

STATE OF FLORIDA
UNIFORM COMMITMENT TO CUSTODY
OF DEPARTMENT OF CORRECTIONS

The Circuit Court of **FLAGLER** County in the **FALL** term, 2021, in the case of

STATE OF FLORIDA
VS
HOLLY NORRIS 13-981 CFFA

Defendant

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA, TO THE SHERIFF OF THE ABOVE-REFERENCED COUNTY AND THE DEPARTMENT OF CORRECTIONS, GREETING:

The above-named defendant has been duly charged, convicted, adjudicated guilty, and sentenced for the offense(s) set forth in the attached certified copies of the Indictment(s)/Information(s), Original Judgment(s) Adjudicating Guilt, and Sentencing Order(s). In addition to the Original Judgment, if judicial supervision has been revoked subsequent to the entry of the judgment adjudicating guilt, a certified copy of the order revoking supervision (rather than a duplicative judgment adjudicating guilt) is also attached in support of this commitment.

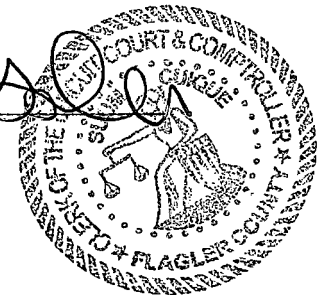
Now therefore, this is to command you, the Sheriff, to take and keep and, within a reasonable time after receiving this commitment, deliver the defendant into the custody of the Department of Corrections: and this is to command you, the Secretary of the Department of Corrections, to keep and imprison the defendant for the term of the sentence. Herein fail not.

WITNESS THE HONORABLE TERENCE PERKINS
Judge of said court, and also the Clerk and the Seal thereof,
this the 9TH Day of

FEBRUARY, 2022

TOM BEXLEY, CLERK

By: 
Deputy Clerk



Page 1 of 16 Pages

DC6-306(revised 5/3/11)

**7th. Judicial Circuit 707
Charging Affidavit - Flagler**

Arrest # _____ Bk # _____

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input checked="" type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: 13-9810 CFFA	
(OR) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 32234-13	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#		Date Arrested:	
ADDRESS OF ARREST:		Arrested By:		Time of Arrest:	
DEFENDANT Name (L,F,M): Norris, Holly Lyn		A.K.A.:		ID Number:	
DOB: 12/12/78		Age: 34		Sex: Female	
Height: 5'6"		Weight: 150		Race: White	
Scars, Marks, Tattoos:		Business & Occupation: none		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Address-Mailing/Permanent (STREET, APT. NUMBER): 4375 CR 305		(CITY): Bunnell		(STATE): FL	
Address-Local (STREET, APT. NUMBER):		(CITY):		(STATE):	
Address-Other(Employer/School) (STREET, APT. NUMBER):		(CITY):		(STATE):	
CHARGES		Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>		Total Charges: 1	
#1	Charge: Neglect of an elderly person or disabled adult	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.: 825.102	
#2	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
#3	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		Citation No.:	
CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	
#1 NAME(L,F,M):		Race:		Sex:	
#2 NAME(L,F,M):		Race:		Sex:	
NARRATIVE		<p>The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>25th</u> day of <u>April</u>, 2013, at approximately <u>3:50</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>4375 CR 305 Bunnell</u> within <u>Flagler</u> County, violated the law and did then and there:</p> <p>On Thursday, April 25, 2013 the Flagler County Sheriff's Office responded to 4375 CR 305 Bunnell in reference to a welfare check of a mentally disabled adult male. This male, identified as John L. Satanoski DOB 3/9/48 who requires supervision and assisted living care. An employee from the adult day care that John attends regularly grew concerned after John did not come to the daycare for three days. The employee responded to John's residence and contacted the Sheriff's Office. Upon deputy's arrival at 4375 CR 305, they discovered all doors at the residence were locked from the inside and outside. A Deputy was able to make entry into the residence through a small unlocked window. Upon entry the deputy located John lying unresponsive on the floor of a bedroom. John was immediately transported to Florida Hospital Flagler by ambulance.</p> <p>John lives at the address and is taken care of by his niece identified as Holly Norris. Holly Norris has power of attorney over John due to his inability to care for himself and inability to make any other important decisions. This is primarily due to the deterioration of his mental state affected by dementia. John attends an adult daycare during the day to assist him while Holly is attending school, or running other errands. Initial attempts to contact Holly were unsuccessful, although they finally contacted Holly via cellphone. They informed Holly that John was hospitalized and requested she contact the hospital.</p>			
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.		FINE, AND COSTS AMOUNT:			
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
Sworn to and subscribed before me, the undersigned This <u>26th</u> day of <u>Nov</u> , 2013.		I swear/affirm the above statements are correct and true.		Rt Thumb	
Name: <u>SPZDOR #382</u>		OFFICER'S/COMPLAINANT'S SIGNATURE: <u>Elizabeth Conrad #289</u>		FILED IN THE OFFICE OF THE CLERK OF CIRCUIT COURT Flagler County, Florida	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		NAME(PRINTED): Elizabeth Conrad		ID NUMBER: 289	
OFFICIAL USE ONLY		Inmate Number & facility:		By: _____ Deputy Clerk	

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number:

Page # 2 of 4

Agency Case Number:
32234-1

Defendant Name:
Norris, Holly

CHARGES		DOMESTIC VIOLENCE?	YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:	Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:	Citation No: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:	Citation No: Bond:

A welfare check was conducted later in the evening on Holly after the Sheriff's Office received an anonymous call of concern for her son in her care. The anonymous tip stated Holly would be located at an address off Bunkerview Dr. A deputy responded to the address provided (48B Bunker View Dr. Palm Coast). Deputy Dailey made contact with a male, identified as Michael Marsh who was caring for Holly's son. Holly was allegedly at a store in Palm Coast with the male's girlfriend (later identified as Kimberly Westerhouse). The deputy spoke with Holly over the phone and observed the child, who appeared to be in good condition.

On May 9, 2013 information was received that John passed away at Florida Hospital Flagler. Holly contacted the hospital on a few occasions via telephone, but never visited John in the hospital. After the death of John I, Detective Conrad was assigned the case of John's death to assure there was nothing suspicious in nature.

On May 17, 2013 I, Detective Conrad responded to 4375 CR 305 to make contact with Holly Norris after attempts over the phone were unsuccessful. At approximately 4:11 pm I made contact with Holly Norris at her residence. Holly Norris stated she's cared for her uncle for approximately 8 years due to his disabilities. She lives at the residence with her uncle and her 3 year old child. Holly allowed this detective to observe the room where John stayed. Holly informed this detective she already cleaned a lot of John's stuff up and had also thrown his twin bed away. Holly also presented this detective with several prescription drugs that belonged to John to dispose of. Holly had plans to leave therefore this detective informed her I would return to obtain a more detailed statement from her.

Upon further investigation into John's condition and examination of the medications prescribed, it appears John suffered from dementia, seizures, high blood pressure, and anxiety.

The adult daycare worker that initially responded to John's residence was identified as Peggy Thomas and was contacted by this detective. The following information was provided by Peggy; Peggy explained the level of care John was receiving. Peggy stated John has attended the daycare for years and currently attended the daycare for 8 hours a day. Holly would drop John off and pick him up. The care consisted of feeding John, preventing him from wandering off, and sometimes bathing him. Peggy grew concerned when John didn't come to the daycare for three days. Peggy contacted Holly over the phone on Monday and Tuesday at which time Holly informed Peggy John was fine. Holly informed Peggy she was in a car accident that disabled her vehicle and she couldn't get John to the daycare. Peggy informed this detective the daycare has a transportation bus that could pick John up, but Holly stated he was fine.

On Thursday Peggy couldn't get ahold of Holly and grew concerned.

It should be noted Peggy has previously requested that Holly put John in a living facility for constant care and Holly denied the recommendation.

Sworn to and subscribed before me, the undersigned this <u>26</u> day of <u>NOVEMBER</u> , 20 <u>13</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>SPIDES #332</u>	<u>Elizabeth Conrad</u> #289 OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	<u>Elizabeth Conrad</u> NAME(PRINTED)	ID NUMBER
Type of Identification:		

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Agency Case Number:
32234-12

Defendant Name:
Norris, Holly

CHARGES

DOMESTIC VIOLENCE? YES

Attachments: Affidavit(s) Statement(s) NTA Schedule Report Traffic Infraction(s)

Total Charges:

#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

On May 23, 2013 at approximately 4:00 pm I responded back out to 4375 CR 305 to obtain more detailed information from Holly Norris. Our conversation was recorded and Holly provided the following information; Holly was involved in a minor car accident on Sunday April 21, 2013 and was picked up by her friends that live on Bunker View Dr. Palm Coast. Holly stated she was home from Sunday April 21, 2013 until Thursday April 25, 2013. Holly did not take John to daycare due to her not having transportation and because she was home with him so it was not necessary. Holly stated Thursday she left for no more than two hours to go to the store. She left John secured in the house and that's when the incident with the Sheriff's Office occurred. Holly stated she would never leave John for more than two hours because she has to feed him. Holly further stated John can do some things himself such as bathe, eat, and go to the bathroom. Holly puts his food out for him and he is able to get it and eat it. Holly also stated John has seizures and she has to give him medication regularly. Holly stated she gives John 1 1/2 tablets twice daily to prevent seizures and will also give him medication at night to help him sleep.

On May 31, 2013, this detective located a male friend of Holly Norris' identified as Michael Marsh. Michael Marsh was currently serving a sentence in the Flagler County Inmate Facility. Michael was the male that was in control of her young child on Thursday April 25, 2013 during the welfare check on Holly conducted by the Sheriff's Office. Michael stated Holly stayed with him and his girlfriend at Bunkerview Ln. the entire week leading to the above mentioned incident, including through the nights. Michael stated he only gave Holly a ride out to her house on CR 305 Thursday after John went to the hospital. Michael further stated his girlfriend would definitely remember more accurate dates and times. Michael was familiar with John and stated Holly brought John to Bunker View Ln on numerous occasions. Michael stated they were able to provide a ride to Holly at any time. Michael stated his previous drug use consisted of injecting pain pills (specifically Vicodin prescription pain killer). Michael also confessed Holly has the same drug addiction.

On June 4, 2013 a sworn statement was obtained from Michael Marsh's girlfriend identified as Kimberly Westerhouse. K. Westerhouse provided a statement explaining she took Holly home Friday 4/26/13 or Saturday 4/27/13, after she stayed with them for the week prior without returning to the home to care for John.

On September 9, 2013 Holly Norris voluntarily responded to the Flagler County Sheriff's Office Investigations Division. A recorded interview was conducted with Holly about the additional information obtained during my investigation. Holly finally admitted she left her uncle unattended without care for three-four days. Holly further stated she wasn't honest initially because she was scared. Holly stated there were rumors going around that she killed her uncle and wrapped him in a mattress. Holly stated she was against the assistant living facility (previously recommended) because he would "be alone" or scared he would be abused/neglected. Holly also stated she was in fear of losing her son and having to deal with the consequences from her father. I explained to Holly that she failed to provide the appropriate care for her uncle and Holly understood there would be consequences.

The report from the Medical Examiner's Office ruled John's death as follows;

Cause of Death: Respiratory Failure, Due to Acute Cerebral Infarction.

Other Significant Condition (s): Old Cerebral Infarcts, Seizure Disorder, Jaundice

Manner of Death: Natural

Sworn to and subscribed before me, the undersigned this <u>26th</u> day of <u>NOVEMBER</u> , 2013	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>ELIZABETH SPARKS #382</u>	<u>Elizabeth Conrad</u> #289 OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) <u>Elizabeth Conrad</u>	ID NUMBER
Type of Identification:		

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number: **32234-13**

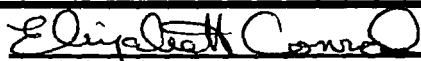
Pg # 4 of 4

Defendant Name: Norris, Holly		Agency Case Number: 32234-13	
Name (L,F,M): Thomas, Peggy	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: white	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address (#, Street, City, State): 1000 Belle Terre Blvd, Palm Coast, FL		Zip: 32164	Home Phone: 386-931-3222
Bus./School Address: Flagler County Senior Services Department		Zip:	Bus. Phone: 386-586-2324
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M): Norris, Frank	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: white	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State): 33 Essington Ln. Palm Coast		Zip: 32164	Home Phone: 386-586-7658
Bus./School Address:		Zip:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M): Marsh, Michael	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: white	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State): 6 RAEITAN WAY PALM COAST		Zip: 32164	Home Phone: n/a
Bus./School Address: Currently Incarcerated : 1001 Justice Ln. Bunnell, Fl		Zip: 32110	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M): Westerhouse, Kimberly	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: white	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address (#, Street, City, State): 6 RAEITAN WAY PALM COAST		Zip: 32164	Home Phone: 386-503-0878
Bus./School Address:		Zip:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State):		Zip:	Home Phone:
Bus./School Address:		Zip:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address (#, Street, City, State):		Zip:	Home Phone:
Bus./School Address:		Zip:	Bus. Phone:
Relative/Contact Name:		Relative/Contact Address:	Phone:

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

 #289
 Investigating Officer ID Number


 Agency

7th. Judicial Circuit 707
Charging Affidavit - FLAGLER

Arrest # _____

Case # 2514

Pg #1 of 1

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Count Case Number: 2013 CF 000981
(OR) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2015-00116561
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBT# <u>1801045120</u>	UCR:	Date Arrested: <u>11/20/2015</u> Time of Arrest: <u>12:14</u>
ADDRESS OF ARREST: <u>50, PARK, PL, BUNNELL, Florida, 32110</u>			Arrested By: <u>Malheiros Nancy</u>	ID Number: <u>585</u>
DEFENDANT		Name (L.F.M.): <u>Norris, Holly, Lyn</u>		A.K.A.
DOB: <u>12/12/1978</u>	Age: <u>38</u>	Driver's Lic ID No.: <u>N620-33275152-0</u>	State: <u>Florida</u>	Year Expires: <u>2018</u>
Height: <u>5 6</u>	Weight:	Hair: <u>Brown</u>	Eyes: <u>Brown</u>	POB (City, State, Country):
Scars, Marks, Tattoos:	Business & Occupation:		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Domestic: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Deaf/Blind: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Citizenship: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address-Home/Permanent (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP CODE RESIDENCE PHONE
Address-Local (STREET, APT. NUMBER)		(CITY)	(STATE)	ZIP CODE RESIDENCE PHONE
<u>50 Park PL</u>		<u>Bunnell</u>	<u>Florida</u>	<u>32110</u>
Address-Other (Employer/School)		(STREET, APT. NUMBER)	(CITY)	(STATE) ZIP CODE BUS/SCHOOL PHONE
CHARGES				Total Charges: <u>1</u>
DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachment: (Subpoena) <input type="checkbox"/> (Statement) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction <input type="checkbox"/> DUI <input type="checkbox"/>		
#1 Charge: <u>Warrant Arrest</u>	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>WA</u>	Citation No.:	Bond: <u>100,000.00</u>
#2 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:
CO-DEFENDANT		Co-Def #1: Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> MISD <input type="checkbox"/> Inf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>		
#1 NAME (L.F.M.):		Rate:	Sex:	DOB:
#2 NAME (L.F.M.):		Rate:	Sex:	DOB:
NARRATIVE				
The undersigned certifies and swears that there is a probable cause to believe the above named defendant, on the <u>20th</u> day of <u>November</u> , <u>2015</u> , at approximately <u>12:14</u> <u>A.M.</u> <u>X</u> P.M. at <u>50 Park PL</u> within <u>Flagler</u> County, violated the law and did then and there.				
On November 20, 2015 I, Deputy Malheiros, made contact with Holly Lyn Norris at her residence of 50 Park Place in reference to a local Felony Warrant issued on November 12, 2015 by Judge Walsh in reference to aggravated manslaughter of elderly/disabled adult with bond of \$100,000.00. I took Holly into custody and transported her to the Flagler County Inmate Facility without incident. Nothing further to report at this time.				
Supervisor Approved: <u>Bender, George</u>				
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		FINE AND COSTS AMOUNT:
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>		
SIGNATURE OF DEFENDANT		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN		DATE
DATE		RELATIONSHIP TO JUVENILE		
Sworn to and subscribed before me, the undersigned, this <u>20</u> day of <u>Nov</u> , <u>2015</u> .		I swear/affirm the above statements are correct and true.		RI Title:
Name: <u>[Signature]</u>		OFFICER'S COMPLAINTANT'S SIGNATURE		
Notary Public <input type="checkbox"/> Law Enforcement or Correction Officer <input checked="" type="checkbox"/> Personal Knowledge <input type="checkbox"/> Produced Identification <input type="checkbox"/>		NAME (PRINTED)		ID NUMBER
Type of Identification:		<u>N. Malheiros</u>		<u>585</u>
OFFICIAL USE ONLY		Inmate Number & facility:		

707 - COURT COPY

CLASSIFICATION: FELONY

STATE OF FLORIDA

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT, IN AND FOR FLAGLER COUNTY, FLORIDA, IN THE YEAR TWO THOUSAND FIFTEEN

VS.

HOLLY LYN NORRIS
W/F; DOB: 12/12/1978 SS# [REDACTED]

CASE NO: 15-00981-CFFA
AGENCY: FCSO/3223413

*Unofficial Document
This is an unofficial copy.*

CAPIAS REQUESTED

INFORMATION

CHARGE(S):

1) AGGRAVATED MANSLAUGHTER OF ELDERLY/DISABLED ADULT

R.J. LARIZZA, State Attorney for the Seventh Judicial Circuit of the State of Florida and as such prosecuting attorney for this Court, in the name of and by the authority of the State of Florida charges that:

COUNT 1: HOLLY LYN NORRIS on, about, or between April 21, 2013 and April 25, 2013, in the County of FLAGLER and State of Florida did then and there unlawfully and by her own act, procurement or culpable negligence, cause the death of an elderly or disabled adult, but without intent to murder, kill John Stanoski by leaving him unattended without proper supervision and nutrition, contrary to Florida Statute 782.07 (2). (1 DEG FEL)

FOR THE STATE ATTORNEY

Christina Opsahl

CHRISTINA OPSAHL
ASSISTANT STATE ATTORNEY
SEVENTH JUDICIAL CIRCUIT OF THE
STATE OF FLORIDA
BAR NUMBER: 17428

COUNTY OF FLAGLER

STATE OF FLORIDA

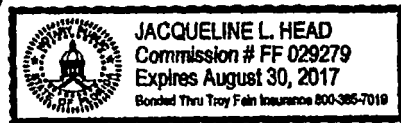
Personally appeared before me CHRISTINA OPSAHL, Assistant State Attorney, for the Seventh Judicial Circuit of the State of Florida, known to me to be the foregoing prosecuting officer, who being duly sworn, says that the allegations set forth in the foregoing information are based upon facts that have been sworn to as true, and which, if true, would constitute the offense therein charged. Subscribed in good faith. Said facts based on testimony of material witnesses.

SWORN to and subscribed before me this 19th day of November, 2015.

Submitted to the Clerk of the CIRCUIT Court, Seventh Judicial Circuit, in and For FLAGLER County, Florida, on the 19th day of November, 2015.

Jacqueline L. Head

NOTARY PUBLIC AT LARGE
STATE OF FLORIDA



This is an unofficial copy.

IN THE CIRCUIT COURT OF THE 7TH JUDICIAL CIRCUIT FLAGLER COUNTY, FLORIDA				STAMP FOR RECORDING	
Division: 50 - PERKINS, Case Number: 2013 CF 000981		JUDGMENT			
PLAINTIFF STATE OF FLORIDA		DEFENDANT HOLLY NORRIS			
VS.					
<input checked="" type="checkbox"/> Probation Violator <input type="checkbox"/> Community Control Violator <input type="checkbox"/> Retrial <input type="checkbox"/> Resentence <input checked="" type="checkbox"/> The defendant, being personally before this court represented by REGINA NUNNALLY the attorney of record, and the state represented by <u>MELISSA CLARK</u> and having: (Check applicable provision) <input type="checkbox"/> 1. Been tried and found GUILTY by jury/by court of the following crime(s). <input type="checkbox"/> 2. Enter a plea of GUILTY to the following crime(s). <input checked="" type="checkbox"/> 3. entered a plea of NOLO CONTENDERE to the following crime(s)					
Count	Crime	Offense State Number(s)	Degree of Crime	Case Number	OBTS Number
1	MANSLAUGHTER	782.071	2F	2013 CF 000981	1801045180

(Check if Applicable)

- and no cause being shown why the Defendant should not be adjudicated guilty, IT IS ORDERED that the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).
- and having been convicted or found guilty of, or having entered a plea of NOLO CONTENDERE or GUILTY, regardless of adjudication, to attempts or offenses relating to sexual battery (Ch. 794) or lewd or lascivious conduct (Ch. 800), or murder (§782.04), aggravated battery (§784.045), car jacking (§812.133), or home invasion robbery (§812.135), or any other offense specified in section 943.325, the defendant shall be required to submit blood specimens.
- and good cause being shown; IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.











IN THE CIRCUIT COURT OF THE 7th JUDICIAL CIRCUIT
FLAGLER COUNTY, FLORIDA

FLAGLER COUNTY, FLORIDA

DEFENDANT: NORRIS, HOLLY

CASE NUMBER: 2013 CF 000981

FINGERPRINTS OF DEFENDANT

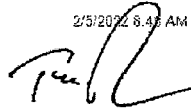
1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE
				
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE
				

Fingerprints taken by: _____
NAME TITLE

I HEREBY CERTIFY that the above and foregoing are the finger prints of the defendant,
HOLLY NORRIS, and that they were placed thereon by the defendant in my presence in open court this
date.

DONE AND ORDERED In open court in Flagler County, Florida, this _____ day of _____,

2/5/2013 8:48 AM 2013 CF 000981



e-Signed 2/5/2013 8:48 AM 2013 CF 000981

JUDGE

SENTENCE

As to Count 1 - MANSLAUGHTER

The defendant, being personally before this court, accompanied by the defendant's attorney of record, REGINA NUNNALLY, and having been adjudicated guilty herein, and the court having given the defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why the defendant should not be sentenced as provided by law, and no cause being shown.

___ and the Court having on _____ deferred imposition of sentence until _____.

___ and the Court having previously entered a judgment in this case on _____ now resentsences the defendant.

X and the Court having placed the defendant on probation / community control and having subsequently revoked the defendant's probation / community control

IT IS THE SENTENCE OF THE COURT THAT:

___ The defendant pay a fine of \$ _____, pursuant to section 775.083, Florida Statutes, plus \$ _____ As the 5% surcharge required by section 960.25 Florida Statutes.

X The defendant is hereby committed to the custody of the Department of Corrections.

___ The defendant is hereby committed to the custody of the Sheriff of Flagler County, Florida.

___ The defendant is sentenced as a youthful offender in accordance with section 958.04, Florida Statutes.

TO BE IMPRISONED (MARK ONE, UNMARKED SECTIONS ARE INAPPLICABLE):

___ For a term of natural life.

X For a term of 3.00 Years _____ Months _____ Days.

___ Said SENTENCE SUSPENDED for a period _____ Years _____ Months _____ Days Subject to conditions set forth in this order.

IF "SPLIT" SENTENCE, COMPLETE THE APPROPRIATE PARAGRAPH

X Followed by a period of 4 Years _____ Months _____ Days On probation/community control under the supervision of the Department of Corrections according to the terms and conditions of supervision set forth in a separate order entered herein.

___ However, after serving a period of _____ Years, _____ Months, _____ Days Imprisonment in _____, the balance of the sentence shall be suspended and the defendant shall be placed on probation/community control for a period of _____ Years, _____ Months, _____ Days Under supervision of the Department of Corrections according to the terms and conditions of probabtion/community control set forth in a separate order entered herein.

DEFENDANT
HOLLY NORRIS
OBTS NO 1801045180

OTHER PROVISIONS

CASE NUMBER
2013 CF 000981

AS TO COUNTS (1)

RETENTION OF
JURISDICTION

The Court retains jurisdiction over the defendant pursuant to section 947.16(3), Florida Statutes (1983).

ORIGINAL
JAIL CREDIT

It is further ordered that the defendant shall be allowed a total of 549 days as credit for time incarcerated before imposition of this sentence.

Consecutive/
Concurrent
AS TO OTHER
COUNTS

It is further ordered that the sentence imposed for this count shall run consecutive to concurrent with (check one) the sentence set forth in Count _____ of this case above.

Consecutive/
Concurrent
AS TO OTHER
CASES

It is further ordered that the composite term of all sentences imposed for the counts specified in this order shall run consecutive concurrent with any active sentence being served specific sentences: _____

CREDIT FOR
TIME SERVED
(To be used for
Resentencing and
After VOP and
VOCC.)

The Department of Corrections shall apply the original jail time credit and to compute and apply credit for time served and the gain time awarded pursuant to Section 944.275 Florida Statutes (Pre October 1, 1989).

The Department of Corrections shall apply the original jail time credit and to compute and apply credit for time served and unforfeited gain time awarded during prior service of incarceration of the split sentence pursuant to Section 948.06 (6) Florida Statutes. (Post October 1, 1989).

Defendant is allowed credit for days credit county jail served between date of arrest as a violator and date of resentencing. The Department of Corrections shall apply original jail credit awarded and shall compute and apply credit for actual time served in prison and any earned and unforfeited gain-time awarded during prior service on:

Pursuant to Section 944.276 Florida Statute

SENTENCE

In the event the above sentence is to the Department of Corrections, the Sheriff of FLAGLER COUNTY, Florida, is hereby ordered and directed to deliver the defendant to the Department of Corrections at the facility designated by the department together with a copy of this judgment and sentence and any other documents specified by Florida Statutes.

The defendant in open court was advised of the right to appeal from this sentence by filing notice of appeal within thirty days from this date with the Clerk of this Court and the defendant's right to the assistance of counsel in taking the appeal at the expense of the state on showing of indigency.

In imposing the above sentence, the court further recommends:

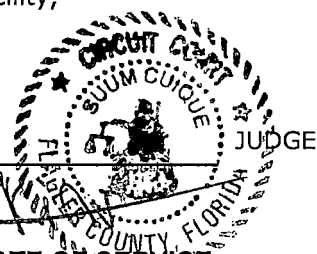
**Unofficial Document
This is an unofficial copy**

THE COURT HEREBY ORDERS THE DEFENDANT:

- Remanded to the FLAGLER COUNTY Detention Facility to be committed to the Department of Corrections;
- Released on Probation;
- Released on Community Control;
- Remanded to the FLAGLER COUNTY Detention Facility;
- Discharged/released.

DONE AND ORDERED
FLAGLER COUNTY, FL

Terence Perry



DATE
02/03/2022

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been furnished, provided electronically via a link, or made available on the Clerk's Case Management System and/or Website to REGINA NUNNALLY on 2/9/22 per Rule 2.516(b)(1).

Regina Nunnally
Deputy Clerk

RULE 3.992(a) CRIMINAL PUNISHMENT CODE SCORESHEET

The Criminal Punishment Code Scoresheet Preparation Manual is available at: http://www.dc.state.fl.us/pub/sen_cpcm/index.html

1. DATE OF SENTENCE	2. PREPARER'S NAME CLARK	3. COUNTY FLAGLER	4. SENTENCING JUDGE PERKINS, TERENCE R.
5. NAME (LAST, FIRST, M.I.) NORRIS, HOLLY LYN	6. DOB 12/12/1978	8. RACE <input type="checkbox"/> B <input checked="" type="checkbox"/> W <input type="checkbox"/> OTHER	10. PRIMARY OFF. DATE PLEA <input type="checkbox"/> TRIAL <input type="checkbox"/>
	7. DC #	9. GENDER <input type="checkbox"/> M <input checked="" type="checkbox"/> F	11. PRIMARY DOCKET # 1300981CFFA

This is an unofficial copy.

I. PRIMARY OFFENSE: If Qualifier, please check A S C R (A=Attempt, S=Solicitation, C=Conspiracy, R=Reclassification)

FELONY DEGREE	F.S.#	DESCRIPTION	OFFENSE LEVEL	POINTS
2	782.07 (1)	MANSLAUGHTER (VOP)	7	I. 56.00

(Level - Points: 1=4, 2=10, 3=16, 4=22, 5=28, 6=36, 7=56, 8=74, 9=92, 10=116)

Prior capital felony triples Primary Offense points

II. ADDITIONAL OFFENSE(S): Supplemental page attached

DOCKET#	FEL/MM DEGREE	F.S.#	OFFENSE LEVEL	QUALIFY				COUNTS	POINTS	TOTAL
				A	S	C	R			
_____ / _____	_____ / _____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ X _____	= _____	0
Description _____										
_____ / _____	_____ / _____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ X _____	= _____	0
Description _____										
_____ / _____	_____ / _____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ X _____	= _____	0
Description _____										

(Level - Points: M=0.2, 1=0.7, 2=1.2, 3=2.4, 4=3.6, 5=5.4, 6=18, 7=28, 8=37, 9=46, 10=58)

Prior capital felony triples Additional Offense points Supplemental page points 0.00

II. 0.00

III. VICTIM INJURY:

	Number	Total		Number	Total
2nd Degree Murder	240 X _____	= _____	Slight	4 X _____	= _____
Death	120 X _____	= _____	Sex Penetration	80 X _____	= _____
Severe	40 X _____	= _____	Sex Contact	40 X _____	= _____
Moderate	18 X _____	= _____			

III. 0.00

IV. PRIOR RECORD: Supplemental page attached

FEL/ MM DEG	F.S.#	OFF. LEVE	QUALIFY				DESCRIPTION	CT.	POINTS	TOTAL
			L	A	S	C				
M	_____ / _____	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	17 X 0.2	= _____	3.4
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X	= _____	0
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X	= _____	0
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X	= _____	0
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X	= _____	0
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X	= _____	0

(Level - Points: M=0.2, 1=0.5, 2=0.8, 3=1.6, 4=2.4, 5=3.6, 6=9, 7=14, 8=19, 9=23, 10=29)

Supplemental page points 0.00

IV. 3.40

Page 1 Subtotal: 59.40

NAME (LAST, FIRST, MI) NORRIS, HOLLY LYN	DOCKET # 1300981CFFA
--	--------------------------------

Page 1 Subtotal: 59.40

V. Legal Status violation = 4 Points

- Escape
 Fleeing
 Failure to appear
 Supersedeas bond
 Incarceration
 Pretrial intervention or diversion program
 Court imposed or post prison release community supervision resulting in a conviction

V.

VI. Community Sanction violation before the court for sentencing

- Probation
 Community Control
 Pretrial Intervention or diversion
 6 points for any violation other than new felony conviction x 2 each successive violation OR
 New felony conviction = 12 points x _____ each successive violation if new offense results in conviction before or at same time as sentence for violation of probation OR
 12 points x _____ each successive violation for a violent felony offender of special concern when the violation is not based solely on failure to pay costs, fines, or restitution OR
 New felony conviction = 24 points x _____ each successive violation for a violent felony offender of special concern if new offense results in a conviction before or at the sametime for violation of probation

VI. 12.00

VII. Firearm/Semi-Automatic or Machine Gun = 18 or 25 Points

VII.

VIII. Prior Serious Felony = 30 Points

VIII.

Subtotal Sentence Points 71.40

IX. Enhancements (only if the primary offense qualifies for enhancement)

Law Enf. Protect.	Drug Trafficker	Motor Vehicle Theft	Criminal Gang Offense	Domestic Violence in the Presence of Related Child <small>(offenses committed on or after 3/12/07)</small>	Adult-on-Minor Sex Offense <small>(offenses committed on or after 10/1/14)</small>
_____ x 1.5	_____ x 2.0	_____ x 2.5	_____ x 1.5	_____ x 1.5	_____ x 2.0

Enhancement Subtotal Sentence Points IX. 0.00

TOTAL SENTENCE POINTS 71.40

SENTENCE COMPUTATION

If total sentence points are less than or equal to 44, the lowest permissible sentence is any non_state prison sanction. If the total sentence points are 22 points or less, see Section 775.082(10), Florida Statutes, to determine if the court must sentence the offender to a non_state prison sanction.

If total sentence points are greater than 44:

$$\begin{array}{rcl}
 \underline{71.40} & \text{minus } 28 & = \underline{43.4} \times .75 = \underline{32.550} \\
 \text{total sentence points} & & \text{lowest permissible prison sentence in months}
 \end{array}$$

If total sentence points are 60 points or less and court makes findings pursuant to both Florida Statutes 948.20 and 397.334(3), the court may place the defendant into a treatment-based drug court program.

The maximum sentence is up to the statutory maximum for the primary and any additional offenses as provided in s.775.082, F.S., unless the lowest permissible sentence under the Code exceeds the statutory maximum. Such sentences may be imposed concurrently or consecutively.

If total sentence points are greater than or equal to 363, a life sentence may be imposed.

15
 maximum sentence in years

- | | | | | |
|--|--------------------------------------|-------|-----------|-------|
| <input checked="" type="checkbox"/> State Prison | <input type="checkbox"/> Life | Years | Months | Days |
| <input type="checkbox"/> County Jail | <input type="checkbox"/> Time Served | _____ | <u>36</u> | _____ |
| <input type="checkbox"/> Community Control | | _____ | _____ | _____ |
| <input checked="" type="checkbox"/> Probation | <input type="checkbox"/> Modified | _____ | <u>48</u> | _____ |

Please check if sentenced as habitual offender, habitual violent offender, violent career criminal, prison release reoffender, or a mandatory minimum applies.

- Mitigated Departure
 Plea Bargain
 Prison Diversion Program

Other Reason _____

JUDGE'S SIGNATURE	
--------------------------	--

RULE 3.992(b) CRIMINAL PUNISHMENT CODE SUPPLEMENTAL SCORESHEET

NAME (LAST, FIRST, M.I.) NORRIS, HOLLY LYN	DOCKET# 1300981CFFA	DATE OF SENTENCE
--	-------------------------------	------------------

II. ADDITIONAL OFFENSE(S):

DOCKET#	FEL/MM DEGREE	F.S.#	OFFENSE LEVEL	QUALIFY				POINTS	TOTAL
				A	S	C	R		
_____ / _____ / _____	_____ / _____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X _____	= _____ 0
Description _____									
_____ / _____ / _____	_____ / _____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X _____	= _____ 0
Description _____									
_____ / _____ / _____	_____ / _____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X _____	= _____ 0
Description _____									
_____ / _____ / _____	_____ / _____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X _____	= _____ 0
Description _____									
_____ / _____ / _____	_____ / _____	_____ / _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X _____	= _____ 0
Description _____									

(Level - Points: M=0.2, 1=0.7, 2=1.2, 3=2.4, 4=3.6, 5=5.4, 6=8, 7=28, 8=37, 9=46, 10=58)

II. 0.00

IV. PRIOR RECORD:

FEL/MM DEG	F.S.#	OFF. LEVEL	QUALIFY				DESCRIPTION	CT.	POINTS	TOTAL
			A	S	C	R				
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X _____	= _____ 0	
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X _____	= _____ 0	
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X _____	= _____ 0	
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X _____	= _____ 0	
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X _____	= _____ 0	
_____ / _____	_____ / _____	_____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____	X _____	= _____ 0	

(Level - Points: M=0.2, 1=0.5, 2=0.8, 3=1.6, 4=2.4, 5=3.6, 6=9, 7=14, 8=19, 9=23, 10=29)

IV. 0.00

Reasons for Departure - Mitigating Circumstances
(reasons may be checked here or written on the scoresheet)

- Legitimate, uncoerced plea bargain.
- The defendant was an accomplice to the offense and was a relatively minor participant in the criminal conduct.
- The capacity of the defendant to appreciate the criminal nature of the conduct or to conform that conduct to the requirements of law was substantially impaired.
- The defendant requires specialized treatment for a mental disorder that is unrelated to substance abuse or addiction, or for a physical disability, and the defendant is amenable to treatment.
- The need for payment of restitution to the victim outweighs the need for a prison sentence.
- The victim was an initiator, willing participant, aggressor, or provoker of the incident.
- The defendant acted under extreme duress or under the domination of another person.
- Before the identity of the defendant was determined, the victim was substantially compensated.
- The defendant cooperated with the State to resolve the current offense or any other offense.
- The offense was committed in an unsophisticated manner and was an isolated incident for which the defendant has shown remorse.
- At the time of the offense the defendant was too young to appreciate the consequences of the OFFENSE.
- The defendant is to be sentenced as a youthful offender.
- The defendant is amenable to the services of a post adjudicatory treatment based drug court program and is otherwise qualified to participate in the program.
- The defendant was making a good faith effort to obtain or provide medical assistance for an individual experiencing a drug related overdose.

Pursuant to 921.0026(3) the defendant's substance abuse or addiction does not justify a downward departure from the lowest permissible sentence.
Effective Date: For offenses committed under the Criminal Punishment Code effective for offenses committed on or after October 1, 1998, and subsequent revisions.

IN THE CIRCUIT COURT OF
THE SEVENTH JUDICIAL
CIRCUIT IN AND FOR
FLAGLER COUNTY, FLORIDA

I, TOM BEXLEY, AS CLERK OF THE CIRCUIT COURT IN AND FOR SAID COUNTY AND
STATE, DO HEREBY CERTIFY THAT THE ABOVE AND FOREGOING IS A TRUE AND
CORRECT COPY OF 707'S, INFORMATION, JUDGMENT, SENTENCE, & SCORESHEET.

IN THE CASE OF STATE OF FLORIDA

VS

HOLLY NORRIS

AS THE SAME APPEARS IN FLAGLER COUNTY RECORDS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED MY
OFFICIAL SEAL ON THIS 9TH Day of FEBRUARY, A.D. 2022.

TOM BEXLEY

CLERK OF COURT

FLAGLER COUNTY, FLORIDA

BY

DEPUTY CLERK

