

DEFENDER GENERAL ADULT CASE REPORT

CLIENT _____ DATE OF BIRTH / / SEX M F
DEFENSE ATTORNEY _____ TYPE PD AC STATE'S ATTORNEY _____

DOCKET NUMBER OFFENSE TITLE SEC SUB-SEC'S FEL MISD OTHER

COMMENTS: _____

PLEA AT ARRAIGNMENT DATE / / GUILTY NOT GUILTY NOLO

COMMENTS: _____

BAIL PERSONAL RECOGNIZANCE APPEARANCE BOND CASH/SURETY AMOUNT \$
 CONDITIONS IMPOSED BAIL DENIED BAIL VIOLATION BAIL MODIFIED
 BAIL APPEALED DETAINED: MONTHS AND DAYS JUDGE _____

COMMENTS: _____

DUI REFUSAL HEARING CIVIL SUSPENSION

TRANSFER TO JUVENILE COURT MOTION GRANTED OR DENIED

COMMENTS: _____

TRIAL DATA DATE / / JURY TRIAL JUDGE TRIAL JUDGE _____

VERDICT: GUILTY GUILTY LESSER INCLUDED OFFENSE NOT GUILTY
 INSANITY DEFENSE/GUILTY INSANITY DEFENSE/NOT GUILTY

INCOMPLETE TRIAL: CHANGE OF PLEA HUNG JURY MISTRIAL CT. DISMISSAL

COMMENTS: _____

DISPOSITION PRETRIAL OR INCOMPLETE TRIAL DATE / /

PLEA TO CHARGE (NO PLEA AGREEMENT): GUILTY OR NOLO

CHARGE DISMISSED BY STATE'S ATTORNEY OR COURT BECAUSE OF THE FOLLOWING:
 BARGAINING OF OTHER CHARGES INSUFFICIENT EVIDENCE DIVERSION
 INSANITY OR INCOMPETENCY CLIENT HOSPITALIZED OR NOT HOSPITALIZED OTHER

PLEA AGREEMENT DEFENDANT PLEADED GUILTY OR NOLO FOR THE FOLLOWING:

RECOMMENDED SENTENCE, WHICH COURT ADOPTED OR MODIFIED/REJECTED

REDUCED CHARGE(S):
_____ OFFENSE _____ TITLE _____ SEC _____ SUB-SEC'S _____ FEL _____ MISD _____ OTHER _____
_____ OFFENSE _____ TITLE _____ SEC _____ SUB-SEC'S _____ FEL _____ MISD _____ OTHER _____

COMMENTS: _____

SENTENCING DATA DATE / / JUDGE _____

FINE \$ RESTITUTION \$ REIMBURSEMENT \$ CO-PAYMENT \$

INCARCERATION: MIN YEARS MIN MONTHS MIN DAYS SUPERVISED COMMUNITY SENTENCE
 MAX YEARS MAX MONTHS MAX DAYS LENGTH OF SCS: _____

SUSPENDED/PROBATION DEFERRED SENTENCE COMMUNITY SERVICE PREAPPROVED FURLOUGH

SPLIT SENTENCE WITH TIME TO SERVE YEARS MONTHS DAYS
 SENTENCE IS CONCURRENT CONSECUTIVE

COMMENTS: _____

PARTIAL REPRESENTATION PRE-CHARGE REPRESENTATION COURT REFUSED TO APPOINT
PRO SE MOTION RETAINED PRIVATE COUNSEL CONFLICT OF INTEREST

COMMENTS: _____

Signature of Defense Counsel _____ Date of Report _____ CHARGE NUMBER

If you represented this client on other charges stemming from essentially the same incident, or handled separate charges as essentially one case,

CHECK HERE and attach additional case reports for each separate charge. INSTRUCTIONS ON REVERSE SIDE