



Robert W. Germaine
Clerk of Courts - Highlands County, Florida

CLERK OF CIRCUIT COURT
CLERK OF COUNTY COURT
COUNTY AUDITOR
COUNTY RECORDER
CLERK TO THE BOARD OF COUNTY COMMISSIONERS

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TEEN COURT MEMORANDUM

DATE: February 28, 2017

TO: State Attorney's Office – Juvenile Division
Florida Department of Juvenile Justice
Clerk of Court – Juvenile Division
Highlands County School Board – Student Services

RE: Teen Court Criteria

Please find attached the Teen Court Criteria which includes the acceptance of Civil Citations from Law Enforcement.

If you have any questions, please don't hesitate to contact our office.

Thanks,
Cathy Truelove
Director of Civil Traffic, Juvenile & Teen Courts
Highlands County Clerk of Courts
590 S. Commerce Avenue
Sebring, FL., 33870
863/402-6610
863/402-6712 (fax)
ctruelov@hcclerk.org
website: www.hcclerk.org

**IN THE CIRCUIT COURT IN AND FOR
HIGHLANDS COUNTY, FLORIDA**

TEEN COURT CRITERIA

It is hereby approved and accepted this the 23rd day of February, 2017 that the following charges may be directly diverted to the Highlands County Teen Court Diversionary Program upon approval by the State Attorney:

Selected First and Second offense misdemeanor charges

Selected First offense felony charges

to wit:

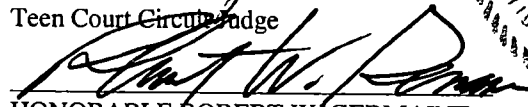
Battery	Disorderly Conduct
Domestic Battery (No parent or guardian)	Failure to Pay Smoking Citation
Disorderly Intoxication	Criminal Mischief
Loitering and Prowling	Possession of Alcohol
Possession of a Controlled Substance	Possession of Drug Paraphernalia
Possession of Marijuana	Petit Theft
Resisting Merchant	Trespass
Trespass on School Grounds After Warning	Trespass Construction Site
Trespass Structure/Conveyance After Warning	Trespass Occupied Structure
Felony Criminal Mischief	Harassing Communications
Resisting arrest without violence/giving false name	Harassing Phone Calls
Obscene Phone Calls	Disturbing School Function
Failure to pay Game & Fish Citation Fines	Sale of Alcohol to Minor
Theft of a Credit Card	Possession of a Stolen Credit Card
Fraudulent use of a credit card	Forgery (victim being parent)
Uttering a forged instrument (under \$150.00)	Possession of Counterfeit ID
Possession of a BB gun by minor	Possession of a Pellet Gun by a Minor
No Valid DL	Attempted Flee and Elude Police Officer
Affray	Disturb School Function
Interfere with School Administration	Grand Theft/Grand Theft Auto (no violence)

Teen Court defendants must be at least 11 years old but no more than 17 years old. Teen Court defendants must be enrolled in school or in a GED program in Highlands County. Teen Court defendants are allowed one or two successful diversion cases prior to their case being referred to the Teen Court, if applicable. Cases with restitution owing will be accepted upon approval of the victim and the State Attorney. The Teen Court Director will be responsible for preparing the "Order of Restitution" following the imposition of the Teen Court sanctions. Victims of crimes must be in agreement with Teen Court diversion or the case will not be eligible for Teen Court. The State Attorney may use their own discretion in referring to the Teen Court, juvenile offenders who may not meet the criteria listed above or cases that may not meet the criteria listed above. The Highlands County Teen Court will accept referrals from School Officials, County Judges, and Circuit Judges. The Highlands County Teen Court also accepts Civil Citations from School Officials and Law Enforcement.

APPROVED AND ACCEPTED this the 23rd day of February, 2017.


HONORABLE ANGELA J. COWDEN

Teen Court Circuit Judge


HONORABLE ROBERT W. GERMAINE

Clerk of the Circuit Court



HIGHLANDS COUNTY SHERIFFS OFFICE

434 FERNLEAF AVE
SEBRING, FL 33870
402-7200

REPORT NUMBER

JUVENILE CIVIL CITATION

Report Date / Time 10/19/2017 08:49 AM	Agency Case/Offense Number [REDACTED]	OCA Number [REDACTED]	Originating Agency Case Number [REDACTED]	OBTS Number [REDACTED]	Offender Based Transaction System [REDACTED]	Jail Booking Number [REDACTED]	Other Number [REDACTED]
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LOCATION OF OCCURRENCE

County HIGHLANDS	Address [REDACTED]	
Range of Occurrence Date/Time [REDACTED]	Latitude 27.51467	Longitude -81.51258

PERSON: SUSPECT

First Name [REDACTED]	Middle Name [REDACTED]	Last Name [REDACTED]	Suffix [REDACTED]	Date of Birth [REDACTED]	Age [REDACTED]	Race [REDACTED]	Sex [REDACTED]	Height [REDACTED]	Weight [REDACTED]	Hair [REDACTED]	Eyes [REDACTED]
Master Name Index Number [REDACTED]	Place of Birth [REDACTED]	Nation [REDACTED]	SSN [REDACTED]	Driver's License or Other ID [REDACTED]	State [REDACTED]	Class or Type [REDACTED]					
Address [REDACTED]	City [REDACTED]	County [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Phone [REDACTED]						

CHARGES

Counts 1	Charge Number [REDACTED]	Charge [REDACTED]	
Charge Degree FIRST DEGREE	Charge Level MISDEMEANOR	General Offense Code PRINCIPAL	
		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Domestic Violence	Bond Amount [REDACTED]

TOUCH OR STRIKE

PROBABLE CAUSE

CAD INCIDENT DISPOSITION CODE: [11-0] [B] []

On, October 18, 2017 I was assigned to Hill Gustat Middle School (HGMS) as the school resource deputy located at 4700 Schumacher Rd., Sebring, Highlands County, FL. On this date the victim, [REDACTED] based on the following:

The victim stated on the above date at approximately 1520 hours, she was walking towards the front gate at which time the defendant bumped into her which she believed was intentional. The victim stated she continued to walk to the crossing guard and crossed the crosswalk to go to the store next to the school at which time, the defendant grabbed her by her jacket and pulled her back. The victim stated as the defendant pulled the back of her jacket, she put her hand under neck area of her jacket due to it was choking her while the defendant pulled on it. The victim stated this was done intentionally and against her will. The victim then provided a sworn written statement.

According to [REDACTED] stated in sworn written statements they observed the defendant grab the victim from behind and it looked like the defendant was starting a fight with the victim.

During a non-custodial interview with the defendant, she admitted to grabbing the victim intentionally, and against her will. The defendant also provided a sworn written statement.

Based on the victim and witnesses sworn written statements and the defendant admitting to intentionally grabbing the victim, the defendant is being charged with battery and qualifies for a Juvenile Civil Citation.

I, [REDACTED] understand that I have the right to refuse this Juvenile Civil Citation and have this case resolved through the criminal justice system. I voluntarily admit to committing the above offense and choose to participate in the Teen Court diversion program. I agree to appear in person with a parent or guardian at the Teen Court Office located in Room 1 (863-402-6936) of the Highlands County Courthouse within seven business days of the date this citation was issued. I understand that if I fail to appear at the Teen Court office, fail to appear for my scheduled Teen Court hearing, or fail to comply with the Teen Court sanctions, this citation will be referred to the State Attorney for criminal prosecution.

Signature of Juvenile

Signature of Parent/Guardian

COURT APPEARANCE INFORMATION

Court [REDACTED]	Court Phone [REDACTED]	Court Date & Time [REDACTED]
Court Address [REDACTED]		
Instructions [REDACTED]		

I agree to appear at the time and place designated above to answer the offense charged. I understand that should I willfully fail to appear before the court as required by this notice to appear, that I may be held in contempt or court and a warrant for my arrest shall be issued.

Signature of Defendant

Signature of Parent or Custodian (if applicable)

FILED

NOV 13 2017

Time: 4:00 PM
Highlands County Clerk of Courts
Juvenile Division

ORIGINAL

JUVENILE

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JUVENILE CIVIL CITATION

Report Date / Time 03/14/2021	Agency Case/Offense [REDACTED]	OCA Number [REDACTED]	Originating Agency Case Number [REDACTED]	OBTS Number [REDACTED]	Juvenile Based Transfer [REDACTED]	Booking Number [REDACTED]	Other Number [REDACTED]
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ARREST INFORMATION

Arrest Date / Time [REDACTED]	Residency Within Jurisdiction	Injured None	Extent of Injury N/A	Resist Arrest No
Repeat Arrests No	Arrest Jurisdiction	Alcohol No	Drugs No	

ARREST LOCATION

County HIGHLANDS	Address [REDACTED]
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ARREST DELIVERED TO

Jail / Booking Facility	Location	Phone
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ARRESTING OFFICER

Officer Call Number [REDACTED]	Officer Name [REDACTED]	Officer Signature [REDACTED]
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Subscribed and sworn to (or affirmed) before me this ____ day of _____ A.D., _____ by _____ who is __ personally known to me or has produced _____ as identification.

Signature

Notary Public

LEO CO Commission No: _____ My Commission Expires: _____

ORIGINAL

JUVENILE