

PASCO COUNTY CLERK & COMPTROLLER PAULA S. O'NEIL, Ph.D.

Print Date: 11/15/2017

Print Time: 9:10 am

COURT EVENT: PRETRIAL CONFERENCE

JUDGE: SUSAN G BARTHLE

COURT DATE: 11/16/2017 09:00AM LOCATION: Robert D Sumner Judicial Center DIVISION: SECTION 1 ROOM: A

2014CF000216CFAXES

X REEVES, CURTIS JUDSON

✓ Def Atty: RICHARD ESCOBAR *Dino Michaels*

PRETRIAL CONFERENCE

DOB: 08/31/1942 Additional ID: 683538

✓ Pros Atty: STACEY LYNN SUMNER

Custody Location: BOND

Comments:

WRITTEN PLEA OF NOT GUILTY FILED ON: 01/24/2014

SPEEDY TRIAL EXPIRATION DATE: 07/07/2014

Citation#:

SPEEDY TRIAL WAIVED? YES DATE: 03/12/2014

BONDS:

Bond Type	Bond Amount	Bond Name
SURETY	\$50,000.00	FRANK CUETO BAIL BONDS
SURETY	\$100,000.00	FRANK CUETO BAIL BONDS

OUTSTANDING WARRANTS:

Type	Order Date	Reason	Name	Case Number
NONE				

CHARGES:

ProsCnt	IntSeq	ProsAct	Deg	Level	Charge Description	Offense Date	Days Served
1	1	FILED	F	Felo	HOMICIDE	01/13/2014	180
2	2	FILED	S	Felo	AGGRAV BATTERY CAUSE BODILY HARM OR DISABILITY	01/13/2014	1

COURT EVENT: PRETRIAL CONFERENCE

JUDGE: SUSAN G BARTHLE

COURT DATE: 11/16/2017 09:00AM LOCATION: Robert D Sumner Judicial Center

DIVISION: SECTION 1

ROOM: A

2014CF000216CFAXES REEVES, CURTIS JUDSON

Clerk: BURGOS

Court Reporter Melinda McClain Digital

Next Court Date: STC ext 2/15/18 @ 9 a.m.

Motion to Continue By: Defense SAO Motion: Granted Denied

- Victim Present
- 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 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/ _____					
<input type="checkbox"/> SA Evaluation <input type="checkbox"/> Psych Evaluation <input type="checkbox"/> Anger Management <input type="checkbox"/> Batterers Intervention <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	Conditions: <input type="checkbox"/> Remanded to PCDC <input type="checkbox"/> until bed space available <input type="checkbox"/> @ _____ <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term <input type="checkbox"/> Enter & complete 1 st time <input type="checkbox"/> Including aftercare <input type="checkbox"/> F/B trans. housing <input type="checkbox"/> Follow All Rules of prgm. <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 mtgs/wk	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"/> Restitution \$ _____ To _____ <input type="checkbox"/> Pay min \$ _____ Per mos beg. _____ <input type="checkbox"/> Costs Imposed as Lien <input type="checkbox"/> C/S opt. \$8.10 hour <input type="checkbox"/> O/S Costs as Lien <input type="checkbox"/> Conc w/ _____ <input type="checkbox"/> Consec _____ <input type="checkbox"/> Pay Costs Within _____ <input type="checkbox"/> \$1 per mos. 1 st Step <input type="checkbox"/> Pay: _____ <input type="checkbox"/> @ _____ <input type="checkbox"/> C/S In Lieu of <input type="checkbox"/> Fine/ SC: \$ _____
Other Conditions: <input type="checkbox"/> Make monthly payments or community service hours _____ _____ _____					

Notes:

waiting to hear from DCA