

CASE NO: 15-491 CFFA

CIRCUIT COURT ACTION FORM  
FELONY DIVISION

GAIL WADSWORTH  
CLERK OF THE CIRCUIT COURT  
FLAGLER COUNTY, FLORIDA

STATE OF FLORIDA  
VS

DATE: 07/09/15

DUANE WILLIAM WEEKS

DEFENSE ATTY: Fuller for miller

BONDSMAN: Ace

JUDGE: JW

ASA: T.P.

APPEAR	COURT EVENT	SPEC. COND.	REMARKS	
<input checked="" type="checkbox"/> DEF. <input type="checkbox"/> P.D. <input checked="" 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. CONCURR <input type="checkbox"/> EA. CONSEC <input type="checkbox"/> WFA/WS <input type="checkbox"/> CAPIAS 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 checked="" type="checkbox"/> NO CONTACT W/ violent w/victim	<input type="checkbox"/> SEX PRED <input type="checkbox"/> EVAL/TX <input type="checkbox"/> RES. JURIS <input type="checkbox"/> RESTIT. <input type="checkbox"/> RIGHT TO APPEAL modification of no contact order - granted

CT	CHARGE	PLEA	ACTION/ADJ	SENTENCE
		<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 <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT FOLLOWED BY * 1 YR court modifies NO contact order to _____ 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"/> 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 <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT FOLLOWED BY No violent contact w/victim _____ 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"/> 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 <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT FOLLOWED BY No drugs or alcohol Court warns about _____ MTH _____ DAYS conditions

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 OTHER HEARING AT 130 M. ON 9/2/15

ADDITIONAL COMMENTS

ARR PT/DS TRIAL OTHER HEARING AT M. ON

NO firearms

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

DEFENDANT

ATTORNEY

CIRCUIT JUDGE

DEPUTY CLERK

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