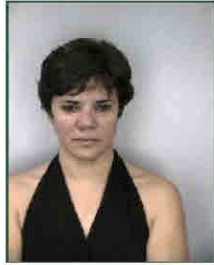


**Important Notice:**

The data on this site provides only arrest and booking information and should not be relied upon to determine an individual's actual criminal record. This data may not reflect charging decisions made by the State Attorney's Office or the outcome of criminal trials. An acquittal or dismissal of a criminal charge does not necessarily negate the validity of an arrest. To obtain the final disposition of any criminal charges, contact the [Clerk of the Circuit Court](#).

This report includes: [Aliases](#) [Release Data](#) [Charges](#)



Name: SOCIAS, ANGELICA  
 DOB: 04/04/1964  
 Booking #: 08001122  
 Arrest Date: 01/06/2008  
 Race: W  
 Sex: F  
 Ethnicity: N

**More Information:**

[Report Identity Theft](#)  
[Report an Error](#)  
[Remove an Arrest Record](#)  
[Frequently Asked Questions](#)

STATUS: **STATUS - \*RELEASED\*** BOND: **\$500.00** CASH: **\$0.00** FINE: **\$0.00** PURGE **\$0.00**

**Personal Information**

| Last Name | First Name | Middle Name | Suffix | Booking No. |
|-----------|------------|-------------|--------|-------------|
| SOCIAS    | ANGELICA   |             |        | 08001122    |

| Eyes | Hair | Build | Current Age | Height | Weight | SOID     | SOID Name       |
|------|------|-------|-------------|--------|--------|----------|-----------------|
| BRO  | BRO  | SMA   | 46          | 5'02   | 125    | 00629668 | SOCIAS,ANGELICA |

| Race | Sex | Ethn | POB | DOB        | Arrest Age | SSN         |
|------|-----|------|-----|------------|------------|-------------|
| W    | F   | N    | NY  | 04/04/1964 | 43         | ###-##-#### |

**Address**

| Street Address        | City  | State | Zip   |
|-----------------------|-------|-------|-------|
| 7921 KOSI PALM PL 101 | TAMPA | FL    | 33615 |

**Aliases**

| Aliases         | Date OF Birth | Social Security Number |
|-----------------|---------------|------------------------|
| SOCIAS,ANGELICA | 04/04/1964    | ###-##-####            |

**Arrest Information**

| Arrest Agency | Arrest Date | Arrest Time | Book Date  | Book Time |
|---------------|-------------|-------------|------------|-----------|
| HCSO          | 01/06/2008  | 03:38       | 01/06/2008 | 05:27     |

| Arrest Location         | Jurisdiction |
|-------------------------|--------------|
| WATERS AV W/ANDERSON RD | HC           |

**Release Information**

| Release Data   |
|--|
| DOES NOT OCCUPY A CELL - RELEASED ON: 01/06/2008 AT 13:34 - REL: CASH BOND |

**Additional Information**

| OBTS       | Caution Ind. | Caution Remarks |
|------------|--------------|-----------------|
| 2901186029 |              |                 |

| Attorney | Address | Phone |
|----------|---------|-------|
|          |         |       |

| Next of Kin | Address | Relationship |
|-------------|---------|--------------|
| #####       | #####   | #####        |

| Employer          | Occupation  | Address |
|-------------------|-------------|---------|
| CHILDREN SERVICES | MENTAL HLTH |         |

**Charges**

| No. | Charge Description                         | Class | Court | DISP      | Bond     | BP | Fine | Custody Days | Charge Count | Charge Type |
|-----|--|-------|-------|-----------|----------|----|------|--------------|--------------|-------------|
| 1   | DUI WITH PROPERTY DAMAGE OR PERSONAL INJUR | M1    | 14A   | CASH BOND | \$500.00 | B  |      | 0            | 1            | ON SCENE    |

| Report # | CT-Case # | Date       | Agency | OBTS Number | Charge Code | CRA Number |
|----------|-----------|------------|--------|-------------|-------------|------------|
| 08010756 | 01326XCG  | 01/06/2008 | HCSO   | 2901186029  | TRAF1028    | 1288585    |

| Remark        |
|---------------|
| BAC .211/.228 |

*Information provided should not be relied upon for any type of legal action.*

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# CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

COURT CASE / J.F. ID # \_\_\_\_\_ SAO # \_\_\_\_\_ OBTS # \_\_\_\_\_

AGENCY REPORT # 08-010756 AGENCY NAME HESO ORI # 0290000

LOCATION OF OFFENSE WATERS AVE / ANDERSON BLVD DATE OF OFFENSE 01/06/08 TIME OF OFFENSE 0257

WITHIN: TAMPA  PLANT CITY  TEMPLE TERRACE  UNINCORPORATED AREA  SUPPLEMENTAL CRA ATTACHED

COURT: TAMPA COURT  PLANT CITY CT

LOCATION OF ARREST WATERS AVE / ANDERSON BLVD DATE OF ARREST 01/06/08 TIME OF ARREST 0338

BOOKING # 08001122 SOID # 00629667 WEAPON TYPE N/A WEAPON SEIZED Yes  No

**ARREST**

Probable Cause  Adult

Capias  Juvenile

Fugitive Warrant  Delinquency

VOP/VOCC  Dependency

Warrant  Felony

Juvenile Pickup  Misdemeanor

**REQUEST FOR:**  Traffic MISD

Direct File/SAO  Traffic FEL

Review  Ordinance

Warrant  Pickup

Summons  Other

Juvenile Pickup

**NOTICE TO APPEAR:**

Arresting officer

Booking supervising officer

NAME SOCIAS ANABELICA ALIAS NONE

RACE: Last SOCIAS First ANABELICA Middle \_\_\_\_\_

COMPLEXION LT BUILD SMUL

W-White  A-American Indian/Alaskan Native \_\_\_\_\_ HW-Hispanic White \_\_\_\_\_ HB-Hispanic Black \_\_\_\_\_ B-Black \_\_\_\_\_ O-Oriental/Asian \_\_\_\_\_

HEIGHT 125 WEIGHT 502

Race W SEX F D.O.B. 04 04 64 APPROXIMATE AGE 43

COLOR: EYES BR HAIR BLK

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 7921 KOST PALM PLACE UNIT 101 TAMPA, FL 33615 PH # (813) 877-1237

Permanent Address (Street, Apt. #, City, State, Zip) SAME AS LOCAL Ph # N/A

Business Address (Street, Apt. #, City, State, Zip) 7921 3639 WATERS AVE TAMPA, FL 33618 Ph # (813) 434-5128

Driver's License No. S220-000-64-624-0 FL STATE SS # \_\_\_\_\_ PLACE OF BIRTH NY DOC # \_\_\_\_\_

Gang Member: Yes  No  Gang Name N/A

SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) NONE

**IF JUVENILE:**

School Name \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Ph # \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Ph # \_\_\_\_\_

Released To: JAC  Parent  Guardian  Other Relationship  Other

Co-Defendant (Last, First, Middle) \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Arrested  At Large  Capias/Warrant Requested  Felony  Misdemeanor  Juvenile

Co-Defendant (Last, First, Middle) \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_

Arrested  At Large  Capias/Warrant Requested  Felony  Misdemeanor  Juvenile

| STATUTE (subsec.) / ORD # | DV | CP | CHARGE STATUS | BOND SET | CHARGE                                | TRAFFIC CITATION # | DRUG ACT/TYPE |
|---------------------------|----|----|---------------|----------|---------------------------------------|--------------------|---------------|
| 316.193(3)                | N  | N  | M             |          | D. U. I. - PROPERTY DAMAGE<br>211.228 | 1320-X66           | N/A           |
|                           |    |    |               |          |                                       |                    |               |
|                           |    |    |               |          |                                       |                    |               |

**CHARGE STATUS:** F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic DV-Domestic Violence CP-Child Present

**ACTIVITY:** N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other

**Type:** N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

**A LIST OF TANGIBLE EVIDENCE (If none, write "None") (Evidence List must be provided for all NOTICES TO APPEAR)**

| DESCRIPTION/AMOUNT PER UNIT | RECOVERED BY | GIVEN TO | PRESENT LOCATION |
|-----------------------------|--------------|----------|------------------|
| VIDEO                       | AFFIANT      | HESO     | HESO             |
|                             |              |          |                  |
|                             |              |          |                  |

Mandatory Appearance in Court  You need not appear in Court, but must comply with instructions on Reverse Side.

**COURT INFORMATION:** You must appear in County Court at the:

COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET  COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET

(Corner of Jefferson & Twigg Street), TAMPA, FLORIDA 33602 PLANT CITY, FLORIDA 33566

Division \_\_\_\_\_ COURTROOM # \_\_\_\_\_ ON \_\_\_\_\_, 20 \_\_\_\_\_, AT \_\_\_\_\_ a.m.  p.m.

I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.

Signature of Delendant/Juvenile \_\_\_\_\_ Parent or Guardian (If Juvenile) \_\_\_\_\_

ADMINISTRATION  
DEFENDANT/DEPENDENT  
CO-DEFENDANT(S)  
CHARGE(S)  
REPORT #  
EVIDENCE LIST  
NOTICE TO APPEAR  
AGENCY NAME

HILLS ON JAIL  
2008 JAN 15 10:50 AM

AGENCY REPORT #

08-010756

AGENCY NAME

HCSO 288585

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependant

ON 01/06/09 AT APPROXIMATELY 0257 HRS ON WATERS AVE AT ANDERSON RD, THE DEFENDANT WAS DRIVING HER 2005 CHEVROLET BEARING FLORIDA TAG 1U925KP WEST ON WATERS AVE, WHEN SHE STRUCK AN UNKNOWN TYPE S.U.V., CAUSING APPROXIMATELY \$10,000.00 IN DAMAGE TO THEIR VEHICLE, HOWEVER THE DRIVER OF THEIR VEHICLE FLED. THE BELOW LISTED WITNESS OBSERVED THE INCIDENT. AFFIANT RESPONDED TO THE SCENE AND OBSERVED THE DEFENDANT FALL TO THE GROUND AS SHE EXITED A VEHICLE. AFFIANT THEN DETECTED A STRONG ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM THE DEFENDANT'S BREATH, OBSERVED HER TO HAVE BLOOD SHOT GLASSY EYES AND SLURRED SPEECH. THE DEFENDANT THEN ATTEMPTED TO PERFORM FIELD SOBRIETY EXERCISES (HOWEVER SHE COULD NOT PERFORM THEM WITHOUT LOSING HER BALANCE AND AT MOST FAILING). THE DEFENDANT THEN STATED SHE COULD NOT PERFORM THEM. DEFENDANT WAS TRANSPORTED TO C.B.I., WHERE SHE PROVIDED URBAN SAMPLES OF 2111-228. OCCURRED WITHIN 25 STREET UNITS IDENTIFIED VIA FLORIDA D.L. Judgement requested against defendant for agency investigative cost per Florida Statute 938.27.5

PROBABLE CAUSE STATEMENT

OFFICER \_\_\_\_\_ I.D. # \_\_\_\_\_ Dist. & Squad \_\_\_\_\_ (Please Print The Above Information)

POLICE REPORT WRITTEN: Yes  No  OFFICER DEP J. KAMER I.D. # 7396 Dist. & Squad 1130

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6 DAY OF JAN, 2008 NAME/Title of Person Authorized to Administer Oath. 8642 HCSO

I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED. AFFIANT, Signature DEP J. KAMER AFFIANT, Print/Type Name DEP J. KAMER

NOTE: The WHITE COPY of VICTIM'S / WITNESSES goes to the Clerk's Office ONLY on Notices To Appear. In all other cases, it should be removed. The Jail or JAC personnel will determine this for all defendants turned over to them. In all Notices To Appear issued by the Arresting Officer, the Arresting Officer should leave the WHITE copy of VICTIM'S / WITNESSES attached.

CLERK OF COURT

SAO FORM-425, 10/03

WITNESS STATUS:  V-VICTIM  C-Complainant  W-All Other Witnesses  Check If Witness Was Sworn

1288585

CP STATE OF FLORIDA

STATUS Last First Middle Race Sex Date of Birth Home Address (Street, Apartment Number) City State Zipcode Phone

REPORT #

AGENCY NAME

VICTIM NOTIFICATION



FLORIDA DUI UNIFORM TRAFFIC CITATION

1326-XCG

CHECK DIGIT

5

|                                 |   |
|---------------------------------|---|
| COUNTY OF <b>HELMSBOROUGH</b>   | <input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER |
| CITY (IF APPLICABLE) <b>N/A</b> | <b>03/00</b> AGENCY   |

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

|                        |                  |               |                  |                  |  |
|------------------------|------------------|---------------|------------------|------------------|--|
| DAY OF WEEK <b>SUN</b> | MONTH <b>JAN</b> | DAY <b>06</b> | YEAR <b>2008</b> | TIME <b>2:57</b> | <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> A.M. |
|------------------------|------------------|---------------|------------------|------------------|--|

NAME (PRINT) FIRST **ANGELICA** MIDDLE **SOCIAS** LAST **SOCIAS**

STREET **2921 ROSE PALM PLACE #101** IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE

CITY **TAMPA** STATE **FL** ZIP CODE **33615**

VEHICLE NUMBER **817-1237** DATE OF BIRTH **04 04 64** RACE **W** SEX **F** HGT **5-03**

DRIVER LICENSE NUMBER **S 220000646240** STATE **FL** CLASS **E** CDL LICENSE **Y N** YR. LICENSE EXP. **0 2011** IF COMMERCIAL MTR VEH. "X" HERE

YR. VEHICLE **2005** MAKE **CHEV** STYLE **2DR** COLOR **YELLOW** IF PLACARDED HAZARDOUS MATERIAL "X" HERE

VEHICLE LICENSE NO. **U925KP** TRAILER TAG NO. **---** STATE **FL** YEAR TAG EXPIRES **2008** IF COMPANION CITATION(S) "X" HERE

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAME **WATERS AVE / ANDERSON RD**

FT \_\_\_\_\_ MILES \_\_\_\_\_ OF NODE \_\_\_\_\_ IF COMPANION CITATION(S) "X" HERE

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL ABILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.211-225**

COMMENTS PERTAINING TO OFFENSE: (Only one offense each citation)

STATE STATUTE  AGGRESSIVE DRIVER SECTION **316.193 (3)(C)(1)**

DAMAGE TO OTHER PROPERTY  YES  NO INJURY TO ANOTHER  YES  NO SERIOUS BODILY INJURY TO ANOTHER  YES  NO FATAL  YES  NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE \_\_\_\_\_ TIME \_\_\_\_\_ 1326-XCG CHECK DIGIT 5

COURT AND LOCATION

ARREST DELIVERED TO **ORJ** DATE **01/06/08**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLETE THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR

EFFECTIVE THE DATE OF ARREST, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION/DISQUALIFICATION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OF DRIVING WITH UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL OR ONE YEAR IF PREVIOUSLY SUSPENDED OR DISQUALIFIED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR THE SAME PERIOD OF TIME AS THE SUSPENSION.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST F.S. 322.2615. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. WHEN OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY FOR A SECOND REFUSAL WHILE OPERATING A CMV.

LICENSE SURRENDERED?  YES  NO REASON \_\_\_\_\_

ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10th DAY FOLLOWING THE DATE OF ARREST. AT THE **2814 E. HELMSBOROUGH AVE** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF ARREST, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. SEE REVERSE SIDE.

RANK - SIGNATURE OF OFFICER **DEP J. RAMER 7396 1130** BADGE NO. \_\_\_\_\_ ID NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: HILLSBOROUGH CO SO  
Instrument Serial Number: 80-000833 Software: 8100.27  
Date of Test: 01/06/2008

Date of Last Agency Inspection: 12/20/2007

Observation Period Began: 04:18

Subject's Name: ANGELICA SOCIAS

DOB: 04/04/1964 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

| Results: | Test              | g/210L | Time  |
|----------|-------------------|--------|-------|
|          | Diagnostics Check | OK     | 04:41 |
|          | Air Blank         | 0.000  | 04:41 |
|          | Control Test      | 0.078  | 04:41 |
|          | Air Blank         | 0.000  | 04:42 |
|          | Subject Sample #1 | 0.211  | 04:43 |
|          | Air Blank         | 0.000  | 04:44 |
|          | Air Blank         | 0.000  | 04:45 |
|          | Subject Sample #2 | 0.228  | 04:47 |
|          | Air Blank         | 0.000  | 04:47 |
|          | Control Test      | 0.078  | 04:48 |
|          | Air Blank         | 0.000  | 04:48 |
|          | Diagnostics Check | OK     | 04:48 |

2008 JAN -8 AM 10:51  
HILLSBOROUGH COUNTY FL  
JANUARY TRAFFIC

Cylinder Lot: 711401G  
Exp: 04/29/2009

State of Florida, County of Hillsborough

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I PAULINE A BOWERS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Pauline A Bowers Date: 02.06.08  
Signature

Sworn to (or affirmed) before me this 06 day of JANUARY, 2008  
DEP J. RAMER  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

JUDGMENT OF VERDICT AND PLACING DEFENDANT ON PROBATION  
IN THE COUNTY COURT OF HILLSBOROUGH COUNTY, FLORIDA

STATE OF FLORIDA

DIVISION A

v. Angelica Socias  
Defendant

CASE NO. 001-326 XCG

This case coming on this day to be heard before me, and you, the Defendant, Angelica Socias  
being now present before me, and you having  
ENTERED A PLEA OF NOLO CONTENDERE TO \_\_\_\_\_ ENTERED A PLEA OF GUILTY/NOT GUILTY TO

the offense of DUI and the Court having adjudicated/withheld adjudication of guilt, and it appearing to the satisfaction of the Court that you are not likely again to engage in a criminal course of conduct, and that the ends of justice and the welfare of society do not require that you should suffer the full penalty authorized by law.

Now, therefore, it is Ordered and Adjudged that the imposition of sentence is hereby withheld and that you are hereby placed on probation for a period of 2 mos. under the supervision of The Salvation Army Correctional Services and its supervisors.

It is further Ordered and Adjudged that you shall comply with the Probation Conditions 1 through 7 as outlined on the back of this order and with the Conditions 8 through 10 as follows:

- (8) You will pay the following to The Salvation Army Correctional Services:
  - (a) Sixty-five (\$65) for the first month and fifty-five (\$55) per month thereafter to cover the cost of the supervision and rehabilitation beginning on the date of this Order. This cost of supervision is required by Florida Statute 948.09 and will be complied with.
  - (b) Special conditions set by the presiding Judge:
    - (1) Fine of \$ 250 plus court costs within 10 months. SATAKE CB
    - (2) Restitution within \_\_\_\_\_ months.
- (9) You will be responsible for the following special conditions set by the presiding Judge:
  - (a) Complete the following community service:
    - (1) \_\_\_\_\_ hours with the Community Restitution Program at \_\_\_\_\_ hours per month, at a site to be designated by the Correctional Services.
    - (2) 16 hours with the Hillsborough County Sheriff's Work Program at 8 hours per month.
    - (3) 34 hours with an approved community service site at 8 hours per month.
  - Total hours to be completed by 6 mos.
  - All work assignments require that you pay \$6.00/per 50 hours for Accidental Injury Insurance Protection.
  - (b) Enroll in and complete DUI School, drug evaluation, alcohol evaluation, and/or psychological evaluation within 3 months and where evaluation indicates treatment is needed, complete same.
  - (c) Make every effort to obtain a driver license within \_\_\_\_\_ months.
  - (d) Obtain Domestic Violence Indigence Screening within 7 days.
  - (e) Obtain Domestic Violence Assessment within 7 days and attend counseling as recommended.
  - (f) No violent contact with victim / No contact with victim.
  - (g) Other DLR. 6 mos. 10 days vehili - waived
- (10) You will complete a median number of community service hours and pay no less than 40% of all fees, restitution, fines and costs by the mid-point of our court-ordered probation.

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT COPY AS THE DOCUMENT ON FILE IN MY OFFICE. I HEREBY SEAL THIS OFFICIAL SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2007.

PAT FRANK CLERK  
BY: Jamela

4

Can terminate early yes

You are hereby placed on notice that the Court may at any time rescind or modify any of the conditions of your probation, or may extend the period of probation as authorized by law, or may discharge you from further supervision, and if you violate any of the conditions of your probation, you may be arrested and the Court may revoke your probation and impose any sentence which it might have imposed before placing you on probation.

It is further Ordered that when you have reported to the Probation Counselor and have been instructed as to the conditions of your probation, you shall be released from custody, if you are in custody, and if you are at liberty on bond, the sureties thereon shall stand as charged from liability.

It is further Ordered that the Clerk of the Circuit Court file this Order in her office and record the same in the Minutes of the court.

DONE AND ORDERED IN OPEN COURT, this the 4-30-2008 2007.

I have read and understand the conditions of my probation as outlined above.

4/30/08 Date Angelica Socias Defendant

[Signature] JUDGE











PO No. \_\_\_\_\_

VS.

CASE NUMBER: \_\_\_\_\_

ANGELICA SOCINAS  
DEFENDANT

# FINGERPRINTS OF DEFENDANT

| 1. Right Thumb   | 2. Right Index  | 3. Right Middle   | 4. Right Ring  | 5. Right Little   |
|--|---|---|--|---|
|    |    |    |    |    |
| 6. Left Thumb  | 7. Left Index   | 8. Left Middle  | 9. Left Ring   | 10. Left Little   |
|  |  |  |  |  |

Fingerprints taken by: P. LARESE 3126 DEPUTY  
 NAME TITLE

I HEREBY CERTIFY that the above and foregoing are the fingerprints of the defendant, \_\_\_\_\_, and that they were placed thereon by the defendant in my presence in open court this date.

DONE AND ORDERED in open court in Hillsborough County, Florida, this 30 day of APRIL, 2008.

\_\_\_\_\_  
JUDGE

