

CASE NO: 07-013 CFFA

CIRCUIT COURT ACTION FORM
FELONY DIVISION

GAIL WADSWORTH
CLERK OF THE CIRCUIT COURT
FLAGLER COUNTY, FLORIDA

STATE OF FLORIDA
VS

DATE: 11/23/15

PATRICK LEE MCGUIRE

DEFENSE ATTY: Pro se

BONDSMAN: _____

JUDGE: JW

ASA: J.P.

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 ACCT'D <input type="checkbox"/> EA. CONCURR <input type="checkbox"/> EA. CONSE <input type="checkbox"/> WFA/WST <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 type="checkbox"/> NO CONTACT W/ <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 <p>Motion to permit travel - granted if costs are caught up</p>

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 _____ YR _____ MTH _____ DAYS <p>Curfew waived for travel only</p>
		<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 _____ YR _____ MTH _____ DAYS <p>A can spend 1 night in Orlando + travel</p>
		<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 _____ YR _____ MTH _____ DAYS <p>from Sun - Friday Be home on Friday Jan 06 Feb</p>

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 M. ON

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ADDITIONAL COMMENTS

Order will be signed after costs are caught up

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

DEFENDANT

ATTORNEY

CIRCUIT JUDGE

DEPUTY CLERK