

**DISPOSITION MEMORANDUM
IN THE COUNTY COURT
HIGHLANDS COUNTY, STATE OF FLORIDA**

DATE: 08/24/2016

DEFENDANT: FRANK PAUL JONES

CUSTODY LOCATION: JAIL

Case Number: 16000466MMAXMX
TYPE OF HEARING / CHARGES: PRE-TRIAL CONFERENCE

- 1. 1. TRESPASS OCCUPIED STRUCTURE/CONVEYANCE (MF)
- 2. 2. RESIST/OBSTR OFFICER W/OUT VIOLENCE (MF)

JUDGE: ANTHONY RITENOUR *Shinkhiser*

DA: *Stout* EUGENA MOULTON (PD)

PA: PYLE, ROBERT

PLEA:

- Not Guilty
- Guilty
- Nolo Contendre/ Best Interest
- Admits VOP/ VOCC
- Jury Trial Starts
- Capias Withdrawn by Order of the Judge
- FTA / Capias Ordered / Bond set at \$
- Bond Estreated
- Defendant referred for:
- Defendant placed on Probation / Community Control for a term of
- D L Suspension
- Substance / Mental Health Treatment
- State to Nolle Prosequi / No Bill
- Defendant waives
- Warrantless Search / Seizure

Written

Denial VOP

ADJUDICATION:

- Not Guilty
- Guilty
- Withheld

Revoked Restored Modified Terminated (Satisfactorily) (Unsatisfactorily)

Jury Verdict

PD Application \$50 PD Application fee PD Appointed

Bond not to be modified Remanded to Custody

Bond Released Substance / Mental Eval

PSI/ PDR PTRI Alcohol Clauses Drug Clauses

Course -- registration w/in _____ days -- completion required w/in _____ months

_____ months / years _____ Hours Community Service w/in _____ months / days

_____ days -- completion required w/in _____ months

Dismissed by Court

Restitution Ordered / Jurisdiction reserved for 60 days No Contact w/ Victim

Vehicle to be impounded for _____ days Inv Costs \$ _____ to _____

(Court finds def incompetent to proceed)

FINE I. \$ _____ II. \$ _____ III. \$ _____ IV. \$ _____ V. \$ _____

COST I. \$ _____ II. \$ _____ III. \$ _____ IV. \$ _____ V. \$ _____

Pros. Fee \$ _____ PUBLIC DEF FEE \$ _____ FEE \$ _____

Monetary Obligations reduced to: D6 Suspension Judgment / Order Lien(s) Cash bond to be applied

Monetary Obligations due w/in _____ days / weeks / months by COPD date or appear in court as indicated

Highlands County Jail State Prison Youthful offender Credit for time served May apply for Comm. Maint

I. _____ DYS / MOS / YRS CONCURRENT / CONSECUTIVE WITH _____

II. _____ DYS / MOS / YRS CONCURRENT / CONSECUTIVE WITH _____

III. _____ DYS / MOS / YRS CONCURRENT / CONSECUTIVE WITH _____

IV. _____ DYS / MOS / YRS CONCURRENT / CONSECUTIVE WITH _____

V. _____ DYS / MOS / YRS CONCURRENT / CONSECUTIVE WITH _____

Contact probation within _____ hours of release from custody. Term of incarceration suspended.

Continued for DATE: 12.8.16 TIME: 1:30 pm for Comp rlv.

DATE: _____ TIME: _____ for _____

IN ACCORDANCE WITH THE AMERICAN WITH DISABILITIES ACT, PERSONS WITH DISABILITIES NEEDING SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE CLERK OF THE COURTS OFFICE, AT 590 S. COMMERCE AVENUE, SEBRING, FL 33870, TELEPHONE (863) 402-6565, NOT LATER THAN SEVEN DAYS PRIOR TO THE PROCEEDING. IF HEARING IMPAIRED (TDD)

1-800-955-8771, OR VOICE (V) 1-800-955-8770, VIA FLORIDA RELAY SERVICE.

BY: *[Signature]*
DEPUTY CLERK