

CASE NO: 16-50617-894 CF

CIRCUIT COURT ACTION FORM
FELONY DIVISION

TOM BEXLEY
CLERK OF THE CIRCUIT COURT
FLAGLER COUNTY, FLORIDA

STATE OF FLORIDA
VS

DATE: 8/5/21

Eric Robinson

DEFENSE ATTY: _____

BONDSMAN: Ace

JUDGE: F

ASA: T.L

APPEAR	COURT EVENT	SPEC. COND.	REMARKS
<input checked="" type="checkbox"/> DEF <input type="checkbox"/> P.D. <input type="checkbox"/> ATTY <input type="checkbox"/> FTA <input type="checkbox"/> JAIL	<input type="checkbox"/> CONT'D <input type="checkbox"/> PSI <input type="checkbox"/> SS ORD <input type="checkbox"/> PD APPT'D <input type="checkbox"/> BOND SET @ \$ _____	<input type="checkbox"/> DRUG OFF. <input type="checkbox"/> SEX OFF. <input type="checkbox"/> HABIT OFF <input type="checkbox"/> ANGER CONTRL <input type="checkbox"/> NO CONTACT W/ \$ _____	<input type="checkbox"/> RIGHT TO APPEAL <p><i>[Scribbled out]</i></p>

CT	CHARGE	PLEA	ACTION/ADJ	SENTENCE
	<u>VOP x 2</u>	<input type="checkbox"/> N/G <input type="checkbox"/> GUILTY <input type="checkbox"/> NOLO <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY	<input type="checkbox"/> VERDICT <input type="checkbox"/> DISMISS <input type="checkbox"/> ADJ GUILTY <input type="checkbox"/> ADJ W/H <input type="checkbox"/> NO INFO-N/P	<input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> D/C <input type="checkbox"/> T/S <input type="checkbox"/> ST. COND <input type="checkbox"/> CREDIT T/S _____ YR <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT _____ MTH _____ DAYS FOLLOWED BY <u>revoke & term. prob.</u>
		<input type="checkbox"/> N/G <input type="checkbox"/> GUILTY <input type="checkbox"/> NOLO <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY	<input type="checkbox"/> VERDICT <input type="checkbox"/> DISMISS <input type="checkbox"/> ADJ GUILTY <input type="checkbox"/> ADJ W/H <input type="checkbox"/> NO INFO-N/P	<input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> D/C <input type="checkbox"/> T/S <input type="checkbox"/> ST. COND <input type="checkbox"/> CREDIT T/S _____ YR <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT _____ MTH _____ DAYS FOLLOWED BY <u>prob. term. unsuccessful</u>
		<input type="checkbox"/> N/G <input type="checkbox"/> GUILTY <input type="checkbox"/> NOLO <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY	<input type="checkbox"/> VERDICT <input type="checkbox"/> DISMISS <input type="checkbox"/> ADJ GUILTY <input type="checkbox"/> ADJ W/H <input type="checkbox"/> NO INFO-N/P	<input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> D/C <input type="checkbox"/> T/S <input type="checkbox"/> ST. COND <input type="checkbox"/> CREDIT T/S _____ YR <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT _____ MTH _____ DAYS FOLLOWED BY <u>- A to get up payment plan</u>

ATTENTION: PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E Orange Ave, Ste 300, Daytona Bch, FL 32114, 386-257-6096, within 2 days of your receipt of this Notice. If you are hearing impaired, please call (800) 955-8771; if you are voice impaired, call 1-800-955-8770. This is not a court information line.

THIS CASE IS SET FOR:

ADDITIONAL COMMENTS

ARR PT/DS TRIAL OTHER HEARING AT _____ M. ON _____ / _____ / _____

ARR PT/DS TRIAL OTHER HEARING AT _____ M. ON _____ / _____ / _____

YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE COURT ON THE ABOVE DATE.

H.D.
DEFENDANT

ATTORNEY

CIRCUIT JUDGE

DEPUTY CLERK