

**VOLUSIA COUNTY COURT ACTION FORM**

**CASE:** 2026 102441 CFDL  
**STATE OF FLORIDA**  
**VS**  
**LINDSEY BROOKE ISAACS**  
**VCCF BKG# 1176276**  
**SPN: 1005581**  
**TRIAL DATE:** \_\_\_\_\_

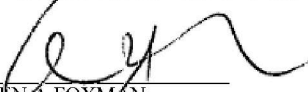
**COURT/SESSION TYPE:** Criminal Hearing  
**DATE:** 04/22/2026  
**TIME:** 10:30 AM  
**JUDGE:** FOXMAN Div. 08  
**ATTY:** MARC E DWYER  
**BNA:** \_\_\_\_\_  
**LOCATION:** DeLand Courtroom 4B, 101 N ALABAMA AVENUE, DELAND, FLORIDA

**Laura E. Roth**  
**CLERK OF THE CIRCUIT COURT**  
**VOLUSIA COUNTY, FLORIDA**  
**P.O. BOX 6043**  
**DELAND, FL 32721-6043**

<b>PARTIES PRESENT</b>	<b>RELEASE ACTIONS</b>	<b>Custody/Capias/Estreat</b>	<b>Continued To:</b> <input type="checkbox"/> By Def. <input type="checkbox"/> By State <input type="checkbox"/> By Court <input type="checkbox"/> Waived Spdy.Trl
<input checked="" type="checkbox"/> DEF. APPEARED <input checked="" type="checkbox"/> APP.W/COUNSEL <input type="checkbox"/> DEF. COUNSEL APP. W/OUT DEF. <input type="checkbox"/> DEF. FAILED TO APPEAR	<input checked="" type="checkbox"/> TOTAL BOND FOR CASE SET <input checked="" type="checkbox"/> AT \$ <b>NONE</b> <input type="checkbox"/> DEF. ROR'D	<input type="checkbox"/> CAPIAS ISSUED-BOND SET <input type="checkbox"/> AT \$ _____ <input type="checkbox"/> BOND ESTREATED <input type="checkbox"/> DO NOT ESTREAT BOND <input type="checkbox"/> CAPIAS WITHDRAWN <input type="checkbox"/> BOND REINSTATED <input type="checkbox"/> BOND ESTR. SET ASIDE <input type="checkbox"/> OTHER: <input type="checkbox"/> HOLD CAPIAS-PTS INVEST. <input type="checkbox"/> 48 HRS	<b>REMARKS: STATE'S MOTION FOR PRETRIAL DETENTION - GRANTED</b>  <b>DEFENSE MOTION FOR BOND - DENIED</b>  <b>COURT TAKE JUDICIAL NOTICE OVER DIN 1</b>  <b>COURT TAKES NOTICE OVER 2025 10508 CIDL DIN 15</b>  <b>LEAVE SET FOR 05/14/2026 ARN</b>
<b>ATTORNEY STATUS</b>	<input type="checkbox"/> RELEASE TO PTS <input type="checkbox"/> RELEASE TO PTS W/BOND <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> NO CONTACT W/VICTIM <input type="checkbox"/> NO VIOL.CONTACT W/VICTIM <input type="checkbox"/> OTHER:	
<input type="checkbox"/> APP. IND. STATUS - PD APPT. <input type="checkbox"/> APP. IND. STATUS - NOT INDIGENT <input type="checkbox"/> PD APPT. BY COURT <input type="checkbox"/> DEF. TO RETAIN COUNSEL <input type="checkbox"/> PD WITHDREW <input type="checkbox"/> ATTY.TO BE APPT <input type="checkbox"/> OTHER: <input type="checkbox"/> OTHER:			

CT. CHARGE	COURT ACTION	INCARCERATION/PROBATION/COMMUNITY CONTROL INFORMATION	COSTS	
LEAVING SCENE OF CRASH WITH DEATH (COMP) Statute: 316.027(2)(c) LVL:F DEG:F	<input type="checkbox"/> N.G.PLEA <input type="checkbox"/> NO INFO. <input type="checkbox"/> GUILTY PLEA <input type="checkbox"/> NOLLE PROSS. <input type="checkbox"/> NOLO PLEA <input type="checkbox"/> DISMISSED <input type="checkbox"/> NG.VERDICT <input type="checkbox"/> JGMT ACQT. <input type="checkbox"/> GLTY.VERDICT <input type="checkbox"/> ADJ.WITHHELD <input type="checkbox"/> MISTRIAL <input type="checkbox"/> ADJ.GUILTY <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY : VOP/VOCC	<input type="checkbox"/> VCJ _____ MO _____ DY _____ <input type="checkbox"/> DOC _____ YR _____ MO _____ DY _____ <input type="checkbox"/> JAIL CREDIT TIME: _____ DY _____ <input type="checkbox"/> PROB _____ YR _____ MO _____ DY _____ <input type="checkbox"/> COM.CONT. _____ YR _____ MO _____ <input type="checkbox"/> DRUG OFFENDER <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ _____ HRS.COM. SERVICE <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/ILL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> PROB.REVOKED <input type="checkbox"/> C.C. REVOKED <input type="checkbox"/> PROB. REINSTATE <input type="checkbox"/> C.C. REINSTATE <input type="checkbox"/> PROB. MODIFIED <input type="checkbox"/> C.C. MODIFIED <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB. TERMINATED	CRT. COSTS \$ FINE \$ PD FEE \$ SAO FEE \$ LEO FEE \$ PD APP.FEE REST. \$ OTHER: <input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT
AMENDED CHARGE:	<input type="checkbox"/> WAIVED PSI <input type="checkbox"/> PSI ORDERED <input type="checkbox"/> PDR ORDERED <input type="checkbox"/> TO BE SENT:	<input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ _____ HRS.COM. SERVICE <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/ILL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> C.C. MODIFIED <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB. TERMINATED	
BOND SET AT \$			<input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT	
LEAVING SCENE OF CRASH WITH DEATH (COMP) Statute: 316.027(2)(c) LVL:F DEG:F	<input type="checkbox"/> N.G.PLEA <input type="checkbox"/> NO INFO. <input type="checkbox"/> GUILTY PLEA <input type="checkbox"/> NOLLE PROSS. <input type="checkbox"/> NOLO PLEA <input type="checkbox"/> DISMISSED <input type="checkbox"/> NG.VERDICT <input type="checkbox"/> JGMT ACQT. <input type="checkbox"/> GLTY.VERDICT <input type="checkbox"/> ADJ.WITHHELD <input type="checkbox"/> MISTRIAL <input type="checkbox"/> ADJ.GUILTY <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY : VOP/VOCC	<input type="checkbox"/> VCJ _____ MO _____ DY _____ <input type="checkbox"/> DOC _____ YR _____ MO _____ DY _____ <input type="checkbox"/> JAIL CREDIT TIME: _____ DY _____ <input type="checkbox"/> PROB _____ YR _____ MO _____ DY _____ <input type="checkbox"/> COM.CONT. _____ YR _____ MO _____ <input type="checkbox"/> DRUG OFFENDER <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ _____ HRS.COM. SERVICE <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/ILL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> PROB.REVOKED <input type="checkbox"/> C.C. REVOKED <input type="checkbox"/> PROB. REINSTATE <input type="checkbox"/> C.C. REINSTATE <input type="checkbox"/> PROB. MODIFIED <input type="checkbox"/> C.C. MODIFIED <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB. TERMINATED	CRT. COSTS \$ FINE \$ PD FEE \$ SAO FEE \$ LEO FEE \$ PD APP.FEE \$ REST. \$ OTHER: <input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT
AMENDED CHARGE:	<input type="checkbox"/> WAIVED PSI <input type="checkbox"/> PSI ORDERED: <input type="checkbox"/> PDR ORDERED <input type="checkbox"/> TO BE SENT:	<input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ _____ HRS.COM. SERVICE <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/ILL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> C.C. MODIFIED <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB. TERMINATED	
BOND SET AT \$			<input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT	

4/23/2026 4:37 PM



KAREN A FOXMAN

ASSISTANT STATE ATTORNEY

**Laura E. Roth, Clerk of the Circuit Court**

Filed in Open Court this 22 day of April, 2026

/S/ LINDSEY R KING  
 DEPUTY CLERK IN ATTENDANCE

**VOLUSIA COUNTY COURT ACTION FORM**

CASE: 2026 102441 CFDL

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COURT/SESSION TYPE: Criminal Hearing

STATE OF FLORIDA

TIME: 10:30 AM

JUDGE: FOXMAN Div. 08

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LINDSEY BROOKE ISAACS

SPN: 1005581

VCCF BKG# 1176276

CT.	CHARGE		COURT ACTION	INCARCERATION/PROBATION/COMMUNITY CONTROL INFORMATION	COSTS	
	LEAVING SCENE OF CRASH WITH DEATH Statute: 316.027(2)(c)	(COMP) LVL:F DEG:F	<input type="checkbox"/> N.G.PLEA <input type="checkbox"/> NO INFO. <input type="checkbox"/> GUILTY PLEA <input type="checkbox"/> NOLLE PROSS. <input type="checkbox"/> NOLO PLEA <input type="checkbox"/> DISMISSED <input type="checkbox"/> NG.VERDICT <input type="checkbox"/> JGMT ACQT. <input type="checkbox"/> GLTY.VERDICT <input type="checkbox"/> ADJ.WITHHELD <input type="checkbox"/> MISTRIAL <input type="checkbox"/> ADJ.GUILTY <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY : VOP/VOCC  <input type="checkbox"/> WAIVED PSI <input type="checkbox"/> PSI ORDERED <input type="checkbox"/> PDR ORDERED <input type="checkbox"/> TO BE SENT:	<input type="checkbox"/> VCJ _____ MO _____ DY _____ <input type="checkbox"/> DOC _____ YR _____ MO _____ DY _____ <input type="checkbox"/> JAIL CREDIT TIME: _____ DY _____ <input type="checkbox"/> PROB _____ YR _____ MO _____ DY _____ <input type="checkbox"/> COM.CONT. _____ YR _____ MO _____ <input type="checkbox"/> DRUG OFFENDER <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ <input type="checkbox"/> _____ HRS.COM. SERVICE _____ <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/LL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> PROB.REVOKED <input type="checkbox"/> C.C. REVOKED <input type="checkbox"/> PROB. REINSTATE <input type="checkbox"/> C.C. REINSTATE <input type="checkbox"/> PROB. MODIFIED <input type="checkbox"/> C.C. MODIFIED  <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB.TERMINATED	CRT. COSTS \$ _____ FINE \$ _____ PD FEE \$ _____ SAO FEE \$ _____ LEO FEE \$ _____ PD APP.FEE \$ _____ REST. \$ _____ OTHER: _____ <input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT
AMENDED CHARGE:						
BOND SET AT \$ _____						
	LEAVING SCENE CRASH INVOLVING SERIOUS BODILY INJURY Statute: 316.027(2)(b)	(COMP) LVL:F DEG:S	<input type="checkbox"/> N.G.PLEA <input type="checkbox"/> NO INFO. <input type="checkbox"/> GUILTY PLEA <input type="checkbox"/> NOLLE PROSS. <input type="checkbox"/> NOLO PLEA <input type="checkbox"/> DISMISSED <input type="checkbox"/> NG.VERDICT <input type="checkbox"/> JGMT ACQT. <input type="checkbox"/> GLTY.VERDICT <input type="checkbox"/> ADJ.WITHHELD <input type="checkbox"/> MISTRIAL <input type="checkbox"/> ADJ.GUILTY <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY : VOP/VOCC  <input type="checkbox"/> WAIVED PSI <input type="checkbox"/> PSI ORDERED <input type="checkbox"/> PDR ORDERED <input type="checkbox"/> TO BE SENT:	<input type="checkbox"/> VCJ _____ MO _____ DY _____ <input type="checkbox"/> DOC _____ YR _____ MO _____ DY _____ <input type="checkbox"/> JAIL CREDIT TIME: _____ DY _____ <input type="checkbox"/> PROB _____ YR _____ MO _____ DY _____ <input type="checkbox"/> COM.CONT. _____ YR _____ MO _____ <input type="checkbox"/> DRUG OFFENDER <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ <input type="checkbox"/> _____ HRS.COM. SERVICE _____ <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/LL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> PROB.REVOKED <input type="checkbox"/> C.C. REVOKED <input type="checkbox"/> PROB. REINSTATE <input type="checkbox"/> C.C. REINSTATE <input type="checkbox"/> PROB. MODIFIED <input type="checkbox"/> C.C. MODIFIED  <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB.TERMINATED	CRT. COSTS \$ _____ FINE \$ _____ PD FEE \$ _____ SAO FEE \$ _____ LEO FEE \$ _____ PD APP.FEE \$ _____ REST. \$ _____ OTHER: _____ <input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT
AMENDED CHARGE:						
BOND SET AT \$ _____						
	VEHICULAR HOMICIDE Statute: 782.071(1)(a)	(COMP) LVL:F DEG:S	<input type="checkbox"/> N.G.PLEA <input type="checkbox"/> NO INFO. <input type="checkbox"/> GUILTY PLEA <input type="checkbox"/> NOLLE PROSS. <input type="checkbox"/> NOLO PLEA <input type="checkbox"/> DISMISSED <input type="checkbox"/> NG.VERDICT <input type="checkbox"/> JGMT ACQT. <input type="checkbox"/> GLTY.VERDICT <input type="checkbox"/> ADJ.WITHHELD <input type="checkbox"/> MISTRIAL <input type="checkbox"/> ADJ.GUILTY <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY : VOP/VOCC  <input type="checkbox"/> WAIVED PSI <input type="checkbox"/> PSI ORDERED <input type="checkbox"/> PDR ORDERED <input type="checkbox"/> TO BE SENT:	<input type="checkbox"/> VCJ _____ MO _____ DY _____ <input type="checkbox"/> DOC _____ YR _____ MO _____ DY _____ <input type="checkbox"/> JAIL CREDIT TIME: _____ DY _____ <input type="checkbox"/> PROB _____ YR _____ MO _____ DY _____ <input type="checkbox"/> COM.CONT. _____ YR _____ MO _____ <input type="checkbox"/> DRUG OFFENDER <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ <input type="checkbox"/> _____ HRS.COM. SERVICE _____ <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/LL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> PROB.REVOKED <input type="checkbox"/> C.C. REVOKED <input type="checkbox"/> PROB. REINSTATE <input type="checkbox"/> C.C. REINSTATE <input type="checkbox"/> PROB. MODIFIED <input type="checkbox"/> C.C. MODIFIED  <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB.TERMINATED	CRT. COSTS \$ _____ FINE \$ _____ PD FEE \$ _____ SAO FEE \$ _____ LEO FEE \$ _____ PD APP.FEE \$ _____ REST. \$ _____ OTHER: _____ <input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT
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VEHICULAR HOMICIDE Statute: 782.071(1)(a)	(COMP) LVL:F DEG:S	<input type="checkbox"/> N.G.PLEA <input type="checkbox"/> GUILTY PLEA <input type="checkbox"/> NOLO PLEA <input type="checkbox"/> NG.VERDICT <input type="checkbox"/> GLTY.VERDICT <input type="checkbox"/> MISTRIAL <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY : VOP/VOCC	<input type="checkbox"/> NO INFO. <input type="checkbox"/> NOLLE PROSS. <input type="checkbox"/> DISMISSED <input type="checkbox"/> JGMT ACQT. <input type="checkbox"/> ADJ.WITHHELD <input type="checkbox"/> ADJ.GUILTY <input type="checkbox"/> PDR ORDERED	<input type="checkbox"/> VCJ _____ MO _____ DY _____ <input type="checkbox"/> DOC _____ YR _____ MO _____ DY _____ JAIL CREDIT TIME: _____ DY _____ <input type="checkbox"/> PROB _____ YR _____ MO _____ DY _____ <input type="checkbox"/> COM.CONT. _____ YR _____ MO _____ <input type="checkbox"/> DRUG OFFENDER <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ _____ HRS.COM. SERVICE <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/LL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> PROB.REVOKED <input type="checkbox"/> C.C. REVOKED <input type="checkbox"/> PROB. REINSTATE <input type="checkbox"/> C.C. REINSTATE <input type="checkbox"/> PROB. MODIFIED <input type="checkbox"/> C.C. MODIFIED <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB.TERMINATED	CRT. COSTS \$ FINE \$ PD FEE \$ SAO FEE \$ LEO FEE \$ PD APP.FEE \$ REST. \$ OTHER: <input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT
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VEHICULAR HOMICIDE Statute: 782.071(1)(a)	(COMP) LVL:F DEG:S	<input type="checkbox"/> N.G.PLEA <input type="checkbox"/> GUILTY PLEA <input type="checkbox"/> NOLO PLEA <input type="checkbox"/> NG.VERDICT <input type="checkbox"/> GLTY.VERDICT <input type="checkbox"/> MISTRIAL <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY : VOP/VOCC	<input type="checkbox"/> NO INFO. <input type="checkbox"/> NOLLE PROSS. <input type="checkbox"/> DISMISSED <input type="checkbox"/> JGMT ACQT. <input type="checkbox"/> ADJ.WITHHELD <input type="checkbox"/> ADJ.GUILTY <input type="checkbox"/> PDR ORDERED	<input type="checkbox"/> VCJ _____ MO _____ DY _____ <input type="checkbox"/> DOC _____ YR _____ MO _____ DY _____ JAIL CREDIT TIME: _____ DY _____ <input type="checkbox"/> PROB _____ YR _____ MO _____ DY _____ <input type="checkbox"/> COM.CONT. _____ YR _____ MO _____ <input type="checkbox"/> DRUG OFFENDER <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ _____ HRS.COM. SERVICE <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/LL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> PROB.REVOKED <input type="checkbox"/> C.C. REVOKED <input type="checkbox"/> PROB. REINSTATE <input type="checkbox"/> C.C. REINSTATE <input type="checkbox"/> PROB. MODIFIED <input type="checkbox"/> C.C. MODIFIED <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB.TERMINATED	CRT. COSTS \$ FINE \$ PD FEE \$ SAO FEE \$ LEO FEE \$ PD APP.FEE \$ REST. \$ OTHER: <input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT
AMENDED CHARGE:						
BOND SET AT \$						
RECKLESS DRIVING SERIOUS BODILY INJURY Statute: 316.192(3)(c)2	(COMP) LVL:F DEG:T	<input type="checkbox"/> N.G.PLEA <input type="checkbox"/> GUILTY PLEA <input type="checkbox"/> NOLO PLEA <input type="checkbox"/> NG.VERDICT <input type="checkbox"/> GLTY.VERDICT <input type="checkbox"/> MISTRIAL <input type="checkbox"/> ADMIT <input type="checkbox"/> DENY : VOP/VOCC	<input type="checkbox"/> NO INFO. <input type="checkbox"/> NOLLE PROSS. <input type="checkbox"/> DISMISSED <input type="checkbox"/> JGMT ACQT. <input type="checkbox"/> ADJ.WITHHELD <input type="checkbox"/> ADJ.GUILTY <input type="checkbox"/> PDR ORDERED	<input type="checkbox"/> VCJ _____ MO _____ DY _____ <input type="checkbox"/> DOC _____ YR _____ MO _____ DY _____ JAIL CREDIT TIME: _____ DY _____ <input type="checkbox"/> PROB _____ YR _____ MO _____ DY _____ <input type="checkbox"/> COM.CONT. _____ YR _____ MO _____ <input type="checkbox"/> DRUG OFFENDER <input type="checkbox"/> SEX OFFENDER <input type="checkbox"/> CONCURRENT <input type="checkbox"/> CONSECUTIVE TO: _____ _____ HRS.COM. SERVICE <input type="checkbox"/> SUBST.ABUSE COUNSEL/TREAT. <input type="checkbox"/> RANDOM U/A <input type="checkbox"/> NO ALCOHOL/LL.DRUG <input type="checkbox"/> MAY CONVERT CRT COST TO CS \$ _____ PER HOUR	<input type="checkbox"/> PROB.REVOKED <input type="checkbox"/> C.C. REVOKED <input type="checkbox"/> PROB. REINSTATE <input type="checkbox"/> C.C. REINSTATE <input type="checkbox"/> PROB. MODIFIED <input type="checkbox"/> C.C. MODIFIED <input type="checkbox"/> STANDARD COND. <input type="checkbox"/> PREVIOUS COND. <input type="checkbox"/> COS WAIVED <input type="checkbox"/> PROB.TERMINATED	CRT. COSTS \$ FINE \$ PD FEE \$ SAO FEE \$ LEO FEE \$ PD APP.FEE \$ REST. \$ OTHER: <input type="checkbox"/> CONVRT. FINE/COST JDGMT <input type="checkbox"/> PREVIOUS COST TO JDGMT
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