

Filed in the Office of the Clerk of the Circuit Court - Flagler County, Florida - 01/12/2016 08:56 AM

CASE NO: 15-976 CFFA

CIRCUIT COURT ACTION FORM
FELONY DIVISION

GAIL WADSWORTH
CLERK OF THE CIRCUIT COURT & COMPTROLLER
FLAGLER COUNTY, FLORIDA

STATE OF FLORIDA
VS

DATE: 01/12/16

CHRISTOPHER CRAIG WILLIAMS

DEFENSE ATTY: RN

BONDSMAN: Jail

JUDGE: JW

ASA: Topo

APPEAR	COURT EVENT	SPEC. COND.	REMARKS
<input checked="" type="checkbox"/> DEF. <input checked="" 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 checked="" type="checkbox"/> PD APPT'D <input checked="" type="checkbox"/> BOUND SET @ <input type="checkbox"/> WFA/WST <input type="checkbox"/> CAPIAS ISS'D <input type="checkbox"/> BOND SET	<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 <p>Not for Bond - Denied Δ BOND REVOKED</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 _____ YR <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT _____ 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 _____ YR <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT _____ 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 _____ YR <input type="checkbox"/> PTI <input type="checkbox"/> DRUG CT _____ 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 PT/DS TRIAL _____ OTHER _____ HEARING AT 1:30 M. ON 3, 1, 16,

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