

STATE OF MINNESOTA
COUNTY OF ANOKA

CONDITIONS OF SENTENCING

DISTRICT COURT
TENTH JUDICIAL DISTRICT

Date: 4/5/16 Muni: B

☐ Felony ☐ Gross Misd. ☒ Misd.

File #: C12-15-2212

Defendant: Zabi J. Rashid

Judge: Fitzpatrick Reporter: GVA Clerk: Rm O.D.: _____ D.O.B.: 8/19/93

Guilty Plea: ☐ Accepted ☐ Not Accepted Verdict of ☐ Guilty ☐ Not Guilty Court / Jury Admits: ☐ Probation ☐ Diversion ☐ Violation

Guilty Count(s): Violate Harassment Order

☐ Dismiss Other Count(s): _____ ☐ Corrected Disposition

☐ Committed to Commissioner of Corrections: _____ ☐ Execute Forthwith

Stay of: ☐ Execution (Revoke / Reinstate) ☐ Imposition (Revoke / Reinstate) ☐ Adjudication (Revoke / Reinstate)
☐ Diversion (Revoke/Reinstate) ☐ Continue for dismissal _____ Days / Months / Years

Jail: _____ Days / Months / Years Fine: \$ _____ Probation: _____ Yrs ☐ Supervised ☐ Unsupervised ☐ To the Court

Stay / Stay All Except: _____ Days / Months / Years ☐ Reinstate ☐ Revoke

Stay / Stay All Except: \$ _____ of the Fine ☐ All Original Terms & Cond's. ☐ With Cond's. Below

Serve: _____ Days / Months / Years Credit For: 55 Days

Report To Anoka County Jail: On: _____ Time: _____

☐ Huber If Eligible ☐ Workhouse ☐ Straight Time ☐ H.E.M. ☐ W/Alco-Sensor ☐ Furlough: _____

☐ Extended Hours Per Week: _____ ☐ Weekends ☐ Other: _____

☐ If _____ completed by _____ no need to report to serve jail sentence.

☐ Fine: \$ _____ Fine due by: _____ And / Or CWS: ☐ As option for the fine _____ Hrs Due By: _____

☐ Fine Includes SCs Restitution: \$ _____ Due By: _____

Pay / Waive SC \$ _____ ☐ Open _____ days ☐ From Prison Wages

Pay / Waive LL \$ _____ ☐ Order Signed ☐ Order to be submitted by _____ ☐ Determined By Corr.

Pay / Waive CDA \$ _____ Felony Diversion/DA Assessment: _____ Pay / Waive Within _____ days

Pay / Waive CC \$ _____ ☐ Reimburse Corr.: \$ _____ ☐ Preadjudication Drug Test ☐ Psych Exam By: _____

Cost of PROS \$ _____ ☐ Reimburse / Waive Corrections PSI / Domestic Abuse Assessment fee within _____ days.

Total Fine \$ _____ Bail: ☐ For Fine ☐ For Restitution ☐ Refund Balance ☐ Refund Cash Bail ☐ Reinstated

Treatment: ☐ CD Eval. ☐ Psychological / Psychiatric / Mental Health Exam W/I ☐ 30 ☐ 60 _____ days ☐ Follow Recs.

☐ Use Corr. as a Collateral ☐ CD Treatment In Pt / Out Pt ☐ Aftercare

☐ DWI Prog. ☐ MADD Panel ☐ Riverwood ☐ Steering Clear ☐ SAVE ☐ Cognitive Program

☐ Relapse ☐ PERT ☐ NA/AA Comm. / Moni. ☐ w/Proof to Corr. ☐ Sex Offender Registration ☐ DNA Testing

☐ UA Today ☐ BA / UA On Demand ☐ At Own Expense Counseling: ☐ DA ☐ Anger

Register / Enter / Completed w/i _____ ☐ As Rec. By Corr. ☐ Follow Recs. ☐ Or Comparable Program ☐ Sign Release(s)

☐ No Same or Similar ☐ Remain Law Abiding & of Good Behavior ☐ Obey Rules of Probation ☐ Deleting #(s): _____

No Use/Possession: ☐ Mood Altering Chemicals ☐ Unless Physician Prescribed ☐ Drugs ☐ Alcohol ☐ And Drive ☐ Firearms

☐ No Alcohol / Drug Related Offenses No: DAR DAS DAC DL or INS Law Violations ☐ No Moving Traffic Violations

☐ Valid DL / Registration / Insurance ☐ No Assaultive / Abusive / Disorderly Behavior ☐ Report to Corr.: _____

☐ No Contact, Direct or Indirect ☐ Order Filed ☐ Vacate Original No Contact ☐ Concurrent / Consecutive: _____

☐ If all conditions satisfied, Certify as a Petty Misdemeanor after _____ ☒ Sentence Satisfied ☐ if pays ☐ or serves

Petition withdrawn

I UNDERSTAND THE SENTENCE AND CONDITIONS CHECKED ABOVE AND AGREE TO PAY AS ORDERED. I HAVE RECEIVED A COPY OF THIS ORDER

DEFENDANT: _____ ☒ Copy Mailed to Defendant DATE: _____

FrmK433(08/14)

COURT COPY