

CASE NO: 17-995 CFFA

STATE OF FLORIDA
VS

JESSICA KUMPF COUBROUGH

CIRCUIT COURT ACTION FORM
FELONY DIVISION

TOM BEXLEY
CLERK OF THE CIRCUIT COURT
FLAGLER COUNTY, FLORIDA

DATE: 1/9/18

Guil

DEFENSE ATTY: *AD*

BONDSMAN:

JUDGE: DC

ASA: *M. Lewis*

APPEAR	COURT EVENT	SPEC. COND.	REMARKS
<input checked="" type="checkbox"/> DEF. <input checked="" type="checkbox"/> P.D. <input checked="" type="checkbox"/> ATTY <input checked="" type="checkbox"/> FVA <input checked="" type="checkbox"/> JAIL	<input checked="" type="checkbox"/> CONT'D <input checked="" type="checkbox"/> FSI <input type="checkbox"/> SS ORD <input type="checkbox"/> PD APPT'D <input checked="" type="checkbox"/> BOND SET @ \$ <i>ROR</i>	<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"/> RIGHT TO APPEAL <i>-no drugs/alcohol</i>

CT	CHARGE	PLEA	ACTION/ADJ	SENTENCE	FOLLOWED BY	
		<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 _____ 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"/> 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 _____ 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"/> 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 _____ 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 PTDS TRIAL OTHER HEARING AT 9:00 M. ON 3-7-18

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

ADDITIONAL COMMENTS

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

DEFENDANT

ATTORNEY

CIRCUIT JUDGE

DEPUTY CLERK