

COURT MINUTES

IN THE 16th JUDICIAL CIRCUIT
IN AND FOR MONROE COUNTY, FLORIDA

Bond # _____ Bond \$ _____

CASE NUMBER: 07CT2854K
(ONE CASE PER PAGE)

Court Opened 1:30 on 5 / 29 / 2008 with the following officer present:

HONORABLE Miller MONTH DAY YEAR STATE ATTORNEY Seeba Simpson
DEFENSE ATTORNEY Hudson COURT REPORTER Guin BAILIFF Watson
STATE OF Florida VS A [REDACTED] B [REDACTED]

DEFENDANT CHARGED WITH: 1) DUI 2) Refuse Submit BT 3) _____
4) _____ 5) _____ 6) _____

PLED TO COUNTS: 1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

PLEA Mtn to Suppress

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> In jail | <input type="checkbox"/> Not Guilty | <input type="checkbox"/> 10 Days Granted For Motion | <input type="checkbox"/> PD Appt (_____) Contact Weekly |
| <input type="checkbox"/> Denial | <input type="checkbox"/> Demand Filed | <input type="checkbox"/> 40 Paid App Fee W/ 7 Days | <input type="checkbox"/> Information File |
| <input checked="" type="checkbox"/> Present with Attorney | <input type="checkbox"/> Present Without Attorney | <input type="checkbox"/> Not Present In Court | <input type="checkbox"/> Issue Capias |
| <input type="checkbox"/> Negotiated plea | <input type="checkbox"/> Guilty | <input type="checkbox"/> Nolo-Contendre | <input type="checkbox"/> Bond Estreated |
| <input type="checkbox"/> Bond Set \$ _____ | <input type="checkbox"/> PSI Ordered | <input type="checkbox"/> Speedy Trial | <input type="checkbox"/> Factual Basis |
| <input type="checkbox"/> Other <u>Mtn to Suppress</u> | | | |

Sentencing Date: _____ Accepts Plea Admittance No Objection to Score Sheet _____ PTS

SENTENCE

IT IS THE JUDGEMENT OF THE COURT AND THE SENTENCE OF THE LAW THAT YOU, THE ABOVE NAMED DEFENDANT:

- | | |
|--|--|
| <input type="checkbox"/> Adjudication Guilty | <input type="checkbox"/> Adjudication Withheld |
| <input checked="" type="checkbox"/> Nolle-Prosequi | <input type="checkbox"/> Placed on Probation |
| <input type="checkbox"/> Drug Offender | <input type="checkbox"/> After Care |
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Probation Revoked |
| <input type="checkbox"/> Probation Restored | <input type="checkbox"/> New Period of Probation |
| <input type="checkbox"/> _____ Hours Comm Service <input type="checkbox"/> _____ Hours Monthly | <input type="checkbox"/> Electronic Monitor <input type="checkbox"/> Phone Line Inst. within 10 days |
| <input type="checkbox"/> Community Control - Period of _____ | <input type="checkbox"/> New Period of Community Control _____ |
| <input type="checkbox"/> Complete terms probation w/in _____ Months | <input type="checkbox"/> Indigent for Cost of Supervision |
| <input type="checkbox"/> Confined to MCSO Jail for _____ Days | <input type="checkbox"/> Jail Program |
| <input type="checkbox"/> Jip Program | <input type="checkbox"/> PSW/COS Waived during Jail / Program |
| <input type="checkbox"/> Early Release Review After JIP Program | <input type="checkbox"/> Care Center |
| <input type="checkbox"/> Hold & Transport (bed space) to _____ | <input type="checkbox"/> Furlough Granted Start _____ / End _____ |
| <input type="checkbox"/> Same Terms and Conditions | <input type="checkbox"/> Make up Arrears |
| <input type="checkbox"/> State Prison | <input type="checkbox"/> Credit For Time Served (CFTS) |
| <input type="checkbox"/> Tier Program or Other W/ Prison | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sentence Concurrent | <input type="checkbox"/> Sentence Consecutive |
| <input type="checkbox"/> Urinalysis _____ Weekly | <input type="checkbox"/> 90 / 90 Program |
| <input type="checkbox"/> Psychological Evaluation _____ | <input type="checkbox"/> Report to DOC within _____ of Release |
| <input type="checkbox"/> NA / AA Meetings _____ Weekly | <input type="checkbox"/> License Revoked / Suspended <input type="checkbox"/> Work Permit |
| <input type="checkbox"/> No Contact with Victim | <input type="checkbox"/> Make equal monthly installments |
| <input type="checkbox"/> No Harmful Contact | <input type="checkbox"/> Previously Imposed JL Remains in Effect |
| <input type="checkbox"/> Surrender Weapons | <input type="checkbox"/> Daily Activity/Exercise as directed 1/2-1 hr Daily 3xs week |
| <input type="checkbox"/> Indiv/Group Counseling w/Res. Trmt. if needed | <input type="checkbox"/> Sub Abuse Eval W/ _____ days & treatment if needed |
| <input type="checkbox"/> Indigent for Evaluation/Treatment | <input type="checkbox"/> Advised of Immigration Rights <input type="checkbox"/> Appeal Rights |

COSTS

- | | | |
|--|--|---|
| <input type="checkbox"/> Attorney's Fees \$ _____ | <input type="checkbox"/> F.S. 27.3455 - \$ _____ | <input type="checkbox"/> BOCC - \$ _____ |
| <input type="checkbox"/> Fines \$ _____ | <input type="checkbox"/> Cost _____ | <input type="checkbox"/> SA \$ _____ |
| <input type="checkbox"/> Judgment Lien \$ _____ | <input type="checkbox"/> Cost Super DOC - \$ _____ | <input type="checkbox"/> MCSO \$ _____ |
| <input type="checkbox"/> Convert Fines to CSW @ \$10.00/hr _____ | <input type="checkbox"/> Early Term _____ | <input type="checkbox"/> PD \$ _____ |
| <input type="checkbox"/> FHP \$ _____ | <input type="checkbox"/> FFWL - \$ _____ | <input type="checkbox"/> Restitution \$ _____ |
| <input type="checkbox"/> Bond Money - deduct court cost \$ _____ | <input type="checkbox"/> Refund Bond Money _____ | |
| <input type="checkbox"/> OTHER INFORMATION: _____ | | |

DANNY L. KOLHAGE, CLERK OF THE CIRCUIT AND COUNTY COURTS.
BY: [Signature] DEPUTY CLERK, in attendance.

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