

Case Number(s): 24CF521 Clerk: SD
 Case Name: Ortiz, Franklin Date: 4/15/24

ACTIVITY: Intake (AIA) Other _____ Court Official: () X Zuidmulder (3229) C. Vopal (2906) C. Resar (2535)

REPORTER: Maroszek/Shimek/Dewick Not on Record

A.D.A.: K. Hardke Appeared Charges: BS-F(x10)

Defendant: In Person With Attorney
 By Zoom In Custody No Appearance

Attorney: Thompson Appeared Interpreter:

- | | | |
|--|--|--|
| <input type="checkbox"/> Reading Waived | <input type="checkbox"/> Apprehend Forthwith Bench Warrant | <input type="checkbox"/> Defendant is advised of right to counsel |
| <input type="checkbox"/> Authorization to Appear Filed | <input type="checkbox"/> Quash Warrant | <input type="checkbox"/> Defendant referred to public defender - 920-448-5433 - 139 S. Washington Street |
| <input checked="" type="checkbox"/> Time Limits Waived | <input type="checkbox"/> Arrest Warrant to be Filed | <input type="checkbox"/> Defendant trying to obtain D/L |
| <input checked="" type="checkbox"/> Courtroom A | <input type="checkbox"/> Review for Warrant/Driver's License | <input type="checkbox"/> Defendant qualifies for SPD/Need more time to appoint |
| <input type="checkbox"/> Courtroom B | <input type="checkbox"/> Adj. Initial Appearance | <input type="checkbox"/> Defendant wishes to obtain counsel <input type="checkbox"/> Counsel waived |
| <input type="checkbox"/> Initial Appearance | <input type="checkbox"/> Final Pretrial | <input type="checkbox"/> Defendant advised of procedure to obtain court appointed counsel and; <input type="checkbox"/> form given |
| <input type="checkbox"/> Preliminary Hearing | <input type="checkbox"/> Plea and Sentencing | <input type="checkbox"/> Defendant's legal rights, meaning of charge, possible penalties and right to trial by jury explained |
| <input type="checkbox"/> Indigency Hearing | <input checked="" type="checkbox"/> Status Hearing <input type="checkbox"/> Competency Hearing | |

Disposition or Adjourned to: 5/16/24 @ 9am Branch: _____

Complaint Amended to: _____
 Plea: Guilty Not Guilty Not Guilty by Court No Contest
 Dismissed on motion of: _____
 Defendant Adjudged Guilty on Plea
 Defendant Adjudged Guilty by Default

Victim Appears and Requests No Contact Provision not be imposed/lifted Victim Appears _____

1. Fine: \$ _____ Plus Costs: SC: _____ Rest: _____ or _____ Days Jail/Suspension
 2. Fine: \$ _____ Plus Costs: SC: _____ Rest: _____ or _____ Days Jail/Suspension

Defendant to have no contact with: _____
 Or their residence or place of employment. _____

- | | | |
|--|--|---|
| BOND SET AT: \$ _____ | <input type="checkbox"/> Defendant to consume no alcohol | <input type="checkbox"/> Report to CJS within 24 hours of release located at 111 N. Jefferson -920-391-4866 |
| <input type="checkbox"/> Bail Bond Cash | <input type="checkbox"/> Defendant to possess no dangerous weapons | <input type="checkbox"/> Third party may pick up personal belongings ONE-TIME |
| <input type="checkbox"/> Bail Bond Signature | <input type="checkbox"/> Absolute sobriety | <input type="checkbox"/> Third party may arrange child placement/visitation |
| <input checked="" type="checkbox"/> Bond <u>Continued</u> reinstated | <input type="checkbox"/> No contact with known drug users or dealers | <input type="checkbox"/> May be released on this file |
| <input type="checkbox"/> All prior conditions remain | <input type="checkbox"/> No use of any social media platforms | <input type="checkbox"/> No presence in taverns and/or liquor stores |
| <input type="checkbox"/> Lift No Contact Prov. With: _____ | <input type="checkbox"/> Take all prescribed/psychotropic medications as prescribed | |
| <input type="checkbox"/> PO Hold | <input type="checkbox"/> No unsupervised contact with _____ | |
| | <input type="checkbox"/> SCRAM to be installed before release <input type="checkbox"/> Pharma Patch to be installed before release | |
| | <input type="checkbox"/> GPS to be installed before release <input type="checkbox"/> Not to be w/n 1,000 feet of _____ | |
| | <input type="checkbox"/> Defendant not to operate motor vehicle without valid driver license | |

Defendant agrees to comply with conditions of bond. Addendum and scheduling info was given to defendant.
 Defendant's Signature: _____
 Street Address: _____
 City, State, Zip: _____
 Cell phone (for reminder texts) () _____ Refused
 Clerk/Jail Officer: _____
 Other Bond Argument Reserved

Total Amount of: \$ _____ Due by _____ or _____ per _____ beginning _____

Payments to: Brown County Clerk of Courts, Criminal/Traffic
 100 South Jefferson Street, P. O. Box 23600,
 12/28/2023 Green Bay, WI 54305-3600
 Send Letter
 Apply Cash Bond
 Refund Cash Bond