

CASE NO: 18-~~100~~/744 CFFA

STATE OF FLORIDA  
VS

JERARD KEATON DAVIS

CIRCUIT COURT ACTION FORM  
FELONY DIVISION

DATE: 8/27/18

TOM BEXLEY  
CLERK OF THE CIRCUIT COURT  
FLAGLER COUNTY, FLORIDA

DEFENSE ATTY: \_\_\_\_\_

BONDSMAN: \_\_\_\_\_

TP

JUDGE: \_\_\_\_\_

*St. Coast*  
ASA *M. STONE*

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"/> PLEA ACPT'D <input type="checkbox"/> EA. CONCUR <input type="checkbox"/> EA. CONSEC <input checked="" type="checkbox"/> WFAW/ST <input type="checkbox"/> WFAW/ISS'D <input type="checkbox"/> BOND EST	<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"/> SEX PRED <input type="checkbox"/> EVAL/TX <input type="checkbox"/> RES. JURIS <input type="checkbox"/> RESITT. \$ _____	<input type="checkbox"/> RIGHT TO APPEAL  <p style="font-size: 2em; text-align: center;"><i>to hire private counsel</i></p>

CT	CHARGE	PLEA	ACTION/ADJ	SENTENCE	FOLLOWED BY
		<input checked="" 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"/> ST. COND <input type="checkbox"/> CREDIT T/S <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT <input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> D/C <input type="checkbox"/> T/S _____ YR _____ MTH _____ DAYS	
		<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"/> ST. COND <input type="checkbox"/> CREDIT T/S <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT <input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> D/C <input type="checkbox"/> T/S _____ YR _____ MTH _____ DAYS	
		<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"/> ST. COND <input type="checkbox"/> CREDIT T/S <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT <input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> D/C <input type="checkbox"/> T/S _____ YR _____ MTH _____ DAYS	

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:

ARR PT/DS TRIAL 10:10 OTHER 17 HEARING AT \_\_\_\_\_ M. ON \_\_\_\_\_

ARR PT/DS TRIAL 10:10 OTHER 17 HEARING AT \_\_\_\_\_ M. ON \_\_\_\_\_

ADDITIONAL COMMENTS

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

*AD.*

DEFENDANT

ATTORNEY

CIRCUIT JUDGE

DEPUTY CLERK