

STATE ATTORNEY'S OFFICE
PRETRIAL DIVERSION REFERRAL

NEXT COURT DATE: week of 11/13/18

DEFENDANT IS REFERRED TO PRETRIAL DIVERSION AND MUST REPORT TO THE SEMINOLE COUNTY PROBATION OFFICE, located at 212 Eslinger Way, Sanford FL 32773, (DIRECTLY ACROSS FROM THE JAIL) WITHIN SEVENTY-TWO (72) HOURS OF RECEIPT OF THIS DOCUMENT TO BE SCREENED FOR THE DIVERSION PROGRAM. AN ORIENTATION APPOINTMENT WILL BE SCHEDULED AT THAT TIME. If you need further information, please call (407) 665-4610.

DEFENDANT: D [REDACTED] L [REDACTED] DOB: [REDACTED] SS#: [REDACTED] Race: B Sex: M
CASE NO.: 592018MM00 [REDACTED] AXXXXX Date of Offense: [REDACTED] 2018
CHARGES: POSSESSION OF NOT MORE THAN 20 GRAMS OF CANNABIS (M1)

The above referenced defendant is recommended for Diversion of the above-described case as follows:
 Six Months (M-2) X Nine Months (M-1)

RECOMMENDED SANCTIONS: * All have a \$50.00 Cost of Supervision Fee per month. There is no Early Termination of Pretrial Diversion. There are no waivers of Cost of Supervision. BATTERER'S DIVERSION REFERRALS ARE NOT DONE ON THIS FORM. PLEASE OBTAIN BD REFERRALS FROM THE DOMESTIC VIOLENCE DIVISION. PAYMENTS FOR COST OF PROSECUTION AND COST OF INVESTIGATION SHALL BE MADE TO THE SEMINOLE COUNTY CLERK OF COURT

 X Cost of Prosecution: \$50.00 made payable to the Seminole County Clerk of Court
 Cost of Investigation to in the amount of \$ made payable to the Seminole County Clerk of Court
 Restitution to in the amount of \$

 X Community Service (10 hours minimum for 6 months diversion; 20 hours minimum for 9 month)
*There is a \$3.15 one time cost of Community Insurance Fee

 X Substance Abuse Evaluation and Counseling or Mental Health Assessment and Counseling as recommended by evaluating agency *Defendant bears the cost for this

 X Completion of the following class/classes (Defendant bears the costs for classes/testing):
 General Misdemeanor Class Minimum 4 hour Gun Safety Class
 Theft Class 8 Hour Defensive Driving Class
 Substance Abuse Class Parenting Class
 Anger Management Class X Random Alcohol/Drug Testing
 X \$50.00 contribution to Central Florida CRIMELINE.

 No return to location of

 No contact with

 Other conditions (please specify)

Assistant State Attorney
[REDACTED]

October 15, 2018
Date

I acknowledge receipt of this referral and understand that I must report to probation within seventy-two (72) hours of my court appearance to set up an appointment to sign my contract, and that the contract must be signed at least ten (10) days prior to my next court date or this offer may be withdrawn. I hereby waive my right to a speedy trial and request the case be abated. I understand that if I successfully complete the Pretrial Diversion Program, the State of Florida will not proceed on the above-styled case.

Date: Defendant's Signature