



Cash Bond
\$ 1133

+ 250

CITY OF D'IBERVILLE VERSUS: Mark

CASE# 13-38297 FINE AMOUNT \$ 1002.00

miccreary

ORDER OF RESTITUTION/ PAYMENT PROBATION

This cause came forth on this day to be heard before this Court and the Defendant is present before this Court and has entered A PLEA OF: GUILTY X; NO CONTEST ; OR HAVING BEEN TRIED AND BEEN FOUND GUILTY.

YOU ARE HEREBY ORDERED TO COMPLETE ALL OF THE FOLLOWING CONDITIONS WITH IN 6 MONTHS.

- () ANGER MANAGEMENT
- (X) DRUG TESTING
- () OCCUPANT PROTECTION
- () SHOPLIFTING CLASS
- () TOBACCO FREE
- () PARENTING CLASS
- () DVIP
- () MOP
- (X) ALCOHOL ASSESSMENT
- (X) MASEP
- (X) VIP
- (X) APPROVED PAYMENT PLAN \$ 200 PER MONTH AND/ OR () COMMUNITY SERVICE

Report Date: 12-18-14 Time: 8-12 Probation Officer: Karen Kulp

1. I understand that I have been sentenced by the Court to a term of community service and/ or payment probation. Throughout the term of the program, I will be supervised by authorized personnel of Hands On Mississippi.
 2. I shall comply with all general and specific conditions of the program. Any violation of which shall constitute grounds for revocation of my suspended sentence and program violation being filed with the Court.
 3. I will maintain monthly contact with the program office as directed by my Program Officer.
 4. I will obey all laws of the United States, the State of Mississippi, or any other State in which I may be, as well as all Municipal and County ordinance within the State of Mississippi.
 5. I will report immediately any and all arrests, including traffic citations, to my Program Officer.
 6. I will obtain the consent of my Program Officer before changing my employer or residence.
 7. I will work at a lawful occupation and support my family, to the best of my ability.
 8. I agree to allow authorized personnel from Hands On Mississippi to visit or contact my home, employment site or elsewhere to enforce my condition of probation.
 9. If I do not pay my fine in full with in the first 30 days of judgment I will be placed on a monthly payment plan and an additional \$40 administrative fee will be assessed. The monthly payment plan is \$40 to the fine and \$40 admin = \$80.00 in the form of CASH, MONEY ORDER, or CREDIT CARD (3% fee will be added to cc charges) toward my cost of supervision. You can mail payment to: 11975 Seaway Rd B260. Gulfport. MS 39503. If this payment is not made in a timely manor a FORCED EXIT WILL BE INITIATED.
 - 9.a If I am placed on Community Service a \$60 administrative fee will be assessed for the 1st \$1,000 of fines. If my fine is over the 1st \$1,000 an additional fee of \$50.00 per \$1,000.00 owed will be assessed. Exp. \$1150.00= Admin fee of \$110.00. If this payment is not made in a timely manor a FORCED EXIT WILL BE INITIATED.
 10. I agree to submit to any type of breath, saliva, blood, or urine chemical analysis test; the purpose of which is to detect the presence of alcohol or a substance prohibited by law. I agree to pay for all costs in connection with the test.
 11. I understand that my conditions of the program shall be completed prior to my program termination date.
- I acknowledge receipt of these conditions and have been advised that failure to comply with any of my court ordered requirements will result in an immediate violation of probation.

Seal of Judge Albert Fountain

SO ORDERED this 18 day of NOV, 2014

COURT ORDER FOR ATTENDANCE OF THE BILOXI-A MASEP CLASS

Court order # _____
(if available)
Ticket # _____

TIME: 6:30 P.M. - 9:30 P.M.
MONDAY NIGHTS

PLACE: BILOXI MUNICIPAL COURT
170 PORTER AVENUE

FEE: \$190 CHECK or MONEY ORDER
payable to MASEP - NO CASH PLEASE
Must be paid IN FULL at Session 1

INFORMATION: 1-800-678-2534
Or (662) 325-3423 between
8 a.m. - 5 p.m. Monday - Friday
www.masep.org
e-mail - masep@ssrc.msstate.edu

NAME mark mcCreary
(Please Print Clearly)

ADDRESS 1777 Berlin Station rd
Delaware, OH 43015

DRIVER'S
LICENSE # OH EK134292
DATE OF
BIRTH 2-20-55

Check box & fill in BAC, if available	
<input type="checkbox"/> (a) alcohol , no BAC	<input type="checkbox"/> (b) other drug
<input type="checkbox"/> (c) controlled substance	
<input type="checkbox"/> (d)(1) legal age, over .08%, BAC _____	
<input type="checkbox"/> (d)(2) under age, over .02%, BAC _____	
<input type="checkbox"/> (d)(3) commercial motor vehicle over .04% _____	

You have been **convicted** of a first offense of violating subsection (1) of Mississippi Code 63-11-30 and are **required** to attend and complete MASEP. **Mississippi license reinstatement on a 1st offense DUI is not possible without MASEP completion.** You must enroll in session one and attend all four sessions in sequence. Be sure to present this court order at your first class.

	ENROLL IN SESSION 1	SESSION 2	SESSION 3	SESSION 4
2015 CLASS NO. 1	JAN. 5	JAN. 12	JAN. 19	JAN. 26
2015 CLASS NO. 2	FEB. 9	FEB. 16	FEB. 23	MAR. 2
2015 CLASS NO. 3	MAR. 9	MAR. 16	MAR. 23	MAR. 30
2015 CLASS NO. 4	APR. 13	APR. 20	APR. 27	MAY 4
2015 CLASS NO. 5	MAY 11	MAY 18	MAY 25	JUNE 1
2015 CLASS NO. 6	JUNE 8	JUNE 15	JUNE 22	JULY 6
2015 CLASS NO. 7	JULY 27	AUG. 3	AUG. 10	AUG. 17
2015 CLASS NO. 8	AUG. 31	SEPT. 7	SEPT. 14	SEPT. 21
2015 CLASS NO. 9	OCT. 5	OCT. 12	OCT. 19	OCT. 26
2015 CLASS NO. 10	NOV. 2	NOV. 9	NOV. 16	NOV. 30

JUDGE: Albert Lee

COURT: D'Iberville

DATE: 11-18-14

- MASEP RULES:**
1. Do not consume any alcohol or other drugs prior to attending class.
 2. You must be on time for each session.
 3. Do not bring guests.
 4. No disruptive classroom behavior.
 5. You must adhere to all program rules & policies.

PLACE JUDGE'S SEAL HERE

COURT ORDER FOR GULF COAST DETER (GCD) VICTIMS IMPACT PANEL

You are ordered to attend the Gulf Coast Deter (GCD) Victims Impact Panel on 12-10-14. You must attend the entire session and follow the rules listed below. If you do not follow the rules, a notification will be sent to the court explaining your action. The seminar will begin at 7:00 p.m. You must present this Court Order to the panel personnel.

Sentencing Court Diberville Municipal Case # 1338297
Offender's Name Mark McCreary Telephone 614-506-4984
Address 1777 Berlin Station Rd.
City Delaware State OH Zip 43015
Driver's License # or Social Security # 299-56-5528

If you have questions, contact: Gulf Coast Deter (GCD), Phone: (228) 831-4608
Location for this Seminar is 2600 24th Avenue, Gulfport (formerly the Old Welfare Building)

ATTENDANCE RULES :

You must comply with all rules specific to the seminar you attend, as well as the rules listed below. Failure to comply with all rules will constitute cause for you to be excluded from the seminar. Law Enforcement Officers enforce these rules.

1. Do not consume any alcohol or other drugs prior to or during the session.
2. You need to be present no later than 7:00 p.m. on the day of the seminar and have a copy of this form with you.
3. Do not sleep during the seminar.
4. Do not talk during the presentation; no text messaging.
5. Do not leave before you are dismissed from the seminar.
6. No visitors.
7. Turn off cell phones and MP3 players at the door.
8. Pay attendance fee of \$20.00 (CASH ONLY) at the time of registration. PERSONAL CHECKS WILL NOT BE ACCEPTED.
9. Your individual demeanor will be the same as expected in the courtroom from the time you enter until you are dismissed.
10. Bring at least one form of identification (such as Social Security card or signature card).
11. You must return this copy to the court ordering your attendance with 30 days from the day you attended the seminar.

SO ORDERED this the

18 day of November, 20 14

JUDGE [Signature]

GULF COAST DETER (GCD) _____

Date _____