of witnesses (describes witness)
- 1 RR - Pre-trial hrg 01/12/95 (Blue's motion to suppress)
- 2 RR - Master Index (excluding voir dire)
- 14 RR - G/I
  - State's opening statement (pp. 17-25)
- 15 RR - G/I testimony
  - Altaf Sadrudeen (pp. 227-262)
  - Larence Williams (pp. 263-302)
- 16 RR - G/I testimony
  - Larence Williams (pp. 304-385)
  - Marissa Thorn (pp. 426-437)
  - Howard D. Hill (pp. 439-446)
  - Lidge Richards (pp. 457-474)
  - Beverly Gooden (pp. 465-486)
  - Janet Richards (pp. 487-498)
- 17 RR - G/I testimony
  - DW #1 - Ruthie Gorden (pp. 598-613)
  - DW #2 - Stephanie Ross (pp. 614-633)
  - Marion Allen (pp. 635-645)
  - DW #3 - John Ayers (pp. 648-653)
  - DW #4 - Johnny Gooden (pp. 655-686)
  - CARL HENRY BLUE (pp. 687-689)
  - Closing Arguments through verdict (pp. 503-535)
- 18 RR - Punishment testimony
- 19 RR - Punishment testimony
- 20 RR - Punishment testimony
- 21 RR - Punishment testimony, closing arguments, verdict
- DX 5 - Blue's 1st recorded statement to police (CD provided)
- DX 6 - Blue's 2nd recorded statement to police (CD provided)

Blue v. State, No. 72,106 (Tex. Crim. App. Dec. 1996) - unpublished opinion on direct appeal of original trial affirming conviction and sentence

Records from Re-trial on Punishment (2001)

- Index of witnesses (describes witness)
- 1 RR - Master Index
- 5 RR - State's Opening Statement & Punishment testimony
- 6 RR - State's witnesses
- 7 RR - State's witnesses
- 8 RR - State's witnesses
- 9 RR - Defense's Opening Statement & testimony
- 10 RR - Defense witnesses
- 11 RR - State's rebuttal witness, closing arguments & verdict
- 12 RR - Motion for new trial hearing
- 13 RR - Exhibits
- 14 RR - Exhibits

Blue v. State, 125 S.W. 3d 491 (Tex. Crim. App. Dec. 2003) - published opinion on direct appeal affirming sentence on re-trial

Records from Blue's 3rd State Writ (*Atkins* MR writ)

- Blue's state habeas application + exhibits
- Blue's Brief on Submission (12/28/2005)
- State's Brief (3/31/2006)
- Appendix to State's Brief (3/31/2006) **includes Blue's testimony
- Blue's Reply Brief (4/11/2006)

Ex parte Blue, No. 39,705-03 (Tex. Crim. App. March 2007) - published opinion dismissing Blue's successive *Atkins* writ

Records from Blue's federal habeas case (*Blue v. Quarterman*, No. 4:05-cv-02726)

- Blue's petition for habeas corpus (MR claim)
- Respondent's answer & motion for summary judgment (addresses MR claim)

Miscellaneous Records

- Affidavit from Blue (10/1996) in support of 1st state habeas application