

**14**

**14A**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Miss Middle: Kevana Last: Dailey  
 Home Address: N Secatur Blvd. Apt#: 2140  
 City: Las Vegas State: NV Zip Code: 89130  
 Telephone: 3 Social Security Number: 1  
 Date of Birth:                      Place of Birth: Nevada Sex: ☐ M or ☒ F  
 E-mail Address:                     

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:                     

**I am requesting registration at the following pharmacy:**

Pharmacy: CARDINAL HEALTH Store #: 7190  
 Address: 5795 SARVILLE SUITE 100  
 City: LAS VEGAS State: NV Zip Code: 89118  
 Signature of Managing Pharmacist: [Signature] Lic #: 19589 Date: 7/18/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐  
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #: County Court
		/ /	

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked <b>YES</b> to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: Miss Dailey Date: 7-17-19

**Board Use Only** Date Processed:                      Amount: 40.00

In November of 2006 when I had just turned 19, I had a verbal argument with my girlfriend; she locked me out of the house and took the keys she got in the car and set the keys on her lap and was about to drive off. Before she could drive off I walked up to the car, reached my arm in and attempted to grab the keys off of her lap when I attempted to do so she rolled my arm up in the car window. I was shouting at her to roll the window down. She wouldn't. I started snatching my arm trying to free it from the window and the glass broke, I grabbed the keys and walked away. A year later in December of 2007 shortly after I arrived home from work I got a knock on the door, it was the Marshals with a warrant for my arrest. I was completely shocked when they informed me it was for vehicle tampering and domestic violence, the incident that happened a year prior. I was arrested and booked into North Las Vegas Detention Center I went to court and was released pending completion of community service and anger management classes. At the time I agreed to these terms I was pregnant. I had full intentions of cooperating but due to complications during pregnancy and the birth of my child I was no longer able to fulfill those obligations. Because I didn't comply with the courts they issued a Bench Warrant for my arrest. I was arrested again in September of 2008 on the same charges and was released from court with a second chance warning. At this time I did complete all scheduled anger management classes but I was struggling to complete my community service hours. I made the horrible decision of just forgetting about it which lead to another Bench warrant and arrest in February of 2010. At this time I spent 45 days in North Las Vegas Detention Center and was released with time served, all charges were closed out at that time.

I take complete and full responsibility of my initial actions in November 2006. I was young and naïve. I displayed an unreasonable lack of judgement and bad character. I also take full responsibility of my irresponsibility by not completing my court obligations. I've been dealing with the negative impact this bad decision has had on my life for the past 12 years and I'm truly apologetic. I've done nothing but grow and learn from this experience.

In August of 2010 I was pulled over for a routine traffic stop while driving my aunt's car. During that traffic stop I was informed that my driver's license was suspended due to letting my previous case go into warrant status. I was also cited because my aunt didn't have valid proof of insurance in her vehicle. I was given a date to appear in court. When I went to this court appearance I was given the opportunity to present valid proof of insurance and my reinstated driver's license. This experience was also due to lack of responsibility on my behalf, I do recognize this and except full responsibility.

In November 2011 I was at a friend's grandmother's house when my friend, four of her cousins, and myself decided to leave the house and walk to the gas station. Upon entering the gas station I proceeded to the drink cooler and grabbed a Gatorade while doing so I heard one of my friend's cousins arguing with the clerk and I saw them trying to stop her and walking her out of the store. I then walked to the counter paid for my drink and left the store. By that time everyone I came with was out of the store so we proceeded to walk back. As we started walking back my friend's cousin who had, had the altercation with the clerk turned around and went back into the gas station, we all heard yelling and a loud crash but continued walking. In the process of us walking we were stopped by North Las Vegas police. At that time we were informed that the clerk called them because my friend's cousin went back in the store and threatened the clerk and knocked down several shelves of merchandise. All six of us

were arrested at that time. I was booked in North Las Vegas Detention Center on a public nuisance charged. I spent three days in jail awaiting a court appearance. When I went to court on this charge I was released with credit time served and the case was closed.

In March of 2014 I went to Walmart with a friend. I entered into Walmart with her under the impression she was going to buy the item she needed, instead she tried to walk out of the store without paying for that item. We were both stopped by security and pulled into an office. At that time they trespassed both of us from the store for 24 hours, took our picture, and cited us with a six hundred dollar fine. I do regret continuing to walk out of the store with her even after I understood her intentions, it was a horrible decision on my part.

In August of 2014 I again entered Walmart with a group of friends we were goofing around in the store and we ended up daring each other to run out of the store with an item. We all did so. We were all caught and arrested on Petty Larceny charges. I was booked into North Las Vegas Detention Center to await a court appearance, at the time of the court appearance I was released with the obligation of paying a fine of 350.00 to Walmart. Once that fine was paid the case was closed.

I do completely understand that I put myself in a lot of bad situations that could have been avoided. I also understand that my immaturity is no valid excuse but I would like you to take it into consideration upon your review. I have grown so much in my personal life and career path. I have learned tremendously from these experiences and have done my best to implement more positive characteristic traits in myself and others therefor making better judgement calls. I do hope you can see the effort I've put forth and consider going forward with my application.

Thank You,

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:** DAILEY, MISS KEVANA KEVANA  
**Date of Birth:**  
**Case Number:** CR009863-07  
**Offense Date:** 11/27/2006

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
TAMPER/INJURE VEHICLE	TAMPER/INJURE VEHICLE	01/02/2008	PLED NOLO
BATTERY DOMESTIC VIOLENCE NO PRIORS	BATTERY DOMESTIC VIOLENCE NO PRIORS	01/02/2008	PLED NOLO

Prepared By:



*[Signature]* 7-10-18  
Court Clerk Date

# City of North Las Vegas Municipal Court

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Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:**

DAILEY, MISS KEVANA KEVANA

**Date of Birth:**

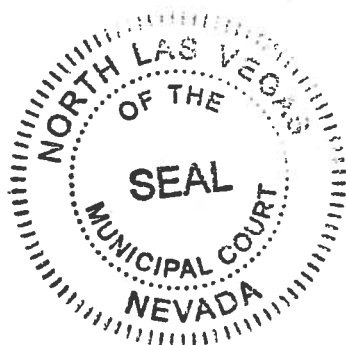
**Case Number:**

TR020979-07

**Offense Date:**

11/06/2007

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
DRIVING WITHOUT VALID LICENSE	DRIVING WITHOUT VALID LICENSE	01/02/2008	DISMISSED



Prepared By:

*[Signature]* 7-10-18  
Court Clerk Date

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:**

DAILEY, MISS KEVANA KEVANA

**Date of Birth:**

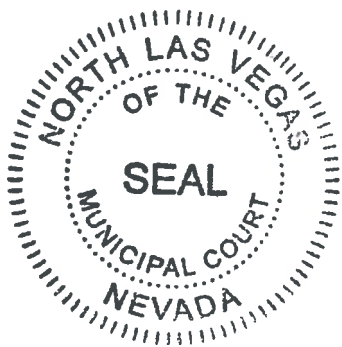
**Case Number:**

CR008304-10

**Offense Date:**

04/21/2010

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
DRIVING ON A CANCELLED, REVOKED, OR SUSPENDED D/L	DRIVING ON A CANCELLED, REVOKED, OR SUSPENDED D/L	09/01/2010	PLED GUILTY
NO PROOF OF INSURANCE	NO PROOF OF INSURANCE	09/01/2010	PLED GUILTY
FAILURE TO APPEAR	FAILURE TO APPEAR	09/01/2010	PLED GUILTY



Prepared By:

Court Clerk

7-10-18  
Date



# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

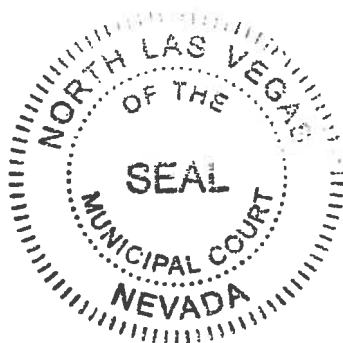
## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:** DAILEY, MISS KEVANA KEVANA  
**Date of Birth:**  
**Case Number:** CR008731-11  
**Offense Date:** 11/26/2011

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
PUBLIC NUISANCE AGAINST CITY	PUBLIC NUISANCE AGAINST CITY	11/30/2011	PLED NOLO

Prepared By:



*HP*

Court Clerk

7-10-18

Date

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:**

DAILEY, MISS KEVANA KEVANA

**Date of Birth:**

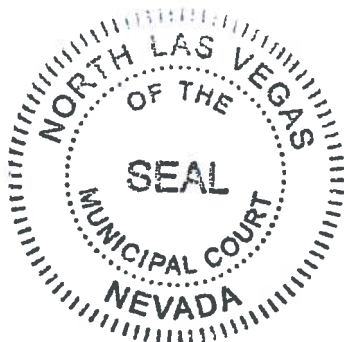
**Case Number:**

CR000525-14

**Offense Date:**

02/01/2014

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
PETIT LARCENY	PETIT LARCENY	03/18/2014	PLED NOLO



Prepared By:

Court Clerk

7-10-18

Date

# City of North Las Vegas Municipal Court

2332 Las Vegas Blvd North • Suite 100 • North Las Vegas, Nevada 89030-6307  
Telephone: (702) 633-1130 • Fax: (702) 399-6296

## CERTIFICATE OF COURT DISPOSITION

I hereby certify that I have examined the records of the North Las Vegas Municipal Court and that the following information is a true and accurate record of disposition:

**Name:**

DAILEY, MISS KEVANA KEVANA

**Date of Birth:**

**Case Number:**

TR005777-14

**Offense Date:**

03/27/2014

Original Offense:	Final Offense:	Date of Disposition:	Final Disposition:
DRIVER FTO TRAFFIC CTRL LIGHTS/ARROWS	DRIVER FTO TRAFFIC CTRL LIGHTS/ARROWS	03/31/2014	PLED NOLO

Prepared By:



*[Signature]*  
Court Clerk

*7-16-18*  
Date

**14B**

**NEVADA STATE BOARD OF PHARMACY**  
**985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521**  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Joseph Middle: Dakota Last: Repetti  
 Home Address: 1 Nesting Pine Pl. Apt#: \_\_\_\_\_  
 City: Las Vegas State: NV Zip Code: 89143  
 Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: Las Vegas, NV Sex: ☒ M or ☐ F  
 E-mail Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: \_\_\_\_\_

**I am requesting registration at the following pharmacy:**

Pharmacy: Walgreens Store #: 12539  
 Address: 6825 N. Durango dr.  
 City: Las Vegas State: NV Zip Code: 89149  
 Signature of Managing Pharmacist: [Signature] Lic #: 18813 Date: 5-21-19

**(Without the signature of the managing pharmacist, the application will be returned.)**

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

**(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)**

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in any state? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:**

Board Administrative Action:	State: <u>NV</u>	Date: <u>1/1</u>	Case #:
Criminal Action: <u>Petition for Writ of Habeas Corpus</u>	State: <u>NV</u>	Date: <u>2010-2013</u>	Case #: <u>N/A</u>
	County: <u>Clark</u>	Court: <u>Las Vegas, NV Courts</u>	

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒  
 IF you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

Board Use Only Date Processed: \_\_\_\_\_ Amount: 40.00

**14C**

**NEVADA STATE BOARD OF PHARMACY**  
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
**PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION**

**Registration Fee: \$40.00 - (non-refundable money order only, no cash)**

Complete Name (no abbreviations):

First: Michelle Middle: Marie Last: Shadley

Home Address: Lower Rhines Rd / PO Box Apt#: \_\_\_\_\_

City: Tonopah State: NV Zip Code: 89049

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: PORTLAND OREGON Sex: ☐ M or ☒ F

E-mail Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: \_\_\_\_\_

**I am requesting registration at the following pharmacy:**

Pharmacy: Raley's Pharmacy Store #: 120

Address: 1201 S. Main St.

City: Tonopah State: NV Zip Code: 89049

Signature of Managing Pharmacist: [Signature] Lic #: 19151 Date: 5/22/19

**(Without the signature of the managing pharmacist, the application will be returned.)**

1. Are you 18 years of age or older? Yes ☒ No ☐  
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐  
**(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)**

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?</b> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	<u>OR</u>	<u>8 / 12004</u>	<u>040951050</u>	<u>Multnomah</u>	<u>Circuit Court</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| Are you the subject of a court order for the support of a child?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>IF you marked YES to the question, above are you in compliance with the court order?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

**Board Use Only** Date Processed:

Amount:

40.00

6/24/2019

## Pharmaceutical Technician in Training Application

This application cannot be returned by fax or email.  
We must have an original signature and fee to process.

Download application and mail to the address on the top of the application with the required fee of \$40.00. The fee is payable by money order only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to: ***Nevada State Board of Pharmacy***

**Before calling with questions, please read all information carefully.**

The pharmacy, where you will be employed as a pharmaceutical technician in training, must be in Nevada.

**You can obtain hours from more than one pharmacy but you need to be registered at each pharmacy. Every location requires the application and the \$40.00 fee. The hours must be completed within 2 years from the date the application was received.**

If you change pharmacy locations (even within the same chain) you must submit a new application and fee. The license is only valid at the pharmacy listed on the certificate of registration.

All pharmaceutical technician in training registrations expire October 31, of the even numbered years. It is your responsibility to keep us up to date with your mailing address.

If you have any questions, please feel free to contact the Reno office at (775) 850-1440.

\*\*\* Do not use this application if you will be working in a dispensing physician's office. The correct application is available on the website under the practitioners tab. The correct application is called "Dispensing Technician Trainee" application. \*\*



☒ STATE OF OREGON☒ JUDGMENT☐ Other

Plaintiff

v.

Defendant

☐ AMENDED JUDGMENTCASE NO. 0409-51050Date Of Proceeding 11-3-04

Address/City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Defense Attorney: Newton Bar No. \_\_\_\_\_ Reporter FTLDistrict Attorney: \_\_\_\_\_ Bar No. \_\_\_\_\_ Cassette No. CTACUSTODY STATUS: ☐ In Custody ☐ Out of Custody ☐ Security Release JUDGMENT OF ACQUITTAL COUNTS: \_\_\_\_\_☐ Defendant is unrepresented and knowingly waived counsel. ☐ Defendant waived two calendar-day delay before sentencing.IT IS ADJUDGED THAT DEFENDANT HAS BEEN CONVICTED BY: ☐ PG ☐ PNC ☐ JT ☐ CT

Length of Trial Proceeding \_\_\_\_\_

OF THE FOLLOWING OFFENSES: (1) Th-2 (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

(5) \_\_\_\_\_

☐ The Defendant is indigent for purposes of court appointed counsel in this case.☐ The court appointed counsel in this case☐ Defendant is unrepresented by counsel and knowingly waived any right to an attorney after having been informed of that right.

SENTENCE (unless indicated, all elements of the sentence will be applied to the first listed convicted offense)\*:

The TSI dates and times, and the dates of service of a sentence to jail, including work release, unless the sentence commences immediately, will be set by the Sheriff.

DEFENDANT SUCCESSFULLY COMPLETED COMMUNITY COURT.

☐ CASE DISMISSED.☒ SENTENCE OF DISCHARGE-WAIVING FEES AND ASSESSMENTS.

\*All financial obligations in the money judgment are a condition of probation PROBATION JUDGE \_\_\_\_\_

All other counts in this case are dismissed by motion of the District Attorney in the interest of justice.

MONEY JUDGMENT (unless indicated, all financial obligations will be applied to the first listed convicted offense)\*\* IT IS ADJUDGED THAT DEFENDANT PAY THE FOLLOWING OBLIGATIONS, WHICH SHALL BE A MONEY JUDGMENT.

JUDGMENT CREDITOR: STATE OF OREGON

JUDGMENT DEBTOR: DEFENDANT

\*\*Addendum To Money Judgment (Form #06-60) must accompany this Judgment if restitution or a compensatory fine is ordered and the Addendum is incorporated and made a part of the money judgment in support of that financial obligation. If the Addendum is not attached, no restitution or compensatory fine obligation is imposed. All statutory assessments and fees applicable to each conviction are imposed and are to be added by the Clerk of the Court as a money judgment unless waived on this judgment.

TERM OF PAYMENTS: The amount of the money judgment is: ☐ to be paid in full by \_\_\_\_\_; ☐ to be paid in installments of \$ \_\_\_\_\_ per month, beginning on \_\_\_\_\_ and due each month thereafter on that date until satisfied.

DATE SIGNED

JUDGE'S SIGNATURE

Name of Judge typed or printed

**IN THE CIRCUIT COURT FOR THE STATE OF OREGON  
FOR MULTNOMAH COUNTY**

STATE OF OREGON

Plaintiff

Case No 040951050

DA No \_\_\_\_\_

Defendant

**NOTICE AND ADVICE OF RIGHT TO APPEAL**

As required by ORS 137.020 (5), the trial court is advising you of your right to appeal this court's judgment and of the procedure for protecting such right.

**RIGHT TO APPEAL**

Your right to appeal is limited as follows.

- 1 If you entered a plea of guilty or no contest to any felony offense committed before November 1, 1989, or to any misdemeanor offense, then you may appeal the judgment only if you make a colorable claim showing that the disposition exceeds the maximum allowed by law or is unconstitutionally cruel and unusual. ORS 138.050. If you entered a plea of guilty or no contest to any felony offense committed on or after November 1, 1989, then you may appeal the judgment only upon showing a colorable claim of error in the proceeding. ORS 138.222.
- 2 If you were sentenced on a revocation of a probation or sentence suspension, or were resentenced after an order by an appellate court or a post conviction court, then you may appeal the judgment only upon showing a colorable claim of error in the proceeding. ORS 138.053 and 138.222.
- 3 If you were found guilty after a jury trial, a trial to the judge, or a stipulated facts trial, you may appeal legal errors in the decisions, orders and proceedings of the court.

A colorable showing or claim is one that is apparently valid or plausible.

**PROCEDURES FOR PROTECTING YOUR RIGHT TO APPEAL**

The Oregon Revised Statutes and Oregon Rules of Appellate Procedure control your appeal. You could lose your right to appeal by not following them. These authorities and forms for appeals may be accessed at <http://www.ojd.state.or.us/>.

Within 30 DAYS from the entry date of this court's judgment in the court register, you must:

1. Prepare a written signed Notice of Appeal.
2. Serve copies of your Notice of Appeal on all Parties, including the District Attorney. You must also serve the clerk of the trial court. If you want the Court of Appeals to consider a transcript, you must serve the office of the trial court administrator, "Attention: Transcript Coordinator." Even if an audio or video record was made of the proceeding, rather than a stenographic record, serve the transcript coordinator.
3. File the signed original Notice of Appeal and proofs of each proof of service listed in No. 2 above, with the Court of Appeals, State Court Administrator, Records Section, 1163 State Street, Salem, Oregon 97310. You may wish to contact the Court of Appeals to determine the current filing fee for the type of offense you are appealing. The phone number is (503) 988-5555.

If you are without funds for an attorney and transcript on appeal, you may ask the trial court to appoint a lawyer to represent you and to provide a transcript for the purposes of appeal. The court will decide whether you qualify for this help. To request the court to review your eligibility for an appointed attorney to handle your appeal, contact the Indigent Defense Section of the Office of the Trial Court Administrator in Room 236 of the Multnomah County Courthouse. The phone number is (503) 988-3987. If you qualify, an attorney will be appointed.

While your case is on appeal, the trial court, if you ask, may release you from jail or stay your financial obligations.

Signature acknowledges receipt of form:

M. Shadley 9-13-04  
Defendant Date Defendant's Attorney

13 Sept 2004  
Date

STATE OF OREGON

Plaintiff

v

Case No 0409-51050

COMMUNITY COURT ORDER

Date of Hearing: 9-29-04

Shadley, michelle  
Defendant

District Attorney Robbins

Bar No. \_\_\_\_\_

Reporter FTR

Defense Attorney Jones

Bar No \_\_\_\_\_

Tape # CTA

Charge(s) Th-2

1 Defendant to complete 24 hours of Community Service by \_\_\_\_\_

2 Write a 0 page essay on "How I got into trouble and how I'll avoid it in the future"

3 Other requirements: \_\_\_\_\_

If the above requirements are completed, this case will be:

~~DISMISSED~~ X SENTENCE OF DISCHARGE

You must complete the above noted requirements or you will be sentenced in absentia

X 5 Days Jail for each count

\_\_\_\_\_ A fine up to the maximum, plus all statutory fees and assessments

**YOU MUST APPEAR FOR FINAL DISPOSITION !**

NEXT COURT DATE: 10-11-3 -04 at 10AM in JCL NE

\_\_\_\_\_ Additional Sanction

Defendant to complete an additional \_\_\_\_\_ hours of Community Service by \_\_\_\_\_

9-29-04

Date Signed

JUDGE

EVANS

Name of Judge (Typed or Printed)

Circuit Court  
Multnomah County, Oregon

FILED  
SEP 29 2004

ENTERED  
SEP 29 2004  
IN REGISTER BY LEH

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

STATE OF OREGON,

Plaintiff,

v.

Michelle Shadley

Defendant.

No. 040951050

CONSENT TO SENTENCING IN  
ABSENTIA

Defendant hereby agrees that the court may enter the conviction and sentence agreed upon in the plea petition in the absence of the defendant if the defendant fails to appear for sentencing and/or has failed to complete any of the other obligations ordered by the court.

DATE: 13 Sept 2004

M. Shadley  
Defendant

[Signature]  
Attorney for Defendant

ENTERED  
SEP 29 2004  
IN REGISTER BY LEH

Circuit Court,  
Multnomah County, Oregon

SEP 29 2004

FILED

... know that the sentence is \_\_\_\_\_ the Court to decide. The District Attorney may provide reports or other information if requested by the Court. I understand that the District Attorney will make the following recommendation to the Court about my sentence or about other pending charges. This recommendation is ( ) is not ( ) made pursuant to ORS 135.432 (2):

Given to AS A 2E and complete 24 hours as  
if successful then discharge but failure to  
complete means 5 days jail - no credit

15-A. I plead Guilty because, in Multnomah County, Oregon, I did the following: on 8/14/04

took merchandise from store w/o paying

15-B. I plead No Contest because I understand that a jury or judge could find me guilty of the charge(s), so I prefer to accept the plea offer (defendant's initials: \_\_\_\_\_)

16. I declare that no government agents have made any threats or promises to me to make me enter this plea other than the District Attorney's recommendation set forth in Paragraph 14, except: NONE

17. I understand that if a sentence of probation is imposed that I will be required to comply with the general conditions of probation and any special conditions imposed by the court.

18. I understand if my sentence includes a period of supervised probation, and I am accused of violating the terms of the probation, I may have an opportunity to waive my rights to a hearing before a judge by accepting the sanction offered by the probation officer. The severity of the sanction would depend upon the nature of my violation. I would know what the sanction would be before agreeing to it. Even if I agree to the sanction, the judge or prosecutor has the option to schedule a hearing on the alleged violation. I also understand I would have the right to a hearing before a judge to determine if I had violated my probation and, if so, what sanction, if any, might be imposed.

19. I understand that I will be required to provide a blood or buccal sample if convicted of a felony, murder, aggravated murder, or certain misdemeanors.

20 I am signing this plea petition and entering this plea voluntarily, intelligently, and knowingly.

Sept 13, 2004

(Date)

M. Stedley

(Defendant's Signature)

### CERTIFICATE OF COUNSEL

I am the lawyer for the defendant and I certify:

1. I have read and explained fully to the defendant the allegations contained in the accusatory instrument(s). I believe defendant understands the charges and all possible defenses to them. I have explained alternatives and trial strategies to defendant.
2. I have explained to the defendant the maximum and minimum penalties that could be imposed for each charge and for all charges together and provided a copy of the general conditions of probation if a probation sentence is to be imposed.
3. The plea(s) offered by defendant is (are) justified by my understanding of the facts related to me.
4. To the best of my knowledge and belief, the declarations made by defendant in the foregoing petition are true and accurate.
5. To the best of my knowledge, defendant's decision to enter this plea is made voluntarily, intelligently, and knowingly. I recommend that the Court accept the plea.

I have signed this certificate in the presence of the defendant and after full discussion of its contents with the defendant.

13 Sept 2004

(Date)

[Signature]

(Lawyer's Signature)

04147

(Bar No.)

Case No. \_\_\_\_\_

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR MULTNOMAH COUNTY

STATE OF OREGON,

Plaintiff,

v

C 040951052

DA No. \_\_\_\_\_

Citation No. \_\_\_\_\_

PETITION TO PLEAD GUILTY / NO CONTEST  
AND WAIVER OF JURY TRIAL

Defendant,

The defendant represents to the Court.

1. My full true name is Michelle M. Shadley  
but I also am known as NONE

2. I am 29 years of age. I have gone to school through Diploma  
My physical and mental health are satisfactory. I am not under the influence of any drugs or intoxicants, except NONE

3. I understand my right to hire or have the Court appoint a lawyer to help me

(a) I am represented by: SCOTT SPINSEN / HEATHER JONES  
(b) I choose to give up my right to a lawyer; I will represent myself \_\_\_\_\_ (defendant's initials)

4. I have told my lawyer all the facts I know about the charge(s) against me. My lawyer has advised me of the nature of the charge(s), the defenses, if any, that I have in this case. I am satisfied with the advice and help I have received from my lawyer.

5. I understand that I have the following rights: (1) the right to jury trial; (2) the right to see, hear and cross-examine or question all witnesses who testify against me at trial; (3) the right to remain silent about all facts of the case, (4) the right to subpoena witnesses and evidence in my favor, (5) the right to have my lawyer assist me at trial, (6) the right to testify at trial, (7) the right to have the jury told, if I decide not to testify at trial, that they cannot hold that decision against me; and (8) the right to require the prosecutor to prove my guilt beyond a reasonable doubt.

6. I understand that I give up all of the rights listed in paragraph 5 when I plead either "Guilty" or "No Contest" I understand that I give up: (1) any defenses I may have to the charge(s); (2) objections to evidence; and (3) challenges to the accusatory instrument. I understand the right to appeal my conviction is limited and I may appeal only if I can make a colorable showing of error in the disposition of my case or a colorable claim of error in the proceeding

7. I want to plead Guilty / No Contest to the charge(s) of  theft 1st

8. I know that a No Contest Plea will result in a Guilty finding regarding the charge(s) listed in Paragraph 7

9. I know that when I plead "Guilty" or "No Contest" to the charge(s) in paragraph 7, the maximum possible sentence is 1 year(s) in (prison) (jail), and a fine with assessments totaling \$ 6,250, including mandatory fine of \$ \_\_\_\_\_. I also know that the Court can impose a minimum sentence of \_\_\_\_\_

Further I know that these maximum and minimum sentences can be added to sentences in these other cases \_\_\_\_\_

Finally, I know that my driver's license (can) (will) (cannot) be suspended for \_\_\_\_\_

10. I understand that I might ( ) will not ( ) be sentenced as a dangerous offender, which would increase each maximum sentence to 30 years, with a 15 year minimum.

11. I have been told that if my crime involved my use or threatened use of a firearm I (can) (will) receive a mandatory minimum sentence without parole or work release for a period of \_\_\_\_\_

12. I know that if I am not a United States citizen, my plea may result in my deportation from the USA, or denial of naturalization, or exclusion from future admission to the United States.

13. I know that this plea can affect probation or parole and any hearing I may have regarding probation or parole. If probation or parole is revoked, I know that the rest of the sentence in each of those cases could be imposed and executed, and could be added to any sentence in this case.

RECEIVED BY CLERK  
SEP 29 2004  
FILED  
Circuit Court  
Multnomah County, Oregon



IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH

687

STATE OF OREGON

vs

Shadley, Michelle

Defendant

Attorney for State

Bertholf

Attorney for Defendant

Stinson

- ) ☒ LIMITED JUDGMENT (predisposition) (JGLN)
- ) ☐ AMENDED LIMITED JUDGMENT FOR LIMITED JUDGMENT ENTERED (JGAM)
- ) ☐ CORRECTED LIMITED JUDGMENT FOR LIMITED JUDGMENT ENTERED (JGCM)
- ) ☐ SUPPLEMENTAL JUDGMENT (probation violation) (JGSK)
- ) ☐ AMENDED SUPPLEMENTAL JUDGMENT FOR SUPPLEMENTAL JUDGMENT ENTERED (JGAM)
- ) ☐ CORRECTED SUPPLEMENTAL JUDGMENT FOR SUPPLEMENTAL JUDGMENT ENTERED (JGCK)
- ) Case No. 0409-51050

This Judgment is entered solely to resolve issues under ORS 151.487 regarding payment of an application fee and/or contribution amount in connection with defendant/applicant's request for court-appointed counsel. It does not dispose of any charges or other issues in the case. This Judgment is subject to review by the trial-level court at any time as provided in ORS 151.487(5).

For purposes of ORS 137.071:

- ☐ Defendant/Applicant was determined to be financially eligible for appointed counsel and counsel was appointed as identified above.
- ☐ Defendant/Applicant was determined to be financially ineligible for appointed counsel and counsel was not appointed.

Civil collection efforts may be taken if you fail to make the payment(s) as ordered. This may include referral to the Department of Revenue and/or a private collection agency.

Pursuant to ORS 151.487, defendant/applicant is hereby ordered to pay the following monetary amounts:

**MONEY AWARD**

Judgment Creditor: State of Oregon  
Judgment Debtor: Michelle Shadley

Application Fee (IDAA): \$ 20  
Contribution Amount (IDCC): \$           

Total Amount of Money Award \$ 20

SEP 10 2004

Circuit Court

Multnomah County, OR

ENTERED

SEP 10 2004

IN REGISTER BY [Signature]

**Payment Schedule:** Payment of the amounts stated in this Money Award shall be made as follows:

- ☒ Amount ordered shall be paid in full by 9-29-04
- ☐ Payment shall be made in monthly payments of \$            beginning on            and each month thereafter until paid in full.

Payable to: STATE COURT ACCOUNTING

ORS 1.202 authorizes additional costs to be added to this Money Award without further notice or order of the court if your account is assigned for collection or requires payments to be scheduled.

Date

9-8-04

Reporter

[Signature]  
Circuit Court Judge (or delegate)

[Signature]  
Print, Type or Stamp Name of Judge (or delegate)

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR MULTNOMAH COUNTY

REGON

688

CASE # 0409-51050

LIMITED/SUPPLEMENTAL JUDGMENT FOR PAYMENT OF AN APPLICATION FEE/CONTRIBUTION AMOUNT (ACP)  
NOTICE OF RIGHT TO SEEK REVIEW BY THE TRIAL COURT AND ADVICE OF RIGHT TO APPEAL

Under ORS 137.020(5), we are advising you of your right to appeal and of the procedure for protecting your right to appeal a Limited Supplemental Judgment for ACP.

RIGHT TO SEEK TRIAL-LEVEL REVIEW

Under ORS 151.487(5), you may ask for an immediate review of any ACP amount ordered to be paid by submitting a written request for reconsideration by the local trial court. This request may be submitted at any time while your case is pending at the trial court level.

RIGHT TO APPEAL

Under ORS 19.205(1), you also have a right to appeal to the Court of Appeals a Limited or Supplemental Judgment entered pursuant to ORS 151.487 ordering you to pay an ACP amount in connection with your request for court-appointed counsel. Your attorney, if any, may assist you in submitting this request.

PROCEDURES FOR PROTECTING YOUR RIGHT TO APPEAL TO THE COURT OF APPEALS

The Oregon Revised Statutes and Oregon Rules of Appellate Procedure control appeals to the Court of Appeals in Salem. You could lose your right to appeal by not following them. The Oregon Rules of Appellate Procedure and forms for appeal may be accessed at <http://www.oid.state.or.us>.

If you are represented by a court-appointed lawyer in the trial court, and eligible for representation by an appointed lawyer on appeal, your court-appointed lawyer is required to determine if you wish to appeal and, if you wish to appeal, to transmit to the office of public defense services the information necessary to file the appeal. You can ask your court-appointed lawyer for additional information regarding a potential appeal.

Within 30 days from the entry date of this court's judgment in the court register, you or an attorney on your behalf must:

1. Prepare a written and signed notice of appeal.
2. Serve copies of the notice of appeal on all parties, including the district attorney and the trial court administrator. If you want the transcript of oral proceedings to be part of the record on appeal, a copy of the notice of appeal must be served on the office of the trial court administrator, "Attention: Transcript Coordinator." Even if an audio or video record was made of the oral proceedings, rather than a stenographic record, serve the transcript coordinator with a copy of the notice of appeal.
3. File the original, signed notice of appeal and proof of service for the service listed in No. 2 above with the State Court Administrator, Appellate Court Records Section, 1163 State Street, Salem, Oregon 97301-2563.

There is no filing fee for appeals in cases that are subject to ACP.

If you are without funds for a lawyer and/or transcript on appeal, you may ask the trial court to appoint a lawyer to represent you and to provide a transcript for the purposes of appeal. The court will decide whether you qualify for this help. You may request the court to review your eligibility for an appointed lawyer to handle your appeal. If you qualify, the trial court will appoint a lawyer to represent you on appeal.

While your case is on appeal, the trial court, if you ask, may stay your financial obligations. The Court of Appeals, if you ask, may stay your financial obligations pending appeal.

Filing for an appeal to the Court of Appeals will not stay or otherwise delay your underlying trial-level case.

Defendant's/Applicant's signature indicates receipt of form

*M. Shadley*

Date

9-8-04

NORA - Notice Advice Appeal Rights

IDEF402 (7/04)

Original--Court File

Copies--Verification, Defendant/Applicant, District Attorney, Defense Counsel



## IN THE COUNTY OF MULTNOMAH

Case Number(s): (circle, or otherwise mark, the case number of the most serious charge or type)

## VERIFICATION RECOMMENDATION RE:

REQUEST FOR COURT-APPOINTED COUNSEL;  
ORDER APPOINTING OR DENYING COUNSEL  
AND ORDERING PAYMENT

Charges:

Case Name:

## VERIFICATION RECOMMENDATION RE: FINANCIAL ELIGIBILITY

(To be completed by Verification Specialist)

Based on the Affidavit of Eligibility and Request for Court-Appointed Counsel, I recommend that the applicant is:

- ☒ FINANCIALLY ELIGIBLE for court-appointed counsel  
☐ NOT FINANCIALLY ELIGIBLE for court-appointed counsel  
☐ NO RECOMMENDATION (judge to review affidavit)

Following a review of the applicant's affidavit, I recommend the \$20 APPLICATION FEE be:

- ☐ WAIVED  
☒ ORDERED, due immediately or due on \_\_\_\_\_

I recommend a CONTRIBUTION AMOUNT be: (Maximum Contribution Amount from schedule)

- ☒ WAIVED  
☐ ORDERED in the amount of \$ \_\_\_\_\_ due immediately or due on \_\_\_\_\_

Date

Verification Specialist

## ORDER APPOINTING OR DENYING COUNSEL AND ORDERING PAYMENT

(To be completed by Judge)

The court orders the applicant's REQUEST FOR COURT-APPOINTED COUNSEL be:

- ☒ APPROVED  
☐ DENIED

(Name of Court-Appointed Counsel)

is hereby appointed by the court, contingent upon further verification.

The court orders the \$20 APPLICATION FEE be:

- ☐ WAIVED  
☒ ORDERED in the amount shown on the attached Limited/Supplemental Judgment of the court.

The court orders the CONTRIBUTION AMOUNT be:

- ☐ WAIVED  
☐ ORDERED in the amount shown on the attached Limited/Supplemental Judgment of the court.

Date

Judge

Judge's O.S.B. Number

Print, Type or Stamp Name of Judge

ORAC - Counsel Appointed ORDY - Counsel Denied

Verification Recommendation; Order Appointing or Denying Counsel

Evt \_\_\_\_\_

IDEF210 (7/04)

Distribution

Original - Court File

Copies - Verification, Applicant, Data-Entry, Defense Counsel

FILED  
 SEP - 8 2004  
 Multnomah County, Oregon  
 Circuit Court, Clerk

2030984-1

COURT #

04-09-51050

THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:							
ID TYPE OEO	ID NO ---	STATE OR	TEL. NO.				
NAME: LAST Radley, Michelle		FIRST M	MIDDLE INITIAL				
ADDRESS N Swift Way #124			LIC CLASS	<input type="checkbox"/> Employed to Drive			
CITY Portland	STATE OR	ZIP CODE 97203	DEF IS	<input type="checkbox"/> Passenger			
SEX F	POB W	DATE OF BIRTH	HEIGHT 5'7	WEIGHT 130	HAIR Blnd	EYES Blv	
AT THE FOLLOWING TIME & PLACE IN THE ABOVE MENTIONED STATE & COUNTY:							
OFFENSE DATE ON OR ABOUT	MONTH August	DAY 14th	YEAR 2004	TIME 1630	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
AT OR NEAR LOCATION 1401 N Hayden Isd					<input type="checkbox"/> Premises Open To Public		
					<input type="checkbox"/> Hwy		
INVOLVING THE FOLLOWING:							
TYPE	REGIS VIN / ID NO.	STATE	<input type="checkbox"/> Accident <input type="checkbox"/> Injury				
			<input type="checkbox"/> Property Damage <input type="checkbox"/> Endanger Others				
VEHICLE Year, Make, Model, Style, Color OR Other Describe			<input type="checkbox"/> Driver Not Reg Owner <input type="checkbox"/> Haz Material				
			<input type="checkbox"/> Commercial Vehicle				
OTHER							
DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):							
1. VIOLATED (Cite ORS/ORD Rule)	DESCRIBE		Alleged Spd	Designated Spd	<input type="checkbox"/> VBR	1. Base Fine	
164.045	Theft II				<input type="checkbox"/> Posted Limit	CM	
<input checked="" type="checkbox"/> Intentional <input checked="" type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Psch Sch Zn <input type="checkbox"/> Hwy Wk Zn			<input type="checkbox"/> Radar <input type="checkbox"/> Pace			<input type="checkbox"/> Laser	
						<input type="checkbox"/>	
2. VIOLATED (Cite ORS/ORD Rule)	DESCRIBE					2. Base Fine	
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Psch Sch Zn <input type="checkbox"/> Hwy Wk Zn							
3. VIOLATED (Cite ORS/ORD Rule)	DESCRIBE					3. Base Fine	
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Psch Sch Zn <input type="checkbox"/> Hwy Wk Zn							
OTHER/EXPLAIN:							
CIRCUIT 1A-107							

I CERTIFY UNDER ORS 153.045 AND 153.990 AND UNDER OTHER APPLICABLE LAW AND UNDER PENALTIES FOR FALSE SWEARING, DO SWEAR AFFIRM THAT I HAVE SUFFICIENT GROUNDS TO AND DO BELIEVE THAT THE ABOVE-MENTIONED DEFENDANT PERSON COMMITTED THE ABOVE OFFENSE(S) AND HAVE SERVED THE DEFENDANT PERSON WITH THIS COMPLAINT.

DATE ISSUED: 08/14/04  
 1ST OFFICER SIGNATURE: [Signature]  
 PRINT NAME: Blundt  
 OFFICER PRECINCT: 32398/46

AGENCY ID: ☒ PPD ☐ POP ☐ MCSO ☐ GREPO ☐ OSP ☐ TRIMET ☐ SCHOOL ☐ OTHER

DATE ISSUED: \_\_\_\_\_  
 Arresting Person or 2nd Officer (if necessary) SIGNATURE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 OFFICER PRECINCT: \_\_\_\_\_  
 AGENCY ID: ☐ PPD ☐ POP ☐ MCSO ☐ GREPO ☐ OSP ☐ TRIMET ☐ SCHOOL ☐ OTHER

### YOUR CIRCUIT COURT APPEARANCE DATE, TIME & LOCATION ARE:

MONTH / DAY / YEAR	TIME	LOCATION	PHONE
08 04 04	8:30 a.m.	1. Circuit Court Room 106 1021 SW Fourth Ave. Portland, OR	503 986-3233
		2. Circuit Court Gresham 150 W Powell Gresham, OR	503 988-3199
		3. Justice Center Court 413 1120 SW 3rd Ave. Portland, OR	503 988-1235

ID A 11

AT THE FOLLOWING TIME & PLACE IN THE ABOVE MENTIONED STATE & COUNTY:

**INVOLVING THE FOLLOWING:**

OTHER

3. VIOLATED (Cite ORS/ORD/Rule)	DESCRIBE	AUG 18 2004	3. Base Fine
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Crim Neg <input type="checkbox"/> No Culpable Mental State <input type="checkbox"/> Pstd Sch Zn <input type="checkbox"/> Hwy Wrk Zn			

OTHER/EXPLAIN:

**CIRCUIT COURT**

History Report Done ☐

OP 1464  
DATE ISSUED

1ST OFFICER SIGNATURE

PRINT NAME \_\_\_\_\_

OVERDAMPING

AGENCY ID:

☒ PPD ☐ POP ☐ MCSD ☐ GREPD ☐ OSP ☐ TRIMET ☐ SCHOOL ☐ OTHER

DATE ISSUED

Arresting Person or 2nd Ofc (if necessary) SIGNATURE

PRINT NAME

DFC ID/PRECINCT

AGENCY ID:

☐ PPD ☐ POP ☐ MCSO ☒ GREPD ☐ OSP ☐ TRIMET ☐ SCHOOL ☐ OTHER

**YOUR CIRCUIT COURT APPEARANCE DATE, TIME & LOCATION ARE:**

Verified Correct Copy of Original 6/27/20

ARRAIGNED	CHARGE	VIOL.	161.568 OR	692
SECURITY RELEASE AT: \$		RECEIPT NO.:		
COURT/JURY TRIAL		( ) WAIVED		
CRIMINAL RIGHTS GIVEN				
ATTORNEY:		OSB#	( ) WAIVED	
WARRANT ORDERED:		ISSUED:		
DIVERSION AGREEMENT				
CONTINUED TO:		REASON:		
TO		REASON:		
ORS 153.355 CONDITIONAL PLEA				
THE ATTACHED ADDITIONS TO THIS RECORD ARE INCORPORATED BY REFERENCE, SEE PAGE(S):				
FILED BY: 13/7/20				

JUDGMENT OF THE COURT (THIS IS A TRUE COPY UNDER ORS 153.111)

OFFENSE	RESPONSE/PLEA	CHANGE PLEA	FINDING	DETERMINATION	OFFENSE CITE	TYPE	CLASS
1	G NG NC FTA		G NG	C / DISM		V M	A B C D OTH
2	G NG NC FTA		G NG	C / DISM		V M	A B C D OTH
3	G NG NC FTA		G NG	C / DISM		V M	A B C D OTH

DISPOSITION: ☐ 161.535 Deferred Sentence ☐ PS ☐ W / Prob Sub (Time) Conv Spd

PROBATION OFFICER:

FILED BY: 13/7/20

MONEY JUDGMENT	OFFENSE 1		OFFENSE 2		OFFENSE 3	
MONEY OBLIGATION	IMPOSED	SUSPENDED	IMPOSED	SUSPENDED	IMPOSED	SUSPENDED
FINE						
PS						
137.309 ASSESSMENT						
UNITARY ASSESSMENT						
RESTITUTION						
TOTALS						

TOTAL AMOUNT TO PAY THAT IS NOT SUSPENDED (FROM OFFENSES 1, 2 AND 3) \$

TERMS OF PAYMENT:

☐ All monies, including suspended monies, become due immediately under ORS 153.090(4) if non-suspended monies not paid in accordance with terms of payment.

The attached additions to this MONEY judgment are incorporated by reference, see page(s):

FILED BY: 13/7/20



Verified Correct Copy of Original 6/27/2019

EMERGENCY

CIRCUIT COURT

MP 18 500

EMERGENCY

Defendant Finger Print:

☐ R ☐ L  
☐ T ☐ 2  
☐ 3 ☐ 4  
☐ 5

Defendant Finger Print:

☐ R ☐ L  
☐ T ☐ 2  
☐ 3 ☐ 4  
☐ 5

## RELEVANT CONDITIONS:

## BAD ROAD SURFACE:

☐ Wet ☐ Snow ☐ Ice

## LIMITED VISIBILITY:

☐ Night ☐ Rain ☐ Snow ☐ Fog

OTHER:

## TRAFFIC:

☐ Light ☐ Medium ☐ Heavy

## AT INTERSECTION:

☐ Controlled ☐ Uncont. ☐ Drwy/Alley

## AREA:

☐ Business ☐ School ☐ Residential

I swear/affirm to the above-stated facts.

SI 6 IV SI 9IV 70

DATE

OFFICER'S SIGNATURE

ID NO

Subscribed and sworn to before me this

day of