

Circuit Court Event Form SAO: MARTIN, GLENN ✓

STATE OF FLORIDA Case 2014CF000216AXES Court Date: 02/21/2017
 VS No(s): _____ Defense Attorney: ✓ ESCOBAR, RICHARD
 REEVES, CURTIS Hearing Type: STAND YOUR GROUND MTN

Charges(s): CT 1 - MURDER IN THE 2ND DEG, 1F (PBL); CT 2 - AGG BATT, 2F
 Lesser(s): _____ F.S.

Court Reporter : EANNEL, CHARLENE _____ Digital Clerk: BURGOS
 Next Court Date: _____ Victim Present
 Motion to Continue By: Defense SAO Motion: Granted Denied Interpreter Present
 Speedy Trial Waived

Court Appointed: <input type="checkbox"/> PD <input type="checkbox"/> RC <input type="checkbox"/> Conflict <input type="checkbox"/> HSNR <input type="checkbox"/> Failed To Appear <input type="checkbox"/> Estreat Bond <input type="checkbox"/> Surety <input type="checkbox"/> Cash <input type="checkbox"/> Revoke ROR <input type="checkbox"/> Issued Capias Amount:\$ _____ Count(s) _____ Amount:\$ _____ Count(s) _____ <input type="checkbox"/> Recall Capias <input type="checkbox"/> Reinstate ROR <input type="checkbox"/> Reinstate Bond <input type="checkbox"/> Surety <input type="checkbox"/> Cash	Plea of: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> No Contest <input type="checkbox"/> Admit to VOP <input type="checkbox"/> VOP dismissed <input type="checkbox"/> Viol. Cond(s): <input checked="" type="checkbox"/> Evidence Received	Verdict Of: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> By court <input type="checkbox"/> By jury	Motion for: <input type="checkbox"/> Granted <input type="checkbox"/> w/ Prejudice <input type="checkbox"/> Denied <input type="checkbox"/> w/o Prejudice <input type="checkbox"/> Take Under Advisement <input type="checkbox"/> Withdrawn <input type="checkbox"/> No Action	To Prep Order: <input type="checkbox"/> Court <input type="checkbox"/> SAO <input type="checkbox"/> Defense Atty <input type="checkbox"/> Clerk <input type="checkbox"/> Filed Open Court <input type="checkbox"/> Signed Open Court
Adjudication: <input type="checkbox"/> Guilty _____ Count(s) <input type="checkbox"/> Withheld _____ Count(s) <input type="checkbox"/> Departure <input type="checkbox"/> YO <input type="checkbox"/> HVO <input type="checkbox"/> PRR <input type="checkbox"/> Waive PRR <input type="checkbox"/> Min/Man _____ yr(s) as to count(s) _____ <input type="checkbox"/> VOP <input type="checkbox"/> Reinstate <input type="checkbox"/> Modify <input type="checkbox"/> New term <input type="checkbox"/> Revoke and Term Sentenced To: _____ <input type="checkbox"/> PCDC <input type="checkbox"/> DOC <input type="checkbox"/> as to count(s) _____ <input type="checkbox"/> time served as to count(s) _____ <input type="checkbox"/> Credit T/S: _____ days <input type="checkbox"/> _____ mos / yr(s) <input type="checkbox"/> CC <input type="checkbox"/> Prob. <input type="checkbox"/> DOPO <input type="checkbox"/> Sex Off. <input type="checkbox"/> MM <input type="checkbox"/> as to count(s) _____ As to count (s) _____ <input type="checkbox"/> Concur. <input type="checkbox"/> Consec. <input type="checkbox"/> _____ mos / yr(s) <input type="checkbox"/> DOC <input type="checkbox"/> PCDC <input type="checkbox"/> CC <input type="checkbox"/> Prob. <input type="checkbox"/> DOPO <input type="checkbox"/> Sex Off. <input type="checkbox"/> MM <input type="checkbox"/> F/B: _____ mos / yr(s) <input type="checkbox"/> CC <input type="checkbox"/> Prob. <input type="checkbox"/> DOPO <input type="checkbox"/> Sex Off. <input type="checkbox"/> Concur. <input type="checkbox"/> Consec. <input type="checkbox"/> Co-Term: w/ <input type="checkbox"/> any active case <input type="checkbox"/> w/ _____				

Conditions: <input type="checkbox"/> SA Evaluation <input type="checkbox"/> Psych Evaluation <input type="checkbox"/> Anger Management <input type="checkbox"/> BatterP <input type="checkbox"/> within _____ Days <input type="checkbox"/> Random UA <input type="checkbox"/> Waive THC for 30 Days <input type="checkbox"/> Waive Search & Seizure <input type="checkbox"/> No Alcohol <input type="checkbox"/> No bars, est. where primary purp is sale alcohol <input type="checkbox"/> Curfew 10PM-6AM Except: _____ <input type="checkbox"/> No contact w/ _____ <input type="checkbox"/> No contact w/Co Def. <input type="checkbox"/> Report to P&P: _____ <input type="checkbox"/> No Mind Alt. subs, drugs <input type="checkbox"/> No poppy seeds <input type="checkbox"/> DL susp/rev. for _____ <input type="checkbox"/> All prev. cond. remain <input type="checkbox"/> Standard pharm. Cond. <input type="checkbox"/> Employed FT or 8hr c/s Per week <input type="checkbox"/> No driving w/o valid DL	Court Costs: <input type="checkbox"/> Standard \$550 <input type="checkbox"/> Lessor \$500 <input type="checkbox"/> COP - \$100 <input type="checkbox"/> Attorney fee \$ _____ <input type="checkbox"/> PD <input type="checkbox"/> RC <input type="checkbox"/> Conflict <input type="checkbox"/> PD Indigent Fee \$50 <input type="checkbox"/> COI - \$ _____ to: <input type="checkbox"/> PCSO <input type="checkbox"/> NPRPD <input type="checkbox"/> FHP <input type="checkbox"/> PRPD <input type="checkbox"/> DCPD <input type="checkbox"/> ZPD <input type="checkbox"/> DV \$201 <input type="checkbox"/> RAPE CRISIS \$151 <input type="checkbox"/> Minor \$151 <input type="checkbox"/> FDLE \$100 <input type="checkbox"/> DNA - \$7 <input type="checkbox"/> State Radio \$3 <input type="checkbox"/> Crim. Use of ID \$1,001 <input type="checkbox"/> Trafficking fine & SC. <input type="checkbox"/> \$ _____
<input type="checkbox"/> Remanded to PCDC <input type="checkbox"/> until bed space available <input type="checkbox"/> @ _____ <input type="checkbox"/> Enter & complete 1 st time <input type="checkbox"/> Including aftercare <input type="checkbox"/> F/B trans. housing <input type="checkbox"/> Early Term _____ <input type="checkbox"/> Early Rollover _____ <input type="checkbox"/> Auto Term _____ <input type="checkbox"/> No Early Term <input type="checkbox"/> Complete _____ hrs. C/S <input type="checkbox"/> @ rate _____ hrs. per <input type="checkbox"/> Week <input type="checkbox"/> Month (Min) <input type="checkbox"/> Waive COS while in & Waiting for program <input type="checkbox"/> May Transfer To: _____ <input type="checkbox"/> Ignition Interlock _____ <input type="checkbox"/> Victim impact panel _____ <input type="checkbox"/> Appear for all status cks <input type="checkbox"/> Forfeit Weapon to PCSO <input type="checkbox"/> DUI School <input type="checkbox"/> Advanced <input type="checkbox"/> 2 sober support meetings Per week	Other Conditions: _____ _____ _____ _____

PASCO COUNTY FLORIDA
 CLERK OF COURT
 2014 FEB 21 PM 5:14
 FILED FOR RECORD

testimony given

Notes: