



CourtWatch Criminal Form

Orange Seminole Date: _____

(2/11/10) Time In / Out: _____

Judge: _____
Race/Gender _____ Volunteer: _____

Defendant _____ Start/End Times _____ / _____
Race/Gender _____

Case No. _____
 Bond Motion Other Pretrial Plea Trial
 Interpreter Used Attire: Professional Casual Sloppy Jail
 Sentencing Other Post-trial Violation of Probation
Circle one
Note below

Atty Private Public _____
Race/Gender _____ State Atty _____
Race/Gender _____

Disposed: <input type="checkbox"/> Pled Guilty/No Contest <input type="checkbox"/> Plea Conference <input type="checkbox"/> Plea to Bench (Non-jury trial) <input type="checkbox"/> Adjudication w/held	Jury (indicate makeup) _____ Men _____ Women _____ Black _____ White _____ Hispanic _____ Asian _____ Middle Eastern _____ Other		Jury Verdict <input type="checkbox"/> Guilty: Counts _____ <input type="checkbox"/> Not Guilty: Counts _____
	Sentence: <input type="checkbox"/> Jail _____ day / wk / mo / yr <input type="checkbox"/> Credit time served _____ <input type="checkbox"/> BIP Batterer's Intervention Program <input type="checkbox"/> Anger Management <input type="checkbox"/> DOWNWARD DEPARTURE <input type="checkbox"/> Youthful Offender <input type="checkbox"/> Other: _____	<input type="checkbox"/> Probation _____ day / wk / mo / yr <input type="checkbox"/> Community Control _____ d / w / m / y <input type="checkbox"/> Sex Offender Conditions <input type="checkbox"/> Early Termination Permitted <input type="checkbox"/> Community Service _____ hours <input type="checkbox"/> Mental Health Evaluation / Treatment <input type="checkbox"/> Drug/Alcohol Evaluation / Treatment	<input type="checkbox"/> All contact w/Victim Prohibited <input type="checkbox"/> Hostile contact Prohibited <input type="checkbox"/> Restitution <input type="checkbox"/> Work Release OK <input type="checkbox"/> PD Lien \$ _____

Max Possible Jail
Sentencing Points

Victim	_____ Relationship to Def: _____ Race/Gender _____ Attire: <u>Professional Casual Sloppy</u> <i>Circle one</i>
	Did Victim testify? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Witness for: <input type="checkbox"/> State <input type="checkbox"/> Defense <input type="checkbox"/> Interpreter Used

Allegations in this case (if alleged by State or Victim, note "V", if alleged by defendant note "D")

Assault/Battery <input type="checkbox"/> V... <input type="checkbox"/> D	False Imprisonment <input type="checkbox"/> V... <input type="checkbox"/> D	Strangulation <input type="checkbox"/> V... <input type="checkbox"/> D
Alcohol <input type="checkbox"/> V... <input type="checkbox"/> D	Harassment <input type="checkbox"/> V... <input type="checkbox"/> D	Tamper w/Witness <input type="checkbox"/> V... <input type="checkbox"/> D
Battery on LEO <input type="checkbox"/> V... <input type="checkbox"/> D	Kidnapping <input type="checkbox"/> V... <input type="checkbox"/> D	Threats <input type="checkbox"/> V... <input type="checkbox"/> D
Burglary <input type="checkbox"/> V... <input type="checkbox"/> D	Mental Illness <input type="checkbox"/> V... <input type="checkbox"/> D	Violation of Injunction <input type="checkbox"/> V... <input type="checkbox"/> D
Child Abuse/Neglect <input type="checkbox"/> V... <input type="checkbox"/> D	Murder <input type="checkbox"/> V... <input type="checkbox"/> D	Weapon Involved <input type="checkbox"/> V... <input type="checkbox"/> D
Child/ren Victimized <input type="checkbox"/> V... <input type="checkbox"/> D	Murder (Attempt) <input type="checkbox"/> V... <input type="checkbox"/> D	Type: _____
Child/ren Witnessed <input type="checkbox"/> V... <input type="checkbox"/> D	Pornography <input type="checkbox"/> V... <input type="checkbox"/> D	Other (describe below):
Computer/Tech Offense <input type="checkbox"/> V... <input type="checkbox"/> D	Resist LEO <input type="checkbox"/> V... <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> D
Drugs <input type="checkbox"/> V... <input type="checkbox"/> D	Retaliate Against Vic/Wit <input type="checkbox"/> V... <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> D
Elder Abuse/Neglect <input type="checkbox"/> V... <input type="checkbox"/> D	Sexual Assault <input type="checkbox"/> V... <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> D
Failure Sex Offn Report <input type="checkbox"/> V... <input type="checkbox"/> D	Stalking <input type="checkbox"/> V... <input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> D

Comments

Please complete all evaluations on back of form

Race Codes: A= Asian; B=Black; H=Hispanic; M=Middle Eastern; W=White; U=Unknown; O=Other

