

2014CF000216CFAXES

REEVES, CURTIS JUDSON

Def Atty: RICHARD ESCOBAR

Dund Michaels

STATUS CHECK

DOB: 08/31/1942 Additional ID: 683538

Pros Atty: GLENN LAIR MARTIN

Custody Location: BOND

Comments:

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

SPEEDY TRIAL EXPIRATION DATE: 07/07/2014

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

Citation#:

BONDS:

Bond Type	Bond Amount	Bond Name	Charge Seq Num
SURETY	\$50,000.00	FRANK CUETO BAIL BONDS	SEQUENCE 2
SURETY	\$50,000.00	VINCE LOZANO BAIL BONDS	SEQUENCE 2
SURETY	\$100,000.00	FRANK CUETO BAIL BONDS	SEQUENCE 1
SURETY	\$100,000.00	VINCE LOZANO BAIL BONDS	SEQUENCE 1

OUTSTANDING WARRANTS:

Type	Order Date	Reason	Name	Case Number			
CHARGES:							
ProsCnt	IntSeq	ProsAct	Deg	Level	Charge Description	Offense Date	Days Served
1	1	FILED	F	F	HOMICIDE	01/13/2014	180
2	2	FILED	S	F	AGGRAV BATTERY CAUSE BODILY HARM OR DISABILITY	01/13/2014	1

Clerk: PIPLO Robbans

Court Reporter: Campbell Digital

Signature Trial

Next Court Date: SC 3-11-20 @ 3pm

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	Plea of: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Nolo <input type="checkbox"/> Admit	Motion for:	To Prep Order: <input type="checkbox"/> Court <input type="checkbox"/> SAO <input type="checkbox"/> Defense Atty <input type="checkbox"/> Clerk <input type="checkbox"/> FIOC <input type="checkbox"/> SIOC
<input type="checkbox"/> HSNR <input type="checkbox"/> FTA <input type="checkbox"/> Estreat Bond <input type="checkbox"/> Surety <input type="checkbox"/> Cash <input type="checkbox"/> Revoke ROR/Bond <input type="checkbox"/> Issue Capias Amount: \$ _____ Count(s) _____ Amount: \$ _____ Count(s) _____	Verdict Of: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> VOP dismissed <input type="checkbox"/> Viol. Cond(s): <input type="checkbox"/> Evidence Received	<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 Withdrawn 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 <input type="checkbox"/> Recall Capias <input type="checkbox"/> Reinstate: <input type="checkbox"/> Surety <input type="checkbox"/> Cash <input type="checkbox"/> ROR	
	Adjudication: <input type="checkbox"/> Guilty _____ Count(s) <input type="checkbox"/> Withheld _____ Count(s) <input type="checkbox"/> Depart <input type="checkbox"/> YO <input type="checkbox"/> HVO <input type="checkbox"/> PRR <input type="checkbox"/> Wv PRR <input type="checkbox"/> VOP <input type="checkbox"/> Reinstate <input type="checkbox"/> Mod <input type="checkbox"/> New term <input type="checkbox"/> Rev&Term		
	Sentence: _____ <input type="checkbox"/> PCDC <input type="checkbox"/> DOC <input type="checkbox"/> Count(s) _____ <input type="checkbox"/> TS As to Count(s) _____ <input type="checkbox"/> CTS: _____ 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"/> Count(s) _____ <input type="checkbox"/> Min/Man _____ yr(s) Count(s) _____ -As to CT(s) _____ <input type="checkbox"/> Concur. <input type="checkbox"/> Consec. _____ 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 Eval <input type="checkbox"/> Psych Eval <input type="checkbox"/> Anger Management <input type="checkbox"/> BIP <input type="checkbox"/> within _____ Days <input type="checkbox"/> Remand to PCDC <input type="checkbox"/> until bed avail <input type="checkbox"/> @ _____ <input type="checkbox"/> Short <input type="checkbox"/> Long(Term) <input type="checkbox"/> Enter & comp 1 ^x <input type="checkbox"/> Incl aftercare <input type="checkbox"/> F/B trans. house <input type="checkbox"/> Follow All Rules of prgm <input type="checkbox"/> RUA <input type="checkbox"/> Wv S & S <input type="checkbox"/> Curfew 10P-6A <input type="checkbox"/> Except: wk, sch, tx, rel act <input type="checkbox"/> Wv THC 30 Days <input type="checkbox"/> No Alcohol <input type="checkbox"/> No bars, est. where primary sale also <input type="checkbox"/> No Mind Alt. subs <input type="checkbox"/> No poppy seeds <input type="checkbox"/> No marij. wax <input type="checkbox"/> Stand Pharm. Cond. <input type="checkbox"/> NCWV <input type="checkbox"/> NCW/Co-Def. <input type="checkbox"/> Rpt P&P: _____ <input type="checkbox"/> Employ FT or 8hr c/s wk <input type="checkbox"/> 2 Sober Support mtgs/wk <input type="checkbox"/> Appear all SC <input type="checkbox"/> Waive COS <input type="checkbox"/> Forfeit Weap PCSO <input type="checkbox"/> All prev. cond. <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"/> DL rev. for _____ <input type="checkbox"/> Ig Inter _____ <input type="checkbox"/> VIP _____ <input type="checkbox"/> DUI School <input type="checkbox"/> Advanced <input type="checkbox"/> ERO _____ <input type="checkbox"/> ET _____ <input type="checkbox"/> Auto Term _____ <input type="checkbox"/> No ET <input type="checkbox"/> May Transfer To: _____	Court Costs: <input type="checkbox"/> Standard \$550 <input type="checkbox"/> Lesser \$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"/> PDIF \$50 <input type="checkbox"/> COI - \$ _____ to: _____ <input type="checkbox"/> PCSO <input type="checkbox"/> NPR <input type="checkbox"/> FHP <input type="checkbox"/> PR <input type="checkbox"/> DCPD <input type="checkbox"/> ZPD <input type="checkbox"/> DV \$201 <input type="checkbox"/> RC \$151 <input type="checkbox"/> MC \$151 <input type="checkbox"/> FDLE \$100 <input type="checkbox"/> DNA - \$7 <input type="checkbox"/> Radio \$3 <input type="checkbox"/> Crim. Use of ID \$1,001 <input type="checkbox"/> Trafficking fine & SC. <input type="checkbox"/> \$ _____ <input type="checkbox"/> Fine/ SC: \$ _____ <input type="checkbox"/> Restitution \$ _____ To _____ <input type="checkbox"/> Pay min \$ _____ Per mos beg. _____ <input type="checkbox"/> C/S @ \$8.56 hr <input type="checkbox"/> Lien <input type="checkbox"/> Costs <input type="checkbox"/> O/S Costs <input type="checkbox"/> 1 st Step \$1/month <input type="checkbox"/> Pay: _____ @ _____ <input type="checkbox"/> C/S In Lieu of _____ <input type="checkbox"/> Conc <input type="checkbox"/> Consec w/ <input type="checkbox"/> Pay within _____ days or set up a payment plan
Other Conditions: <input type="checkbox"/> Make monthly payments or community service hours	