

COURT EVENT: JURY TRIAL

JUDGE: MARY M HANDSEL

COURT DATE: 11/16/2017 09:00AM LOCATION: West Pasco Judicial Center

DIVISION: SECTION 3

ROOM: 3A

2014CF005586CFAXWS

MATOS, ADAM

Def Atty: DEAN N LIVERMORE / NICHOLAS MICHAÏLOS / WILLIAM PURA / CATHERINE GARRETT / DILLON VISCARRA

JURY TRIAL

DOB: 10/28/1985 Additional ID: 696506

Custody Location: JAIL LAND O LAKES

Pros Atty: BRYAN SAÑABIA / CHRISTOPHER LABRUZZO / JOSEPH LAWHORNE

Comments:

WRITTEN PLEA OF NOT GUILTY FILED ON: 09/16/2014

SPEEDY TRIAL EXPIRATION DATE: 03/09/2015

Citation#:

SPEEDY TRIAL WAIVED? YES DATE: 10/20/2014

BONDS:

| Bond Type | Bond Amount | Bond Name |
|-----------|-------------|-----------|
|-----------|-------------|-----------|

OUTSTANDING WARRANTS:

| Type | Order Date | Reason | Name |
|------|------------|--------|------|
|------|------------|--------|------|

NONE

CHARGES:

| ProsCnt | IntSeq | ProsAct | Deg | Level | Charge Description                        |            |       |
|---------|--------|---------|-----|-------|---|------------|-------|
| 1       | 1      | FILED   | C   | Felo  | HOMICIDE-MURDER FIRST DEGREE PREMEDITATED | 08/28/2014 | 1,143 |
| 2       | 2      | FILED   | C   | Felo  | HOMICIDE-MURDER FIRST DEGREE PREMEDITATED | 08/28/2014 | 1,143 |
| 3       | 3      | FILED   | C   | Felo  | HOMICIDE-MURDER FIRST DEGREE PREMEDITATED | 08/28/2014 | 1,143 |
| 4       | 4      | FILED   | C   | Felo  | HOMICIDE-MURDER FIRST DEGREE PREMEDITATED | 08/28/2014 | 1,143 |

Jury Recieved case after all witnesses have been sworn & testified and all Evidence was recieved.

Deliberations began @ 11:20AM.

Verdict delivered @ 2:51pm

Defendant found Guilty on all counts as charged.

Penalty phase to begin Monday 11/20/17 @ 9:30AM.

COURT EVENT: JURY TRIAL

JUDGE: MARY M HANDSEL

COURT DATE: 11/03/2017 09:00AM LOCATION: West Pasco Judicial Center

DIVISION: SECTION 3

ROOM: 3A

2014CF005586CFAXWS MATOS, ADAM

Clerk: Boutin

Court Reporter: MARIA FORTNER

Digital

- Victim Present
- Interpreter Present
- Speedy Trial Waived

Next Court Date:

Motion to Continue By:  Defense  SAO Motion:  Granted  Denied

|  |  |   |  |   |
|--|--|---|--|---|
| <b>Court Appointed:</b><br><input type="checkbox"/> PD<br><input type="checkbox"/> RC<br><input type="checkbox"/> Conflict<br><input type="checkbox"/> HSNR<br><input type="checkbox"/> Failed To Appear<br><input type="checkbox"/> E street Bond<br><input type="checkbox"/> Surety <input type="checkbox"/> Cash<br><input type="checkbox"/> Revoke ROR<br><input type="checkbox"/> Issued Capias<br>Amount: \$ _____<br>Count(s) _____<br>Amount: \$ _____<br>Count(s) _____<br><input type="checkbox"/> Recall Capias<br><input type="checkbox"/> Reinstate ROR<br><input type="checkbox"/> Reinstate Bond<br><input type="checkbox"/> Surety <input type="checkbox"/> Cash   | <b>Plea of:</b><br><input type="checkbox"/> Guilty<br><input type="checkbox"/> Not Guilty<br><input type="checkbox"/> No Contest<br><input type="checkbox"/> Admit to VOP<br><input type="checkbox"/> VOP dismissed<br><input type="checkbox"/> Viol. Cond(s):<br><input type="checkbox"/> Evidence Received | <b>Verdict Of:</b><br><input checked="" type="checkbox"/> Guilty<br><input type="checkbox"/> Not Guilty<br><input type="checkbox"/> By court<br><input checked="" type="checkbox"/> By jury | <b>Motion for:</b><br><input type="checkbox"/> Granted <input type="checkbox"/> w/ Prejudice<br><input type="checkbox"/> Denied <input type="checkbox"/> w/o Prejudice<br><input type="checkbox"/> Take Under Advisement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> No Action | <b>To Prep Order:</b><br><input type="checkbox"/> Court<br><input type="checkbox"/> SAO<br><input type="checkbox"/> Defense Atty<br><input type="checkbox"/> Clerk<br><input type="checkbox"/> Filed Open Court<br><input type="checkbox"/> Signed Open Court |
| <b>Adjudication:</b> <input checked="" type="checkbox"/> Guilty <u>1-4</u> Count(s) <input type="checkbox"/> Withheld _____ Count(s) <input type="checkbox"/> Departure<br><input type="checkbox"/> YO <input type="checkbox"/> HVO <input type="checkbox"/> PRR <input type="checkbox"/> Waive PRR <input type="checkbox"/> Min/Man _____ yr(s) as to count(s)<br><input type="checkbox"/> VOP <input type="checkbox"/> Reinstate <input type="checkbox"/> Modify <input type="checkbox"/> New term <input type="checkbox"/> Revoke and Term  |  |   |  |   |
| <b>Sentenced To:</b> <input type="checkbox"/> PCDC <input type="checkbox"/> DOC <input type="checkbox"/> as to count(s) _____<br><input type="checkbox"/> time served as to count(s) _____ <input type="checkbox"/> Credit T/S: _____ days<br><input type="checkbox"/> _____ mos / yr(s) <input type="checkbox"/> CC <input type="checkbox"/> Prob. <input type="checkbox"/> DOPO <input type="checkbox"/> Sex Off. <input type="checkbox"/> MM <input type="checkbox"/> as to count(s) _____<br>As to count (s) _____ <input type="checkbox"/> Concur. <input type="checkbox"/> Consec.<br><input type="checkbox"/> _____ mos / yr(s) <input type="checkbox"/> DOC <input type="checkbox"/> PCDC <input type="checkbox"/> CC <input type="checkbox"/> Prob. <input type="checkbox"/> DOPO <input type="checkbox"/> Sex Off. <input type="checkbox"/> MM<br><input type="checkbox"/> F/B: _____ mos / yr(s) <input type="checkbox"/> CC <input type="checkbox"/> Prob. <input type="checkbox"/> DOPO <input type="checkbox"/> Sex Off.<br><input type="checkbox"/> Concur. <input type="checkbox"/> Consec. <input type="checkbox"/> Co-Term: w/ <input type="checkbox"/> any active case<br><input type="checkbox"/> w/ |  |   |  |   |

|  |   |
|--|---|
| <b>Conditions:</b><br><input type="checkbox"/> SA Evaluation<br><input type="checkbox"/> Psych Evaluation<br><input type="checkbox"/> Anger Management<br><input type="checkbox"/> Batterers Intervention<br><input type="checkbox"/> within _____ Days<br><input type="checkbox"/> Random UA<br><input type="checkbox"/> Waive THC for 30 Days<br><input type="checkbox"/> Waive Search & Seizure<br><input type="checkbox"/> No Alcohol<br><input type="checkbox"/> No bars, est. where primary purp is sale alcohol<br><input type="checkbox"/> Curfew 10PM-6AM<br>Except:<br><input type="checkbox"/> No contact w/ _____<br><input type="checkbox"/> No contact w/ Co Def.<br><input type="checkbox"/> Report to P&P: _____<br><input type="checkbox"/> No Mind Alt. subs, drugs<br><input type="checkbox"/> No poppy seeds<br><input type="checkbox"/> DL susp/rev. for _____<br><input type="checkbox"/> All prev. cond. remain<br><input type="checkbox"/> Standard pharm. Cond.<br><input type="checkbox"/> Employed FT or 8hr c/s Per week<br><input type="checkbox"/> No driving w/o valid DL | <input type="checkbox"/> Remanded to PCDC until bed space available<br><input type="checkbox"/> @ _____<br><input type="checkbox"/> Short Term <input type="checkbox"/> Long Term<br><input type="checkbox"/> Enter & complete 1 <sup>st</sup> time including aftercare<br><input type="checkbox"/> F/B trans. housing<br><input type="checkbox"/> Follow All Rules of prgm.<br><input type="checkbox"/> Early Term _____<br><input type="checkbox"/> Early Rollover _____<br><input type="checkbox"/> Auto Term _____<br><input type="checkbox"/> No Early Term<br><input type="checkbox"/> Complete _____ hrs. C/S @ rate _____ hrs. per _____<br><input type="checkbox"/> Week <input type="checkbox"/> Month (Min)<br><input type="checkbox"/> Waive COS while in & Waiting for program<br><input type="checkbox"/> May Transfer To: _____<br><input type="checkbox"/> Ignition Interlock<br><input type="checkbox"/> Victim impact panel<br><input type="checkbox"/> Appear for all status cks<br><input type="checkbox"/> Forfeit Weapon to PCSO<br><input type="checkbox"/> DUI School <input type="checkbox"/> Advanced<br><input type="checkbox"/> 2 sober support mtgs/wk |
| <b>Court Costs:</b><br><input type="checkbox"/> Standard \$550<br><input type="checkbox"/> Lessor \$500<br><input type="checkbox"/> COP - \$100<br><input type="checkbox"/> Attorney fee \$ _____<br><input type="checkbox"/> PD <input type="checkbox"/> RC <input type="checkbox"/> Conflict<br><input type="checkbox"/> PD Indigent Fee \$50<br><input type="checkbox"/> COI - \$ _____ to: _____<br><input type="checkbox"/> PCSO <input type="checkbox"/> NPRPD <input type="checkbox"/> FHP<br><input type="checkbox"/> PRPD <input type="checkbox"/> DCPD <input type="checkbox"/> ZPD<br><input type="checkbox"/> DV \$201<br><input type="checkbox"/> RAPE CRISIS \$151<br><input type="checkbox"/> Minor \$151<br><input type="checkbox"/> FDLE \$100<br><input type="checkbox"/> DNA - \$7<br><input type="checkbox"/> State Radio \$3<br><input type="checkbox"/> Crim. Use of ID \$1,001.<br><input type="checkbox"/> Trafficking fine & SC.<br><input type="checkbox"/> \$ _____   | <input type="checkbox"/> Restitution \$ _____<br>To _____<br><input type="checkbox"/> Pay m in \$ _____<br>Per mos beg. _____<br><input type="checkbox"/> Costs Imposed as Lien<br><input type="checkbox"/> C/S opt. \$8.10 hour<br><input type="checkbox"/> O/S Costs as Lien<br><input type="checkbox"/> Conc w/ _____<br><input type="checkbox"/> Consec _____<br><input type="checkbox"/> Pay Costs<br>Within _____<br><input type="checkbox"/> \$1 per mos. 1 <sup>st</sup> Step<br><input type="checkbox"/> Pay: _____<br><input type="checkbox"/> @ _____<br><input type="checkbox"/> C/S In Lieu of _____<br><input type="checkbox"/> Fine/ SC: \$ _____  |
| <b>Other Conditions:</b><br><input type="checkbox"/> Make monthly payments or community service hours<br>_____<br>_____<br>_____   |   |

Notes:

Sentencing to begin 11/20/17 @ 9:30AM