

CASE NO: 03-546--cffa

CIRCUIT COURT ACTION FORM
FELONY DIVISION

GAIL WADSWORTH
CLERK OF THE CIRCUIT COURT
FLAGLER COUNTY, FLORIDA
P.O. BOX 787, BUNNELL, FLORIDA
32110

STATE OF FLORIDA
VS.

OFFICE OF THE
CLERK OF COURT
Flagler County, Florida

bruce harold grove, jr

SESSION TYPE: ARR P/T TRIAL OTHER

DATE: 12/10/04 TIME: 10:00 2004

DEFENSE ATTY: warren BONDSMAN: By JUDGE: KCH ASA: NELSON
Deputy Clerk

APPEAR.	COURT EVENT	SPEC. COND.	REMARKS
<input type="checkbox"/> DEF <input type="checkbox"/> P.D. <input type="checkbox"/> ATTY. <input type="checkbox"/> FTA	<input type="checkbox"/> CONT'D <input type="checkbox"/> PTI <input type="checkbox"/> SS ORD. <input type="checkbox"/> COND REL. <input type="checkbox"/> BOND SET @ \$_____	<input type="checkbox"/> PLEA ACCT'P <input type="checkbox"/> EA. CONCURR <input type="checkbox"/> CAPIAS ISS'D <input type="checkbox"/> BOND EST	<input type="checkbox"/> DRUG OFF. <input type="checkbox"/> HABIT OFF. <input type="checkbox"/> ANGER CNTRL <input type="checkbox"/> NO CONTACT W/
		<input checked="" type="checkbox"/> RES. JURIS <input checked="" type="checkbox"/> RESTIT. \$_____	CT I - Dismissed by J.O.A. CT II - Dismissed by CT II VIII - Battery - adj G 1/5 concur

CT	CHARGE	PLEA	ACTION/ADJ	SENTENCE	FOLLOWED BY	
II	Manslaughter of Officer 1F	<input type="checkbox"/> N/G <input type="checkbox"/> GUILTY <input type="checkbox"/> NOLO <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY	<input type="checkbox"/> NO INFO-N/P <input type="checkbox"/> DISMISS <input type="checkbox"/> VERDICT <input checked="" type="checkbox"/> ADJ GUILTY <input type="checkbox"/> ADJ W/H	<input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> CTY JAIL <input checked="" type="checkbox"/> D/C <input type="checkbox"/> T/S	<input type="checkbox"/> ST. COND. <input type="checkbox"/> CREDIT T/S 30 YR _____ MTH _____ DAYS	
IV	Agg Flee/Evide 2F	<input type="checkbox"/> N/G <input type="checkbox"/> GUILTY <input type="checkbox"/> NOLO <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY	<input type="checkbox"/> NO INFO-N/P <input type="checkbox"/> DISMISS <input type="checkbox"/> VERDICT <input checked="" type="checkbox"/> ADJ GUILTY <input type="checkbox"/> ADJ W/H	<input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> CTY JAIL <input checked="" type="checkbox"/> D/C <input type="checkbox"/> T/S	<input type="checkbox"/> ST. COND. <input type="checkbox"/> CREDIT T/S 15 YR _____ MTH _____ DAYS	FOLLOWED BY concur to CT II
VI	G.T. 5y/1c	<input type="checkbox"/> N/G <input type="checkbox"/> GUILTY <input type="checkbox"/> NOLO <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY	<input type="checkbox"/> NO INFO-N/P <input type="checkbox"/> DISMISS <input type="checkbox"/> VERDICT <input checked="" type="checkbox"/> ADJ GUILTY <input type="checkbox"/> ADJ W/H	<input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> CTY JAIL <input type="checkbox"/> D/C <input type="checkbox"/> T/S	<input type="checkbox"/> ST. COND. <input type="checkbox"/> CREDIT T/S _____ YR _____ MTH _____ DAYS	FOLLOWED BY II consec to II
VII	DWLS (#.0) 5y/1c	<input type="checkbox"/> N/G <input type="checkbox"/> GUILTY <input type="checkbox"/> NOLO <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY	<input type="checkbox"/> NO INFO-N/P <input type="checkbox"/> DISMISS <input type="checkbox"/> VERDICT <input checked="" type="checkbox"/> ADJ GUILTY <input type="checkbox"/> ADJ W/H	<input type="checkbox"/> PROB <input type="checkbox"/> C/CNTL <input type="checkbox"/> CTY JAIL <input type="checkbox"/> D/C <input type="checkbox"/> T/S	<input type="checkbox"/> ST. COND. <input type="checkbox"/> CREDIT T/S _____ YR _____ MTH _____ DAYS	FOLLOWED BY VII concur to CT II

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 Prunie Wadsworth, Post Office Box 896, Bunnell, Florida 32110 (904) 437-7402, within 2 working days of your receipt of this Notice. If you are hearing or voice impaired, call 1-800-955-8771

THIS CASE IS SET FOR:

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

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

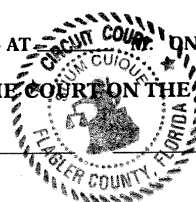
ADDITIONAL COMMENTS:

fines & costs
 Right to appeal

YOU ARE HEREBY COMMANDED TO APPEAR BEFORE THE COURT ON THE ABOVE DATE. ALL ATTORNEYS ARE TO APPEAR AT 9AM.

DEFENDANT

ATTORNEY



CIRCUIT JUDGE

DEPUTY CLERK