

**DECLARATION TO PROVIDE ASSISTANCE**

(Section 101.051(5), Florida Statutes)

Bob; 08/05/1974

State of Florida, County of Miami-Dade

Date: 10-30-2020

Precinct/Site No: 1260 / 008

I, Paula Villard
(print name)have been requested by therese thorne to provide
(print name of elector needing assistance)

them with assistance to vote. I swear or affirm that I am not the employer, an agent of the employer, or an officer or agent of the union of the voter and that I have not solicited this voter at the polling place or early voting site within 150 feet of such locations in an effort to provide assistance.

SWORN AND SIGNED TO THESE BY THIS 30 DAY OF October 2020

DECLARACIÓN PARA PRESTAR ASISTENCIA

(Sección 101.051(5) de los Estatutos de la Florida)

Estado de la Florida, Condado de Miami-Dade

Fecha

Recinto/Centro

A mí, _____ me ha pedido _____
(Nombre en letra de molde de la persona que presta la asistencia) (Nombre en letra de molde de la persona que necesita la asistencia)

que le ayude a votar. Juro o afirmo que no soy el empleador, un agente del empleador ni un funcionario o agente del sindicato del elector y que no le he pedido prestarle asistencia a este elector en el centro de votación, en el centro de votación anticipada ni a 150 pies de distancia de dichas ubicaciones.

JURADO Y SUSCRITO ANTE MÍ ESTE DÍA ____ DE ____ DEL 20 ____

(Firma del funcionario que administra el juramento)

(Firma de la persona que presta la asistencia)

DEKLARASYON POU EDE VOTE

(Seksyon 101.051(5), Lwa Florid)

Eta Florid, Konte Miami-Dade

Dat:

Nim. Biwo Vòt/Anplasan:

Se mwenmenm _____, ke _____
(Ekri an gwo lèt non moun kap ede votè an) (Ekri an gwo lèt non votè kap mande ed la)

mande mwen ede li vote. Mwen jire oswa afime ke mwen pa patron li, yon reprezantan patron li, oswa ofisyèl oswa ajan sendika votè an epi mwen pa pwòch votè an nan biwo vòt la oswa lokal pou votè pi bonè an, jiska yon distans 150 pye de lokal sa yo pou mwen te ofri ede li.

SEMANTE EPI ENSKRI DEVAN MWEN JOU ____ MWAD ____ 20 ____

(Siyati Ofisyèl Kap Asepte Seman an)

(Siyati moun kap ede votè an)

**DECLARATION TO PROVIDE ASSISTANCE**

(Section 101.051(5), Florida Statutes)

State of Florida, County of Miami-Dade

Date 10-20-2020Precinct/Site No: 1120 / 22Paula Villard
(print name)have been requested by Antoinette Baptiste to provide
(print name of elector needing assistance)

them with assistance to vote. I swear or affirm that I am not the employer, an agent of the employer, or an officer or agent of the union of the voter and that I have not solicited this voter at the polling place or early voting site within 150 feet of such locations in an effort to provide assistance.

20 DAY OF October, 2020**DECLARACIÓN PARA PRESTAR ASISTENCIA**

(Sección 101.051(5) de los Estatutos de la Florida)

Estado de la Florida, Condado de Miami-Dade

Fecha: _____

Recinto/Centro: _____

A mí, _____ me ha pedido _____

(Nombre en letra de molde de la persona que presta la asistencia)

(Nombre en letra de molde de la persona que necesita la asistencia)

que le ayude a votar. Juro o afirmo que no soy el empleador, un agente del empleador ni un funcionario o agente del sindicato del elector y que no le he pedido prestarle asistencia a este elector en el centro de votación, en el centro de votación anticipada ni a 150 pies de distancia de dichas ubicaciones.

JURADO Y SUSCRITO ANTE MÍ ESTE DÍA _____ DE _____ DEL 20 _____

(Firma del funcionario que administra el juramento)

(Firma de la persona que presta la asistencia)

DEKLARASYON POU EDE VOTE

(Seksyon 101.051(5), Lwa Florid)

Eta Florid, Konte Miami-Dade

Dat _____

Nim. Biwo Vot/Anplasan: _____

Se mwenmenm _____, ke _____

(Ekri an gwo lèt non moun kap ede votè an)

(Ekri an gwo lèt non votè kap mande ede la)

mande mwen ede li vote. Mwen jwe oswa affine ke mwen pa patron li, yon reprezantan patron li, oswa ofisyèl oswa ajan sendika votè an epi mwen pat pwoche votè an nan biwo vot la oswa lokal pou vote pi banè an, jiska yon distans 150 pye de lokal sa yo pou mwen te ofri ede li.

SÈMANTE EPI ENSKRI DEVAN MWEN JOU _____ MWAD _____ 20 _____

(Siyati Ofisyèl Kap Asepte Seman an)

(Siyati moun kap ede votè an)



DECLARATION TO PROVIDE ASSISTANCE

(Section 101.051(5), Florida Statutes)

2019 01-28-20

State of Florida, County of Miami Dade

Date: 10-2-2020

Precinct/Site No 1130/02

Paul Villard
(print name)

have been requested by Victoria Germain
(print name of elector needing assistance)

them with assistance to vote. I swear or affirm that I am not the employer, an agent of the employer, or an officer or agent of the union of the voter and that I have not solicited this voter at the polling place or early voting site within 150 feet of such locations in an effort to provide assistance.

20 DAY OF October, 2020

DECLARACIÓN PARA PRESTAR ASISTENCIA

(Sección 101.051(5) de los Estatutos de la Florida)

Estado de la Florida, Condado de Miami-Dade

Fecha: _____

Recinto/Centro: _____

A mí, _____, me ha pedido _____
(Nombre en letra de molde de la persona que presta la asistencia) (Nombre en letra de molde de la persona que necesita la asistencia)

que le ayude a votar. Juro o afirmo que no soy el empleador, un agente del empleador ni un funcionario o agente del sindicato del elector y que no le he pedido prestarle asistencia a este elector en el centro de votación, en el centro de votación anticipada ni a 150 pies de distancia de dichas ubicaciones.

JURADO Y SUSCRITO ANTE MÍ ESTE DÍA _____ DE _____ DEL 20 _____

(Firma del funcionario que administra el juramento)

(Firma de la persona que presta la asistencia)

DEKLARASYON POU EDE VOTE

(Seksyon 101.051(5), Lwa Florid)

Eta Florid, Kanté Miami-Dade

Dat: _____

Nim. Biwo Vot/Anplisman: _____

Se mwenmen _____ ke _____
(Ekr an gwo lèt non moun kap ede voté an) (Ekr an gwo lèt non voté kap mande ed la)

mwen mwen ede li vote. Mwen jw oswa afime ke mwen pa patron li, yon reprezantan patron li, oswa ofisyèl oswa ajan sindika voté an epi mwen pat pwoche voté an nan biwo vot la oswa lokal pou voté pi bonè an, jiska yon distans 150 pye de lokal sa yo pou mwen te ofri ede li.

SÈMANTE EPI ENSKRI DEVAN MWEN JOU _____ MWAD _____, 20 _____

(Siyati Ofisyèl Kap Asepte Sèman an)

(Siyati moun kap ede voté an)

DECLARATION TO PROVIDE ASSISTANCE

(Section 101.051(5), Florida Statutes)

State of Florida, County of Miami-Dade

Date

10/20/20

Precinct/Site No.

117.0/2

I, Paula Villar

(print name)

have been requested by

Hadelaine Lombard

(print name of elector needing assistance)

to provide

them with assistance to vote. I swear or affirm that I am not the employer, an agent of the employer, or an officer or agent of the union of the voter and that I have not solicited this voter at the polling place or early voting site within 150 feet of such locations in an effort to provide assistance.

I SWEAR ME THIS

20

DAY OF

October, 2020

(Date)

DECLARACIÓN PARA PRESTAR ASISTENCIA

(Sección 101.051(5) de los Estatutos de la Florida)

Estado de la Florida, Condado de Miami-Dade

Fecha:

Recinto/Centro:

A mí,

me ha pedido

(nombre en letra de molde de la persona que presta la asistencia)

(nombre en letra de molde de la persona que necesita la asistencia)

que me ayude a votar. Juro o afirmo que no soy el empleador, un agente del empleador ni un funcionario o agente del sindicato del elector y que no le he pedido prestarle asistencia a este elector en el centro de votación, en el centro de votación anticipada ni a 150 pies de distancia de dichas ubicaciones.

JURADO Y SUSCRITO ANTE MI ESTE DÍA

DE

DEL 20

(Firma del funcionario que administra el juramento)

(Firma de la persona que presta la asistencia)

DEKLARASYON POU EDE VOTE

(Seksyon 101.051(5), Lwa Florid)

Eta Florid, Konte Miami-Dade

Dat:

Nim. Biwo Vot/Anplasman:

Se mwen menm

ke

(Ekr an gwo let non moun kap ede vote an)

(Ekr an gwo let non vote kap mande ed la)

mande mwen ede li vote. Mwen jwe oswa afime ke mwen pa patron li, yon reprezantan patron li, oswa ofisyel oswa ajan sendika vote an epi mwen pat pwofite vote an nan biwo vot la oswa lokal pou vote pi ban an, jiska yon distans 150 pye de lokal sa yo pou mwen te ofri ede li.

SEMASTE EPI ENSKRI DEVAN MWEN JOU

MWAD

20

(Siyati Ofisyel Kap Asepte Seman an)

(Siyati moun kap ede vote an)



01/29/1953

DECLARATION TO PROVIDE ASSISTANCE

(Section 101.051(5), Florida Statutes)

State of Florida, County of Miami-Dade

Date: 10/29/2020

Precinct/Site No: 118.0/2

I, Paul Villard, have been requested by Mary Louella Duvert to provide
(print name) (print name of elector needing assistance)

them with assistance to vote. I swear or affirm that I am not the employer, an agent of the employer, or an officer or agent of the union of the voter and that I have not solicited this voter at the polling place or early voting site within 150 feet of such locations in an effort to provide assistance.

SV [Redacted] BEFORE ME THIS 20 DAY OF October, 2020 - [Redacted]
(Notary Public for the State of Florida) (Notary Seal)

DECLARACIÓN PARA PRESTAR ASISTENCIA

(Sección 101.051(5) de los Estatutos de la Florida)

Estado de la Florida, Condado de Miami-Dade

Fecha: _____

Recinto/Centro: _____

A mí, _____ me ha pedido _____
(Nombre en letra de molde de la persona que presta la asistencia) (Nombre en letra de molde de la persona que necesita la asistencia)

que le ayude a votar. Juro o afirmo que no soy el empleador, un agente del empleador ni un funcionario o agente del sindicato del elector y que no le he pedido prestarle asistencia a este elector en el centro de votación, en el centro de votación anticipada ni a 150 pies de distancia de dichas ubicaciones.

JURADO Y SUSCRITO ANTE MÍ ESTE DÍA _____ DE _____ DEL 20 _____.

(Firma del funcionario que administra el juramento)

(Firma de la persona que presta la asistencia)

DEKLARASYON POU EDE VOTE

(Seksyon 101.051(5), Lwa Florid)

Eta Florid, Konte Miami-Dade

Dat: _____

Nim. Biwo Vot/Anplasan: _____

Sa mwennmen _____, ke _____
(Ekri an gwo lèt non moun kap ede votè an) (Ekri an gwo lèt non votè kap mande ed la)

mande mwenn ede li vote. mwenn jw oswa afime ke mwenn pa patron li, von reprezantan patron li, oswa ofisyèl oswa ajan sendika votè an epi mwenn pat pwochè votè an nan biwo vot la oswa lokal pou vote pi bonè an, jiska von distans 150 pye de lokal sa yo pou mwenn te ofri ede li.

SÈMANTE EPI ÈNSKRI DEVAN MWENN JOU _____ MWAD _____, 20 _____

(Siyati Ofisyèl Kap Asepte Sèman an)

(Siyati moun kap ede votè an)

From: [Antonacci, Peter](#)
To: [Nick Cox](#)
Cc: [Strauss, Scott](#)
Subject: Re: Felony Voting Case Review [REDACTED]
Date: Sunday, August 7, 2022 11:09:01 AM

So far as I know, [REDACTED]

Sent from my iPhone

On Aug 6, 2022, at 10:10 PM, Nick Cox <Nick.Cox@myfloridalegal.com> wrote:

EMAIL RECEIVED FROM
EXTERNAL SOURCE

On [REDACTED] I mean

Sent from my Verizon, Samsung Galaxy smartphone
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From: Nick Cox <Nick.Cox@myfloridalegal.com>
Sent: Saturday, August 6, 2022 10:09:43 PM
To: Strauss, Scott <Scott.Strauss@dos.myflorida.com>; Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Subject: Re: Felony Voting Case Review [REDACTED]

Do you know if the 2nd SAO has taken any steps in the last week to move towards a Prosecution?

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

From: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Sent: Saturday, August 6, 2022 5:42:54 PM
To: Nick Cox <Nick.Cox@myfloridalegal.com>; Strauss, Scott <Scott.Strauss@dos.myflorida.com>
Subject: Fwd: Felony Voting Case Review [REDACTED]

Th [REDACTED]
[REDACTED]

Sent from my iPhone

Begin forwarded message:

From: Owen McCaul <McCaulO@leoncountyfl.gov>
Date: July 29, 2022 at 9:06:24 AM EDT
To: "Strauss, Scott" <Scott.Strauss@dos.myflorida.com>,
"Antonacci, Peter" <Peter.Antonacci@dos.myflorida.com>
Subject: RE: Felony Voting Case Review [REDACTED]

EMAIL RECEIVED FROM
EXTERNAL SOURCE

The attachments/links in this message have been scanned by
Proofpoint.

As requested. Thanks.

From: Strauss, Scott <Scott.Strauss@dos.myflorida.com>
Sent: Thursday, July 28, 2022 5:14 PM
To: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>; Owen
McCaul <McCaulO@leoncountyfl.gov>
Subject: Re: Felony Voting Case Review [REDACTED]

Please CC me.

From: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Sent: Thursday, July 28, 2022 4:11 PM
To: Owen McCaul <McCaulO@leoncountyfl.gov>
Cc: Strauss, Scott <Scott.Strauss@dos.myflorida.com>
Subject: RE: Felony Voting Case Review [REDACTED]

For some reason, this file doesn't open....
Can you send in another form....
Like to help if possible...

From: Owen McCaul <McCaulO@leoncountyfl.gov>
Sent: Thursday, July 28, 2022 10:53 AM
To: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Subject: FW: Felony Voting Case Review [REDACTED]

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

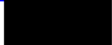
Mr. Antonacci,

Please see the attached from FDLE on [REDACTED] I note [REDACTED]





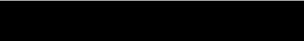
Office of the State Attorney
SECOND JUDICIAL CIRCUIT


Owen B. McCaul
Assistant State Attorney
General Counsel
Drug Court/Extraditions/Baker Acts, Etc.
(850) 606-6013

From: Galinos, Tara <TaraGalinos@fdle.state.fl.us>
Sent: Wednesday, July 27, 2022 12:51 PM
To: Owen McCaul <McCaulO@leoncountyfl.gov>
Subject: RE: Felony Voting Case Review 

Good Afternoon ASA McCaul,

I was told that you were the person that is reviewing the Felon voter cases. Please see attached case file reference convicted felon 

 At your convenience, could you review the case file and let us know if you are willing to persecute. In short 



Thank you,

Special Agent Tara Galinos
Florida Department of Law Enforcement
Tallahassee Regional Operations Center
Organized Crime Squad "A"
Office: 850-410-7501

From: [Antonacci, Peter](#)
To: [McInerney, Scott](#)
Cc: [Nick Cox](#)
Subject: RE: Case Status Update
Date: Tuesday, August 23, 2022 3:02:32 PM
Attachments: [image001.png](#)
Sensitivity: Confidential

Thanks

From: McInerney, Scott <ScottMcInerney@fdle.state.fl.us>
Sent: Tuesday, August 23, 2022 2:54 PM
To: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Cc: Nicholas Cox <Nick.Cox@myfloridalegal.com>
Subject: RE: Case Status Update
Sensitivity: Confidential

EMAIL RECEIVED FROM EXTERNAL SOURCE

Here are the remaining Hillsborough County subjects from the original list of 101 who have not been interviewed.

4617453		FELONYSO	HIL	3205286	Not Home
4577145		FELONYSO	HIL	3027133	Unable to Locate
4039706		MURDER	HIL	3895770	Unwilling to Cooperate
4356973		MURDER	HIL	3895709	Not Home

Here is a list of 50 remaining viable subjects from the original list of 101, who have not been charged.

ECID	MID	LAST NAME	FIRST NAME	DOB	DATE_PROCESSED	STATUS	COR	PDP #	Interviewed
2	4365176				7/14/2022	FELONYSO	BRO	3895359	Unable to Locate
7	4349585				7/14/2022	MURDER	BRO	3895358	Unable to Locate
9	4585166				7/14/2022	FELONYSO	BRO	542615	Unable to Locate
34	4065924				7/16/2022	FELONYSO	DAD	2832106	
36	4604204				7/16/2022	MURDER	DAD	292544	
41	4383258				7/16/2022	FELONYSO	DAD	3178178	
42	4079530				7/16/2022	FELONYSO	DAD	223798	
45	4603968				7/16/2022	MURDER	DAD	3895773	
46	4338316				7/16/2022	FELONYSO	DAD	420037	
47	4703475				7/16/2022	FELONYSO	DAD	3364410	
48	4056161				7/16/2022	FELONYSO	DAD	3895734	
49	4384497				7/16/2022	FELONYSO	DAD	619247	
50	4474517				7/16/2022	FELONYSO	DAD	3895912	
60	4617453				7/16/2022	FELONYSO	HIL	3205286	No, Not Home
75	4040348				7/17/2022	FELONYSO	ORA	3883036	No, Not Home
76	4481249				7/17/2022	FELONYSO	ORA	3895889	No, Not Home
77	4482507				7/17/2022	FELONYSO	ORA	3895899	No, Not Home
78	4081197				7/17/2022	FELONYSO	ORA	3895790	No, Not Home
79	4038423				7/17/2022	FELONYSO	ORA	3895782	
80	4189284				7/17/2022	FELONYSO	ORA	3052083	
81	4106478				7/17/2022	FELONYSO	ORA	3895767	
84	4038902				7/17/2022	MURDER	ORA	3895874	
86	4404157				7/17/2022	FELONYSO	ORA	3883038	
87	4481161				7/17/2022	FELONYSO	ORA	3895894	
89	4042867				7/17/2022	FELONYSO	ORA	448865	
90	4479430				7/17/2022	FELONYSO	ORA	3525153	
91	4400444				7/17/2022	FELONYSO	ORA	3606797	
1	4433913				7/14/2022	FELONYSO	BRO	3895372	Yes
10	4363735			1/13/1978	7/14/2022	FELONYSO	BRO	3895357	Yes

16	4364993				7/14/2022	FELONYSO	BRO	3639962	
19	4400501				7/14/2022	FELONYSO	BRO	3895390	
21	4521008				7/14/2022	FELONYSO	BRO	3895391	
22	4489782				7/14/2022	MURDER	BRO	3895393	
23	4603650				7/14/2022	FELONYSO	BRO	398844	
24	4628506				7/14/2022	FELONYSO	BRO	411746	
25	4526174				7/14/2022	FELONYSO	BRO	3895396	
27	4602852				7/16/2022	FELONYSO	DAD	3895750	
29	4462351	Allen	Teddrick	11/3/1973	7/16/2022	MURDER	DAD	411777	
30	4353928				7/16/2022	MURDER	DAD	3895755	
33	4360282				7/16/2022	MURDER	DAD	3895691	
35	4473025				7/16/2022	MURDER	DAD	3895911	
38	4477385				7/16/2022	MURDER	DAD	3895689	
53	4577145				7/16/2022	FELONYSO	HIL	3027133	Unable to Locate
56	4039706				7/16/2022	MURDER	HIL	3895770	
59	4356973				7/16/2022	MURDER	HIL	3895709	No, Not Home
69	5032245	Jummani	Riyaz	8/10/1946	7/17/2022	NMNSO	ORA	3406265	Yes
96	4604126				7/17/2022	MURDER	PAL	3895685	Unable to Locate
97	4144264				7/17/2022	FELONYSO	PAL	3895698	Unable to Locate
99	4038486				7/17/2022	FELONYSO	PAL	3895793	No, Not Home
100	4045180				7/17/2022	FELONYSO	PAL	3142614	No, Not Home

Regards

Scott McInerney
 Director, Office of Executive Investigations
 Florida Department of Law Enforcement
 P.O. Box 1489
 Tallahassee, FL 32302-1489

Main Number: (850) 410-8240
 Office Direct (850) 410-7470
 Fax Number: (850) 410-8285
 1-800-905-FDLE (3353)



From: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Sent: Tuesday, August 23, 2022 1:33 PM
To: McInerney, Scott <ScottMcInerney@fdle.state.fl.us>
Cc: Nicholas Cox <Nick.Cox@myfloridalegal.com>
Subject: Case Status Update

CAUTION: This email originated outside of FDLE. Please use caution when opening attachments, clicking links, or responding to this email.

Just a reminder that during our Thursday AM conversation, I requested a status update on the election law violation cases referred by this office to FDLE on 7/18 (101 cases) and 7/20 (3 cases) arising out of Miami-Dade, Broward, Palm Beach, Orange and Hillsborough Counties.

Of the 104 cases, 20 individuals have been arrested, app. 30 cases have been set aside by the Statewide Prosecutor on account of voter registration deficiencies at

DHSMV, leaving app. 50 cases that are not yet accounted for here. I'm particularly interested in any Hillsborough County cases in the remaining 50 because I'm gathering Hillsborough election law violation cases to present to the new State Attorney in the near future for her consideration. The status of non-Hillsborough cases will be very helpful as well.

When may I expect the update.....?

Thanks

From: [Nick Cox](#)
To: [Antonacci, Peter](#)
Subject: Re: FYI
Date: Tuesday, August 2, 2022 8:27:14 PM

Got my daily update tonight. [REDACTED] I expect [REDACTED]
[REDACTED]

[REDACTED]

[REDACTED] Nick

Sent from my Verizon, Samsung Galaxy smartphone
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From: Nick Cox <Nick.Cox@myfloridalegal.com>
Sent: Tuesday, August 2, 2022 11:41:39 AM
To: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Subject: Re: FYI

OK. Thanks

Sent from my Verizon, Samsung Galaxy smartphone
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From: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Sent: Tuesday, August 2, 2022 10:50:48 AM
To: Nick Cox <Nick.Cox@myfloridalegal.com>
Subject: FYI

Confirmed this am by Mark Mitchell to Scott S
32 Cases only

From: Strauss, Scott <Scott.Strauss@dos.myflorida.com>
Sent: Tuesday, August 2, 2022 10:11 AM
To: Antonacci, Peter <Peter.Antonacci@dos.myflorida.com>
Subject: Updated

						COR	COC
1	[REDACTED]		7/14/2022	FELONYSO	BRO	PAL	
2	[REDACTED]		7/14/2022	FELONYSO	BRO	BRO	
3	Suggs	Eugene	10/9/1956	7/14/2022	MURDER	BRO	BRO
4	[REDACTED]		7/14/2022	FELONYSO	BRO	BRO	
5	Dana	David	6/24/1964	7/14/2022	FELONYSO	BRO	BRE
6	Hubbard	Terry	6/23/1958	7/14/2022	FELONYSO	BRO	BRO
7	[REDACTED]		7/14/2022	MURDER	BRO	DUV	
8	[REDACTED]		7/14/2022	FELONYSO	BRO	BRO	
9	[REDACTED]		7/14/2022	FELONYSO	BRO	BAK	
10	Mitchell	Dawane	1/13/1978	7/14/2022	FELONYSO	BRO	DAD
11	Singleton	Nathaniel	1/5/1951	7/14/2022	MURDER	BRO	VOL

12	Steel	Ronald	3/2/1971	7/14/2022	MURDER	BRO	BRO
13				7/14/2022	MURDER	BRO	BRO
14				7/14/2022	FELONYSO	BRO	BRO
15				7/14/2022	FELONYSO	BRO	BRO
16				7/14/2022	FELONYSO	BRO	MRN
1							
1				7/16/2022	MURDER	HIL	HIL
1				7/16/2022	FELONYSO	HIL	PIN
2				7/16/2022	FELONYSO	HIL	HIL
2				7/16/2022	FELONYSO	HIL	HIL
2				7/16/2022	FELONYSO	HIL	HIL

23	Jummani	Riyaz	8/10/1946	7/17/2022	NMNSO	ORA	ORA
24				7/17/2022	MURDER	ORA	ORA
25	Stribling	Michelle	3/4/1970	7/17/2022	MURDER	ORA	ORA
26				7/17/2022	FELONYSO	ORA	PIN
27				7/17/2022	FELONYSO	ORA	MAN
28				7/17/2022	FELONYSO	ORA	ORA
29				7/17/2022	FELONYSO	ORA	SEM
30				7/17/2022	FELONYSO	ORA	DUV
31				7/17/2022	FELONYSO	ORA	DAD
32				7/17/2022	FELONYSO	ORA	ORA

From: [Strauss, Scott](#)
To: [Nick Cox](#)
Cc: [Jeremy Scott](#)
Subject: Fwd: Palm Beach Targets
Date: Friday, August 5, 2022 11:12:20 AM

Nick

See email to agents on Tuesday. Today is Friday. I will send separate from Broward and Dade.

Sent from my iPhone

Begin forwarded message:

From: "Strauss, Scott" <Scott.Strauss@dos.myflorida.com>
Date: August 2, 2022 at 2:17:00 PM EDT
To: markmitchell@fdle.state.fl.us
Cc: michellecabrera@fdle.state.fl.us, Milessonn@fdle.state.fl.us
Subject: FW: Palm Beach Targets

Hi Mark,
To assist your team, I suggest

From: Strauss, Scott
Sent: Tuesday, August 2, 2022 2:08 PM
To: michellecabrera@fdle.state.fl.us
Cc: milessonn@fdle.state.fl.us
Subject: Palm Beach Targets

00094	4433993	[REDACTED]	Grant	Leo	3/18/1967	7/17/2022	FELONYSO	PAL	PAL
00096	4604126	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	7/17/2022	MURDER	PAL	BRO
00097	4144264	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	7/17/2022	FELONYSO	PAL	PAL
00098	4336819	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	7/17/2022	MURDER	PAL	PAL
00101	4383947	[REDACTED]	Villaran	Luis	12/18/1958	7/17/2022	FELONYSO	PAL	PAL

From: [Strauss, Scott](#)
To: [Nick Cox](#)
Cc: [Jeremy Scott](#)
Subject: Fwd: Dade matches
Date: Friday, August 5, 2022 11:12:57 AM

See below.

Sent from my iPhone

Begin forwarded message:

From: "Strauss, Scott" <Scott.Strauss@dos myflorida.com>
Date: August 5, 2022 at 11:09:20 AM EDT
To: Mark <markmitchell@fdle.state fl.us>
Subject: Fwd: Dade matches

Mark

As discussed Dade targets with Registration. With county of certified convictions.

Sent from my iPhone

Begin forwarded message:

From: "Strauss, Scott" <Scott.Strauss@dos myflorida.com>
Date: August 2, 2022 at 1:17:00 PM EDT
To: markmitchell@fdle.state fl.us
Cc: michellecabrera@fdle.state fl.us, Milessomn@fdle.state fl.us
Subject: Dade matches

Mark,

As a friendly reminder, can you please have your analysts order Certified Convictions from these DADE cases--note the red county of convictions:

VOTE

Conviction

Losada	Adonis	4/1/1964	7/16/2022	FELONYSO	DAD	PALM/DADE
--------	--------	----------	-----------	----------	-----	-----------

			7/16/2022	FELONYSO	DAD	MAN
Miller	Ronald	10/3/1964	7/16/2022	MURDER	DAD	DAD
Allen	Teddrick	11/3/1973	7/16/2022	MURDER	DAD	DAD
Wood	Robert	12/29/1965	7/16/2022	MURDER	DAD	ORA
			7/16/2022	MURDER	DAD	DAD
			7/16/2022	FELONYSO	DAD	DAD
			7/16/2022	MURDER	DAD	DAD
			7/16/2022	MURDER	DAD	DAD
			7/16/2022	FELONYSO	DAD	DAD
			7/16/2022	FELONYSO	DAD	DAD
			7/16/2022	FELONYSO	DAD	PIN
			7/16/2022	FELONYSO	DAD	DAD
			7/16/2022	MURDER	DAD	DAD
			7/16/2022	FELONYSO	DAD	DAD

	7/16/2022	FELONYSO	DAD	DAD
	7/16/2022	MURDER	DAD	DAD

On Losada – please order certified records of the dates he was sentenced, convictions, incompetency records/hearings (if they have them), and dates that he was released out on bond.

Beth Decker

From: Strauss, Scott <Scott.Strauss@dos.myflorida.com>
Sent: Sunday, August 7, 2022 10:17 AM
To: Jeremy Scott
Cc: Nick Cox
Subject: Packets provided to FDLE
Attachments: ecid00011.pdf; ecid00001.pdf; ecid00003.pdf

See attached.

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BRO [REDACTED] Singleton, Nathaniel 310 SW 29Th Ter, Ft Lauderdale, 33312 [REDACTED]

Last		Style		First		Middle		Driver License		Source		Soc Sec Num		Source	
Singleton		▼		Nathaniel				[REDACTED]		F,Form ▼		[REDACTED]		F,Form ▼	
Nbr	Suf	Dir	Street Name			Type	Dir	Unit Type	Nbr	City Name		County		Zip Code	
310		SW ▼	29Th			Ter ▼	▼	▼		Ft Lauderdale		BROWARD		33312	

Mail

[REDACTED]

[REDACTED]

[REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED] Country [REDACTED]

Email Address

[REDACTED] ☐ Receive Sample Ballots by Email Language Preference None ▼

Sex	Race	Party	Pty Chg Req Dte	Regn Date	<input type="checkbox"/> See Comms	Reason(Status)
M ▼	3,Black, not Hispanic ▼	DEM,Florida Democratic Par ▼	/ /	06/10/2020		E(P) Civil Rights Felon ▼

Date of Birth	Birth Place	Telephone	Ext
01/05/1951	florida	(954)245-2049	

- ☐ Assistance?
- ☐ Addr Protect?
- ☐ ID Required to Vote
- ☐ EW Interest?
- ☐ Fed Elections Only
- ☐ Photo Id Seen

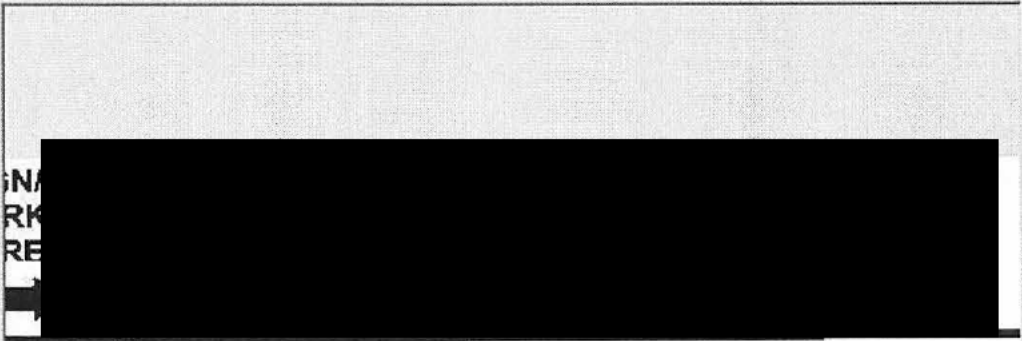
Photo ID Type

▼

- Print Name and Address
- Print Address
- Edit Address
- Printing
- Viewer Response

Districts

Precinct	Cng	Sen	Hse	CC	SB
R051.0	20	33	94	9	3





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BRO Singleton, Nathaniel

310 SW 29Th Ter, Ft Lauderdale, 33312

Numbered rows 1 through 7 and 12 must be completed for a new registration.

Florida Voter Registration Application		Part 2 - Form [08-DE #39, R18-2948, F.A.C. (011-19-2013)]	
This is: <input type="checkbox"/> New Registration <input type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) <input type="checkbox"/> Request to Replace Voter Information Card			
1	Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICIAL USE ONLY
2	<input checked="" type="checkbox"/> I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.		
3	<input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.		
4	Date of Birth (MM-DD-YYYY)	01 - 05 - 1951	FVRS No:
5	Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number		If no FL DL or FL ID, then provide Last 4 digits of Social Security Number <input type="checkbox"/> I have NONE of these numbers.
6	Last Name	Singleton	First Name Middle Name Name Suffix (Jr., Sr., I, II, etc.)
7	Address Where You Live (legal residence-no P.O. Box)	310 SW 29th Ter.	City State or Country Zip Code
8	Mailing Address (if different from above address)		City State or Country Zip Code
9	Address Where You Were Last Registered to Vote		City State Zip Code
10	Former Name (if name is changed)		Gender State or Country of Birth Telephone No. (optional)
11	<input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:		
Party Affiliation (Check only one. If left blank, you will be registered without party affiliation)		Race/Ethnicity (Check only one)	
<input checked="" type="checkbox"/> Florida Democratic Party		<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Republican Party of Florida		<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> No party affiliation		<input checked="" type="checkbox"/> Black, not of Hispanic Origin	
Minor party (print party name):		<input type="checkbox"/> Hispanic	
		<input type="checkbox"/> White, not of Hispanic Origin	
		<input type="checkbox"/> Multi-racial	
		<input type="checkbox"/> Other	
		(Check only one if applicable)	
		<input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member	
		<input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member	
		<input type="checkbox"/> I am a U.S. citizen residing outside the U.S.	
		<input type="checkbox"/> I will need assistance with voting.	
		<input type="checkbox"/> I am interested in becoming a poll worker.	
12	Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		DATE 11/18/2020
SIGN/MARK HERE		Date 6/9/20	



Show Signature



Date Image Scanned 06/18/2020



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BRO [redacted] Singleton, Nathaniel

310 SW 29Th Ter, Ft Lauderdale, 33312



Show Signature



Date Image Scanned
06/18/2020





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BRO Singleton, Nathaniel

310 SW 29Th Ter, Ft Lauderdale, 33312

Last Voter Activity Date	Nov/03/2020	pre-FVRS Regn Number	
Date Last Voted	Nov/03/2020	Registration Code	6
Date of Last Status Change	Mar/30/2022	Date Last Voter Card Printed	Jun/26/2020
Record Creation Date		Number of Times Voted	
Registration Date	Jun/10/2020		

Last Transaction Date	Operator

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Singleton, Nathaniel


310 SW 29Th Ter, Ft Lauderdale, 33312


Elec#	Date	Name	Status/History
10866	11/3/2020	2020 General Election	Voted by Mail
10865	8/18/2020	2020 Primary Election	Voted by Mail


Preview Sample Ballot


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BRO[REDACTED]Singleton, Nathaniel310 SW 29Th Ter, Ft Lauderdale, 33312


Date	Cnty	Operator	Field	New Value	Old Value
3/30/2022 9:16 AM	BRO	scahuasqui	Status	REM	ACT
3/30/2022 9:16 AM	BRO	scahuasqui	StatusReason	E	1
7/14/2020 10:19 AM	BRO	smueller	Absentee	P	
3/25/2020 4:37 PM	BRO	mmatos	FirstName	Nathaniel	nath%


Retrieve Fvrs
Notification History


Retrieve Fvrs Txn
Audit


Find

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
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Vote-by-Mail

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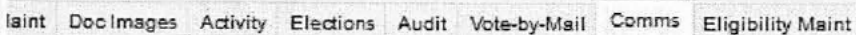
Eligibility Maint

BRO

Singleton, Nathaniel

310 SW 29Th Ter, Ft Lauderdale, 33312

Default Ballot Address	Precinct	Party	Vote-by-Mail Status	Comment
Default Address Not Avail for Non_county	R051.	Dem	P Permanent	
Military			Email	Date of Birth
<input type="checkbox"/>				01/05/1951
Mil Dep				
<input type="checkbox"/>				



310 SW 29Th Ter, Ft Lauderdale, 33312

#	Date	VO	Operator	Type
1209711577	3/30/2022 12:00 AM	O	BROWARD/brofab5	REMOVALNTC
1199786887	2/28/2022 12:00 AM	O	BROWARD/brofab5	PUBLICATION
1190240541	1/24/2022 12:00 AM	O	BROWARD/brofab5	Felon Letter
1040316050	6/26/2020 12:00 AM	O	BROWARD/brofab5	Voter ID Card
1038967471	6/22/2020 12:00 AM	O	BROWARD/Brofab5	Voter ID Card

Undeliverable Mail Returned

[illegible]

Address	County	Address Type	Change Date
91124	DE	RR DEER MOUNTAIN	9/16/2019
91372	DE	MAKING	9/16/2019
91342	WY	RESIDENTIAL	9/16/2019
91397	WY	MILKING	9/16/2019

Address	County	Address Type	Change Date
[REDACTED] 2018	[REDACTED]	MAILING	09-04-2018
[REDACTED] 2016	[REDACTED]	RESIDENTIAL	09-04-2018
[REDACTED] 117-3	[REDACTED]	MAILING	12-06-2011
[REDACTED] 311-2	[REDACTED]	RESIDENTIAL	11-15-2011
[REDACTED] 13185	[REDACTED]	RESIDENTIAL	12-04-2015
[REDACTED] 12185	[REDACTED]	MAILING	10-22-2015
[REDACTED] 20112	[REDACTED]	MAILING	03-11-2014
[REDACTED] 3004	[REDACTED]	MAILING	01-10-2011
[REDACTED] 13219	[REDACTED]	RESIDENTIAL	08-12-2009
[REDACTED] 33212-B	[REDACTED]	MAILING	3-15-2005
[REDACTED] 33012-B	[REDACTED]	RESIDENTIAL	0-17-2009
[REDACTED] 11004	[REDACTED]	RESIDENTIAL	11-26-2007
[REDACTED] 11009	[REDACTED]	RESIDENTIAL	08-12-2007
[REDACTED] 11109	[REDACTED]	MAILING	08-12-2007
[REDACTED] 11109	[REDACTED]	MAILING	08-12-2007
[REDACTED] 11109	[REDACTED]	RESIDENTIAL	08-12-2007
[REDACTED] 13004	[REDACTED]	MAILING	04-02-2007
[REDACTED] 13004	[REDACTED]	MAILING	01-05-1995
[REDACTED] 20114	[REDACTED]		

Address	County	Address Type	Change Date
[REDACTED] 11403	[REDACTED]	MAILING	10/4/2019
[REDACTED] 11402	[REDACTED]	RESIDENTIAL	10/4/2019
[REDACTED] 1908	[REDACTED]	MAILING	10/4/2018
[REDACTED] 1908	[REDACTED]	RESIDENTIAL	10/4/2018
[REDACTED] 1313	[REDACTED]	MAILING	12/16/2017
[REDACTED] 1313	[REDACTED]	RESIDENTIAL	12/16/2017
[REDACTED] 1314	[REDACTED]	MAILING	12/22/2016
[REDACTED] 1314	[REDACTED]	RESIDENTIAL	12/22/2016
[REDACTED] 1270	[REDACTED]	MAILING	1/16/2016
[REDACTED] 1270	[REDACTED]	RESIDENTIAL	1/16/2016
[REDACTED] 1386	[REDACTED]	MAILING	18/23/2015
[REDACTED] 1386	[REDACTED]	RESIDENTIAL	18/23/2015
[REDACTED] 1312	[REDACTED]	MAILING	10/15/2014
[REDACTED] 1312	[REDACTED]	RESIDENTIAL	10/15/2014
[REDACTED] 1312	[REDACTED]	MAILING	11/22/2014
[REDACTED] 1361	[REDACTED]	MAILING	11/23/2011
[REDACTED] 1312	[REDACTED]	MAILING	08/12/2009
[REDACTED] 1312	[REDACTED]	RESIDENTIAL	08/12/2009
[REDACTED] 1312	[REDACTED]	MAILING	11/27/2008
[REDACTED] 1312	[REDACTED]	RESIDENTIAL	11/27/2008
[REDACTED] 1312	[REDACTED]	MAILING	11/27/2008
[REDACTED] 1312	[REDACTED]	RESIDENTIAL	11/27/2008
[REDACTED] 1312	[REDACTED]	MAILING	04/23/2008
[REDACTED] 1312	[REDACTED]	RESIDENTIAL	04/23/2008
[REDACTED] 1312	[REDACTED]	MAILING	11/23/2007
[REDACTED] 1312	[REDACTED]	MAILING	09/27/2007

Photo and Signature Array

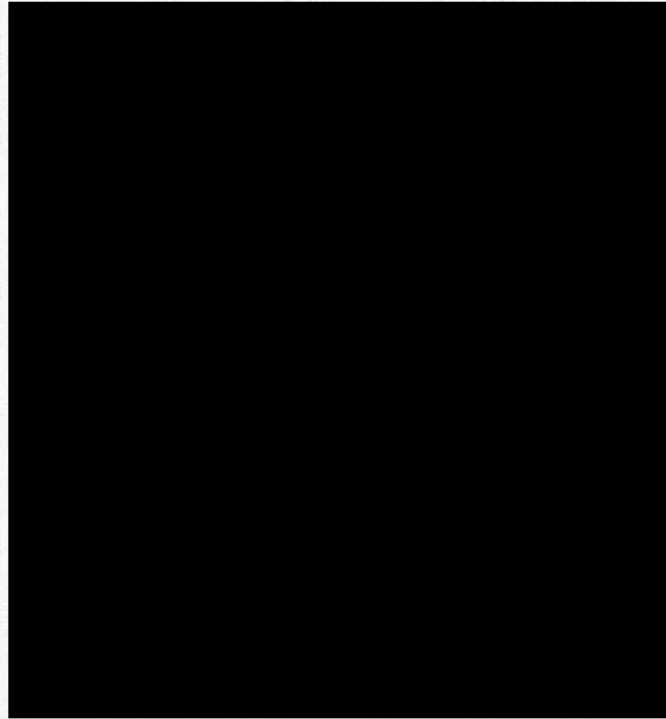
Digital images are restricted for use pursuant to S.322.142(4), Florida Statutes - images include photographs and signatures

Birth Date: [REDACTED] DOB: [REDACTED]

Race/Sex: [REDACTED]

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Photo Array



Print Friendly Signature Only

Signatures

Image	License No.	Name	Transaction Date	Void
view 1	[REDACTED]	[REDACTED]	10/04/2015	NO
view 2			09/24/2018	NO
view 3			12/15/2017	NO
view 4			12/22/2016	NO
view 5			12/06/2015	NO
view 6			02/11/2014	NO
view 7			12/28/2008	NO
view 8			08/12/2009	NO
view 9			07/27/2009	NO
view 10			04/27/2009	NO
view 11			11/29/2007	NO
view 12			11/25/2007	NO
view 13			11/22/2007	NO
view 14			11/25/2007	NO
view 15			09/12/2007	NO
view 16			09/12/2007	NO
view 17			04/25/2007	NO
view 18			04/02/2007	NO
view 19			04/02/2007	NO

COMPREHENSIVE CASE INFORMATION SYSTEM

Laura E. Roth, Esq., Clerk of the Circuit Court and Comptroller
VOLUSIA COUNTY


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kalen.mercer@dos.myflorida.com

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Case Number	Filed Date	Disposition Date	County	Case Type	Status	Contested
641995CF030491XXAES [1995 030491 CFAES]	01/28/1995	01/09/2014	VOLUSIA	Felony	Reclosed	No

Charge Seq #	Description	Date	Phase	Trial
1	SECOND DEGREE MURDER	01/09/2014	Court:Adjudicated Guilty	No Trial

Date	Action	Statute / Text
Offense: 01/28/1995	Trial: No Trial	
Initial: 01/28/1995	Charged	782.04(2) / SECOND DEGREE MURDER
Prosecutor: 02/15/1995	Filed	782.04(2) / SECOND DEGREE MURDER
Court: 01/09/2014	Adjudicated Guilty	782.04(2) / SECOND DEGREE MURDER

Party Name	Party Type	Attorney	Bar ID
CASE, LEAH RANSBOTTOM	JUDGE		
SINGLETON, NATHANIAL Search This Party	DEFENDANT	NOVAS, MITCHEL	754810

DOB: 01/05/1951
 Race: Black
 License: XXXXXXXXXX
 Address: 310 SW 29TH TER FT LAUDERDALE, FL 33312

Place of Birth:
 Gender: Male
 Juvenile: No
 Domestic Violence:

STATE OF FLORIDA [Search This Party](#) PLAINTIFF

[+ Dockets](#)
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[+ Court Events](#)
[+ Sentences](#)
[- Financial Summary](#)

Financial Summary

Assessment	Total: \$2,795.00	Paid to Date: \$0.54	Balance Due: \$2,794.46
Restitution	Total: \$0.00	Paid to Date: \$0.00	Balance Due: \$0.00

Financial Details

Count	Assessment Due	Assessment Paid to Date	Restitution Due	Restitution Paid to Date	Last Payment Date
	\$5.00	\$0.00			-
	\$1.00	\$0.00			-
	\$49.00	\$0.54			-
	\$40.00	\$0.00			-
	\$5.00	\$0.00			-
	\$195.00	\$0.00			-
	\$2,500.00	\$0.00			-

This information reflects the financial obligations shown on the Florida Comprehensive Case Information System (CCIS) for THIS CASE ONLY. For the current balances of your financial obligations, you should contact the Clerk of the Court in the county where the financial obligation was imposed. Nothing in CCIS alters any financial obligation imposed by a court.

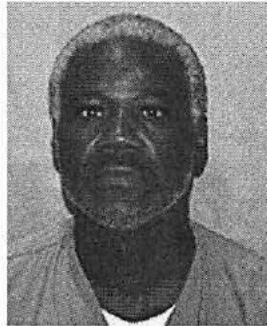
[+ Reopen History](#)



Corrections Offender Network

Inmate Release Information Detail

(This information was current as of 4/2/2007)



DC Number:	165180
Name:	SINGLETON, NATHANIEL
Race:	BLACK
Sex:	MALE
Birth Date:	01/05/1951
Custody:	MEDIUM
Release Date:	04/01/2007

Stated Residence Upon Release:

716 S.W. 8TH STREET
DANIA, FL 3300433004

Aliases:

NATHANIEL SINGLETON, NATHANIEL SINGLETON

Current Prison Sentence History:

Offense Date	Offense	Sentence Date	County	Case No.	Prison Sentence Length
01/28/1995	2ND DEG.MURD.DANGEROUS ACT	02/15/1996	VOLUSIA	9530491	18Y 0M 0D

Note: The offense descriptions are truncated and do not necessarily reflect the crime of conviction. Please refer to the court documents or the Florida Statutes for further information or definition.

Detainers:(Further information may be obtained by contacting the detaining agency)

Detainer Date	Detainer	Time	Date Expired
02/15/1996	070 VOLUSIA CO P&P	NTFY/F&P	

Incarceration History:

Date In Custody	Date Out-Custody
03/27/1996	04/01/2007

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Record: 2 of 2

The Florida Department of Corrections updates this information regularly, to ensure that it is complete and accurate, however this information can change quickly. Therefore, the information on this site may not reflect the true current location, status, release date, or other information regarding an inmate.

This database contains public record information on felony offenders sentenced to the Department of Corrections. This information only includes offenders sentenced to state prison or state supervision. Information contained herein includes current and prior offenses. Offense types include related crimes such as attempts, conspiracies and solicitations to commit crimes. Information on offenders sentenced to county jail, county probation, or any other form of supervision is not contained. The information is derived from court records provided to the Department of Corrections and is made available as a public service to interested citizens. The Department of Corrections makes no guarantee as to the accuracy or completeness of the information contained herein. Any person who believes information provided is not accurate may contact the Department of Corrections.

For questions and comments, you may contact the Department of Corrections, Bureau of Admission and Release, at (850) 488-9167 or go to [Frequently Asked Questions About Inmates](#) for more information. This information is made available to the public and law enforcement in the interest of public safety.

Search Criteria: Last Name: singleton First Name: nathaniel Search Aliases: YES Offense Category: Release Facility: ALL Stated County of Residence Upon Release: ALL County of Commitment: ALL

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As Florida's largest state agency, and the third largest prison system in the country, FDC employs 24,000 members, incarcerates approximately 80,000 inmates and supervises nearly 146,000 offenders in the community.

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 Tallahassee, FL 32399-2500
 Main: (850) 488-5021
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IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR VOLUSIA COUNTY, FLORIDA

STATE OF FLORIDA

CASE NUMBER PLED TO: 95-30491 CF

vs.

Nathaniel Singleton
Defendant

OTHER CASE NUMBERS PENDING:

WRITTEN PLEA(S)

1. I, Nathaniel Singleton, defendant herein, withdraw my Plea(s) of Not Guilty, and enter Plea(s) of:
() Guilty (X) Nolo Contendere to Murder - 2^o as to Count I
() Guilty () Nolo Contendere to _____ as to Count _____
() Guilty () Nolo Contendere to _____ as to Count _____
() Guilty () Nolo Contendere to _____ as to Count _____

2. I understand that, if the Court accepts my plea(s), I give up the following rights:
- The right to a trial by jury or, if charged with violation of probation or community control, the right to a non-jury hearing before a Judge.
 - The right to confront and cross-examine the witnesses called against me.
 - The right to compel the attendance of witnesses and the production of evidence in my behalf and to present any defenses I may have to the charges.
 - The right not to be compelled to incriminate myself.
 - The right to require the State to prove my guilt by admissible evidence beyond any reasonable doubt (or by a preponderance of the evidence if charged with violation of probation or community control).
 - The right to appeal the facts of my case(s) or any other matters except the legality of my sentence or the Court's authority to hear this case including any grounds to appeal any ruling, order, decision this Judge has made in this case up to this date, unless I have entered a plea of No Contest and specifically reserved the right to appeal. I am not giving up my right to review by appropriate collateral attack.

3. I understand that a Plea of Not Guilty denies that I committed the crime(s); a Plea of Guilty admits my guilt and admits that I committed the crime; a Plea of Nolo Contendere, or "No Contest", says that I do not contest the evidence against me.

4. I have read the Information or Indictment in this case and I understand the charge or charges which have been placed against me and to which I am pleading. My lawyer has explained the following to me:

- The essential elements of the crime(s) to which I am pleading.
- Any possible defenses I may have to the crime(s) to which I am pleading.
- That should the Judge impose a guidelines sentence, I could receive up to a maximum sentence of 22 years imprisonment and a maximum fine of \$ 10,000.00 or both.
- That should the Judge impose a departure sentence, I could receive up to a maximum sentence of N/A years imprisonment and a fine of \$ N/A or both.

That a hearing may hereafter be set and conducted in this case to determine if I qualify to be classified as a Habitual Felony Offender or a Violent Habitual Felony Offender, and:

- (1) That should I be determined by the Judge to be a Violent Habitual Felony Offender, and should the Judge sentence me as such, I could receive up to a maximum sentence of N/A years imprisonment and a mandatory minimum of N/A years imprisonment and that as to any habitual offender sentence I would not be entitled to receive any basic gain time.
- (2) That should I be determined by the Judge to be a Non-Violent Habitual Felony Offender, and should the Judge sentence me as such, I could receive up to a maximum sentence of N/A years imprisonment and a mandatory minimum of

Filed in Open Court
Seventh Judicial Circuit
Volusia County, Florida

JAN 2 1996

N.S.

Defendant's Initials

White: Original - Clerk

Yellow: Defense

Pink: State JS-0075-0893

N/A years imprisonment and that as to any habitual offender sentence I would not be entitled to receive any basic gain time.

- f. That whether a guidelines sentence or departure sentence or habitual offender sentence, I will receive a mandatory minimum sentence of N/A years imprisonment.
- g. I UNDERSTAND THAT THE DEPARTMENT OF CORRECTIONS IS SOLELY RESPONSIBLE FOR AWARDED GAIN TIME OR ANY TYPE OF EARLY RELEASE. I UNDERSTAND THAT ANY INFORMATION I HAVE RECEIVED CONCERNING GAIN TIME OR EARLY RELEASE IS STRICTLY AN ESTIMATE AND THAT IT IS NOT A PART OF ANY PLEA DISCUSSION OR AGREEMENT.

5. IF I AM NOT A CITIZEN OF THIS COUNTRY, MY PLEA(S) TO THE CRIME(S) MAY ADVERSELY AFFECT MY STATUS IN THIS COUNTRY AND MAY BE SUBJECT TO DEPORTATION AS A RESULT OF MY PLEA(S). I UNDERSTAND THAT, IF I AM NOT A CITIZEN OF THE UNITED STATES, THIS PLEA OR ADMISSION COULD CAUSE ME TO BE DEPORTED FROM THE UNITED STATES.

6. I understand that, if I am on parole, this plea may result in the revocation of my parole and my return to prison to complete the sentence from which I was paroled. I further understand that if I am on probation, my probation can be revoked and I can receive a separate legal sentence on the probation charge in addition to a sentence imposed on this case.

7. I represent that I have told this Judge my true name. Any other name that I have used I have made known to the prosecutor. I understand that in the event my true name is different than that represented to the Judge or in the event my criminal record is different than that which is so represented in open court or should I be arrested prior to sentencing herein for a criminal offense, or violation of probation or community control, although my plea(s) will stand, any recommendation that the prosecutor has made herein that a particular sentence or disposition be imposed or any agreement that the prosecutor has made to not seek a determination of habitual offender status and/or a habitual offender sentence herein, is no longer binding on the State, and any promise or agreement by the Judge (if any) made and acknowledged in this agreement in open court as to what I will receive as a sentence or disposition herein is no longer binding on the Judge.

8. The prosecutor, based upon my identity and my criminal record disclosed on the record by me or in my presence, has recommended: 18 years prison followed by 10 years probation
adjudication of guilt

9. I fully understand that the Judge is not bound to follow any recommendations or agreements of the prosecutor as to sentence or disposition and that the Judge has made no promise or agreement as to what I will receive as a sentence or disposition herein other than that made by the Judge and acknowledged in this agreement to have been so made, or otherwise been made by the Judge in my presence in Open Court at the time of my plea(s) being entered. I acknowledge that should the Judge promise or agree as acknowledged herein or made in Open Court at the time of my plea(s) being entered, to a particular sentence or disposition herein, and later announce prior to sentencing that the promised or agreed sentence or disposition will for any reason not be imposed, that I will be permitted to withdraw my plea(s) herein and enter a plea(s) of not guilty and exercise my right to a trial or hearing described in (2) above.

10. That I waive any requirement that the State establish on the record a factual basis for the charge(s) being pled to. I have read the facts alleged in the sworn Information (or Indictment) and in the sworn arrest reports, and/or complaint affidavits in the Court file, (and/or in the sworn affidavits alleging violation of probation or community control, and alleged in any probation or community control violation reports in the Court file if charged with such violations) and I agree that the Judge can consider those facts as the evidence against me and as describing the facts that are the basis for the charge(s) being pled to and the facts to which I am entering my plea(s). I do not require the State to tell the Judge the facts upon which the charge is based before the Judge accepts my plea and I agree that the Judge may rely upon any probable cause statement or violation of probation affidavit in the court file for a factual basis to justify the acceptance of my plea or admission.

11. I agree and stipulate to pay costs of \$50.00 pursuant to F.S. 960.20; \$3.00 pursuant to 943.25(3); of \$2.00 pursuant to 943.25(13); and \$ 255.00 (as a court cost) pursuant to 27.3455(1). I understand these costs may be imposed as a condition of probation or as a lien under authority of one or more

N.S.
Defendant's Initials

of the following statutes: F.S.27.3455, F.S.960.20, F.S.775.0835, F.S.775.0836 or F.S.943.25. Further, I agree to pay:

- ☐ F.S. 893 Criminal Lab Costs of \$ NA
- ☐ A Public Defender fee of \$ to be determined
- ☒ State Attorney costs of \$ 0
- ☒ Law enforcement agency costs of \$ 0 limited to funeral expenses
- ☐ Restitution to be determined with court in the amount of \$ to be determined

I understand that the above amounts are to be paid by me either as a condition of probation or community control, subject to violation if I fail to fully pay, or if I am not placed on a form of supervision, then after my release from custody I am subject to contempt of court if I fail to pay or been late. I further state that I have received sufficient notice and hearing as to the above amounts and agree that I have the ability to pay them. I understand that costs in the amount of \$ _____ will be imposed against me as a condition of probation. Further, I do hereby agree and stipulate to * at present time do not have ability to pay *

12. If I am unable to agree to an amount of restitution at this time, I agree to the establishment of a preliminary amount of restitution without advance notice to me. I further understand that I will have 30 days from the date written notification of the preliminary amount of restitution is mailed to me or otherwise delivered to me to deliver to the Court a written request for a hearing contesting the preliminary amount of restitution. I understand that I have the absolute right to a hearing before the Court to determine the amount of restitution and that I will be waiving or giving up that right if I do not deliver my written request for a contested hearing to the Court within this 30 day time period. My mailing address is as follows: IN Custody -

I acknowledge that it is my responsibility to provide the Court with written notice of any change of address. FAILURE TO DELIVER A WRITTEN REQUEST FOR A RESTITUTION HEARING WITHIN THE 30 DAY TIME PERIOD SPECIFIED HEREIN WILL RESULT IN THE PRELIMINARY AMOUNT OF RESTITUTION BEING ESTABLISHED AS THE FINAL AMOUNT OF RESTITUTION.

13. No one has pressured or forced me to enter the Plea(s), no one has promised me anything to get me to enter the Plea(s) that is not represented in this Written Plea. I am entering the Plea(s) voluntarily of my own free will because I acknowledge my guilt or acknowledge that the plea is in my best interest.

14. If I am permitted to remain at liberty pending sentencing, I must notify my lawyer, my bondsman/ROR or pre-trial release officer and the Court of any change in my address from that address at which I received the previous notices to appear or telephone number, and if the Judge orders a Pre-Sentence Investigation (PSI) and I willfully fail to appear for an appointment with the probation officer, THE JUDGE CAN REVOKE MY RELEASE AND PLACE ME IN JAIL UNTIL MY SENTENCING.

15. My education consists of the following: 12th grade
I am not under the influence of alcohol, drugs or medicine at the present time and I am not presently suffering from any mental, emotional or physical problems which adversely affect my understanding of this plea or admission.

16. If my lawyer was appointed by the judge to represent me, I understand that the Court will assess attorney's fees and/or costs against me pursuant to F.S.27.56. A preliminary figure for fees and/or costs will be mailed to me at the address shown in paragraph 12, unless that address has been changed as set forth in paragraph 12. I understand that I will have 30 days from the date the preliminary figure is mailed or otherwise delivered to me to deliver to the Court a written request for a hearing contesting the preliminary figure. I understand that I have the absolute right to a hearing before the Court to determine the amount of attorney's fees and/or costs and that I will be waiving or giving up that right if I do not deliver my written request for a contested hearing to the Court within this 30 day time period. FAILURE TO DELIVER A WRITTEN REQUEST FOR A CONTESTED HEARING ON ATTORNEY'S FEES AND/OR COSTS WITHIN THE 30 DAY TIME PERIOD WILL RESULT IN THE PRELIMINARY FIGURE FOR ATTORNEY'S FEES AND/OR COSTS BEING ESTABLISHED AS THE FINAL AMOUNT OF ATTORNEY'S FEES AND/OR COSTS.

17. I have read every word in this written plea form or had every word in it read to me by my lawyer, or by a translator and have discussed it with my lawyer. I understand this form completely. I am completely satisfied with the services of my lawyer and I feel that I have had enough time to discuss my case(s) and this plea with my lawyer.

18. I understand that I have 30 days from the date of my sentencing to appeal the Court's Judgement and

N.S.
Defendant's Initials

Sentence or other final disposition. If I cannot afford a lawyer to help me with any appeal, one will be appointed for me.

SWORN TO, SIGNED AND FILED by the defendant in Open Court in the presence of defense counsel and Judge and under penalty of perjury this 2 day of January, 1996.

By: [Signature]
Defendant's Signature

DIANE M. MATOUSEK
Clerk of the Court

By: [Signature]
Deputy Clerk in Attendance

Defendant's Initials: N.S.

CERTIFICATE OF DEFENSE COUNSEL

I hereby certify that I am counsel for the above-named defendant and that I have discussed this case with my client and explained the rights, defenses, elements and evidence relating to this case to my client. I believe the defendant understands this plea form, his rights and the consequences of his plea and that he is entering this plea freely, voluntarily and knowingly. No promises have been made to the defendant other than as set forth in this plea or on the record. I have explained fully this written plea to the defendant and I believe he/she fully understands this written plea, the consequences of entering it, and that defendant does so of his/her own free will. Further, from my interpretation of the facts and my study of the law there are facts to support each element of the charges to which the foregoing pleas are being entered. I further stipulate and agree that the Judge can consider the facts alleged in the sworn Information (or Indictment) and in the sworn arrest reports, complaint affidavits in the file, or in the sworn affidavits alleging violation of probation or community control, or alleged in any probation or community control violation reports in the court file as the evidence against the defendant and as describing the facts that are the basis for the charge(s) being pled to and the facts to which the defendant is entering the plea(s).

[Signature]
Counsel for Defendant

CERTIFICATE OF PROSECUTOR

I confirm that the recommendations set forth in this plea agreement have been made.

[Signature]
Assistant State Attorney

ORDER ACCEPTING PLEA

The foregoing was received and accepted in open Court. The defendant has signed the foregoing in my presence or has acknowledged his above signature hereto in my presence. Such plea(s) is found to be freely and voluntarily, knowingly and intelligently made with knowledge of its meaning and possible consequences, and the same is hereby accepted.

[Signature]
Circuit Judge

Probation Violator

Community Control Violator

Retrial

Resentence

Circuit Court, 7th Judicial Circuit

... and for Volusia County, Florida

Division CRIMINAL (42)

Case Number 95-30491CFAES

State of Florida

Nathaniel Singleton

Defendant

JUDGMENT

The defendant, Nathaniel Singleton, being personally before this court represented by DAVID DAMORE

, the attorney of record, and the state represented by Ken Zolezzi, and having

been tried and found guilty by jury/by court of the following crime(s)

entered a plea of guilty to the following crime(s)

☒ entered a plea of nolo contendere to the following crime(s)

Count	Crime	Offense Statue Number(s)	Degree of Crime	Case Number	OBTS Number
I	Second Degree Murder	784.04(2)	F-1	95-30491CFAES	000483694

☒ and no cause being shown why the defendant should not be adjudicated guilty, IT IS ORDERED THAT the defendant is hereby **ADJUDICATED GUILTY** of the above crime(s)

and pursuant to section 943.325, Florida Statutes, having been convicted of attempts or offenses relating to sexual battery (ch. 794) or lewd and lascivious conduct (ch. 800) the defendant shall be required to submit blood specimens.

and good cause being shown; IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.

State of Florida

v.

Nathaniel Singleton

Defendant

Case Number 95-30491CFAES

FINGERPRINTS OF DEFENDANT

Fingerprints taken by: H.M. [Signature] 2378

Name

Deputy Sheriff

Title

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

DONE AND ORDERED in open court in Volusia County, Florida this 15th day of February, 1996.

[Signature]
GAYLE GRAZIANO
Circuit Judge

SENTENCE

(As to Count 1)

The defendant, being personally before this court, accompanied by the defendant's attorney of record, _____, and having been adjudicated guilty herein, and the court having given the defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why the defendant should not be sentenced as provided by law, and no cause being shown

(Check one if applicable.)

___ and the Court having on ___ deferred imposition of sentence until this date

___ and the Court having previously entered a judgment in this case on ___ now resentsences the defendant

___ and the Court having placed the defendant on probation/community control and having subsequently revoked the defendant's probation/community control.

It is The Sentence Of The Court that:

___ The defendant pay a fine of \$ ___, pursuant to section 775.083, Florida Statutes, plus \$ ___ as the 5% surcharge required by section 960.25, Florida Statutes.

X The defendant is hereby committed to the custody of the Department of Corrections.

___ The defendant is hereby committed to the custody of the Sheriff of Volusia County, Florida.

___ The defendant is sentenced as a youthful offender in accordance with section 958.04, Florida statutes.

To Be Imprisoned (Check One; unmarked sections are inapplicable.):

___ For a term of natural life.

X For a term of 18 years .

___ Said SENTENCE SUSPENDED for a period of ___ subject to conditions set forth in this order.

If "split" sentence, complete the appropriate paragraph.

X Followed by a period of 12 years on probation under the supervision of the Department of Corrections according to the terms and conditions of supervision set forth in a separate order entered herein.

___ However, after serving a period of ___ imprisonment in ___, the balance of the sentence shall be suspended and the defendant shall be placed on probation/community control for a period of ___ under supervision of the Department of Corrections according to the terms and conditions of probation/community control set forth in a separate order entered herein.

In the event the defendant is ordered to serve additional split sentences, all incarceration portions shall be satisfied before the defendant begins service of the supervision terms.

SPECIAL PROVISIONS(As to Count I)

By appropriate notation, the following provisions apply to the sentence imposed:

Mandatory/Minimum Provisions:

Firearm	___	It is further ordered that the 3-year minimum imprisonment provisions of section 775.087(2), Florida Statutes, is hereby imposed for the sentence specified in this count.
Drug Trafficking	___	It is further ordered that the ___ mandatory minimum imprisonment provisions of section 893.135(1), Florida Statutes, is hereby imposed for the sentence specified in this count.
Controlled Substance Within 1,000 Feet of School	___	It is further ordered that the 3-year minimum imprisonment provisions of section 893.13(1)(c)1, Florida Statutes, is hereby imposed for the sentence specified in this count.
Habitual Felony Offender	___	The defendant is adjudicated a habitual felony offender and has been sentenced to an extended term in accordance with the provisions of section 775.084(4)(a), Florida Statutes. The requisite findings by the court are set forth in a separate order or stated on the record in open court.
Habitual Violent Felony Offender	___	The defendant is adjudicated a habitual violent felony offender and has been sentenced to an extended term in accordance with the provisions of section 775.084(4)(b), Florida Statutes. A minimum term of ___ year(s) must be served prior to release. The requisite findings of the court are set forth in a separate order or stated on the record in open court.
Law Enforcement Protection Act	___	It is further ordered that the defendant shall serve a minimum of ___ years before release in accordance with section 775.0823, Florida Statutes.
Capital Offense	___	It is further ordered that the defendant shall serve no less than 25 years in accordance with the provisions of section 775.082(1), Florida Statutes.
Short-Barreled Rifle Shotgun, Machine Gun	___	It is further ordered that the 5-year minimum provisions of section 790.221(2), Florida Statutes, are hereby imposed for the sentence specified in this count.
Continuing Criminal Enterprise	___	It is further ordered that the 25-year minimum sentence provisions of section 893.20, Florida Statutes, are hereby imposed for the sentence specified in the count.

Other Provisions:

Retention of Jurisdiction	___	The court retains jurisdiction over the defendant pursuant to section 947.16(3), Florida Statutes (1983).
Jail Credit	<u>X</u>	It is further ordered that the defendant shall be allowed a total of <u>384</u> days as credit for time incarcerated before imposition of this sentence.
Prison Credit	___	It is further ordered that the defendant be allowed credit for all time previously served on this count in the Department of Corrections prior to resentencing.

Other Provisions, continued:

Consecutive/Concurrent
As to Other Counts

___ It is further ordered that the sentence imposed for this count shall run
(check one) ___ consecutive to ___ concurrent
with the sentence set forth in count ___ of this case.

Consecutive/Concurrent
As to Other Convictions

X It is further ordered that the composite term of all
sentences imposed for the counts specified in this order shall run

(Check one) X consecutive to ___ concurrent
with the following:
(check one)

X any active sentence being served.

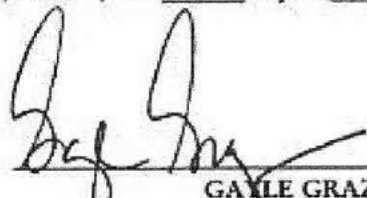
___ specific sentences:

In the event the above sentence is to the Department of Corrections, the Sheriff of Volusia County, Florida, is hereby ordered and directed to deliver the defendant to the Department of Corrections at the facility designated by the department together with a copy of this judgment and sentence and any other documents specified by Florida Statute.

The defendant in open court was advised of the right to appeal from this sentence by filing notice of appeal within 30 days from this date with the clerk of this court and the defendant's right to the assistance of counsel in taking the appeal at the expense of the State on showing of indigency.

In imposing the above sentence, the court further recommends:

DONE AND ORDERED in open court at Volusia County, Florida, this 15th day of February, 1996.



GAYLE GRAZIANO
Circuit Judge

239007

03/12/1996 12:30
Instrument # 96042389
Book: 4085
Page: 3996

STATE OF FLORIDA, -vs - NATHANIEL SINGLETON, Defendant
in the CIRCUIT Court of VOLUSIA County, Florida

Case No. 95-30491 CFAES

ORDER OF PROBATION

This cause coming on this day to be heard before me, and you, the defendant,
NATHANIEL SINGLETON, being now present before me, and you having

(check one)

- ☐ entered a plea of guilty to
- ☒ entered a plea of nolo contendere to
- ☐ been found guilty by jury verdict of
- ☐ been found guilty by the court trying the case without a jury of

the offense(s) of SECOND DEGREE MURDER (A LESSER INCLUDED OFFENSE), A FIRST DEGREE FELONY

SECTION 1: Judgement of Guilt

☒ The Court hereby adjudges you to be guilty of the above offense(s).

Now, therefore, it is ordered and adjudged that you be placed on probation for a period of TWELVE (12) YEARS under the supervision of the Department of Corrections, subject to Florida law.

SECTION 2: Order Withholding Adjudication

☐ Now, therefore, it is ordered and adjudged that the adjudication of guilt is hereby withheld and that you be placed on probation for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.

SECTION 3: Probation During Portion of Sentence

It is hereby ordered and adjudged that you be

☐ committed to the Department of Corrections

☐ confined in the County Jail

for a term of _____ with credit for _____ jail time. After you have served _____ of the term, you shall be placed on probation for a period of _____ under the supervision of the Department of Corrections, subject to Florida law.

☐ confined in the County Jail

for a term of _____ with credit for _____ jail time, as a special condition of probation.

FILED IN THE OFFICE OF THE
CLERK OF THE CIRCUIT COURT
VOLUSIA COUNTY FLORIDA

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- (13) After service of 1/2 of the period of Probation, and completion of all Special Conditions of Probation you may be placed by the Department of Corrections on Administrative Probation Status. All Conditions of Probation except for Condition #5 are to be no longer applicable. You shall be required to pay a \$50.00 non-recurring processing fee plus a 4% surcharge to the Department of Corrections.
- (14) You shall pay to the Department of Corrections a \$2.00 per month surcharge for each month you are under supervision pursuant to Section 948.09(1)(2), F.S.
- (15) You shall pay one dollar (\$1.00) per month for each month under supervision to be dispersed to First Step, Inc., a non-profit organization.

* * SPECIAL CONDITIONS * *

NOTE: THE FOLLOWING FINANCIAL OBLIGATIONS SHALL BE PAID TO THE DEPARTMENT OF CORRECTIONS AND SHALL HAVE A 4% PROCESSING CHARGE ASSESSED AS REQUIRED BY F.S. 945.31, UNLESS OTHERWISE DIRECTED.

- (16) You shall pay restitution in the amount of \$3,782.00, to be dispersed to SIDNEY SIMS.
- (17) You shall pay court costs in the amount of \$205.00.
- (18) You shall pay a \$50.00 fee to the Crime Compensation Trust Fund in accordance with F.S. 960.20.
- (19) You shall pay the public defender fee in the amount of \$2,500.00.
- (20) Community Service - you shall perform 1000 hours of community service as directed and approved by your officer.
- (21) You may not associate or have contact in any way with the victim's family.
- (22) This period of Probation is to run CONSECUTIVE to the period of Incarceration imposed in Docket # 95-30491 CFAES (Eighteen (18) years Department of Corrections with 384 days time served).

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. If you violate any of the conditions of your probation, you may be arrested, and the court may revoke your probation, adjudicate you guilty if adjudication of guilt was withheld, and impose any sentence which it might have imposed before placing you on probation or require you to serve the balance of said sentence.

It is further ordered that when you have been instructed as to the conditions of 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 discharged from liability. (This paragraph applies only if section 1 or section 2 is checked.)

It is further ordered that the clerk of this court file this order in the clerk's office and provide certified copies of same to the officer for use in compliance with the requirements of law.

DONE AND ORDERED IN OPEN COURT, this the

day of

March, 1976

(nunc pro tunc 02/15/96)

Gayle S. Graziano, Judge

CLERK OF THE COURT IS DIRECTED TO DELIVER A CERTIFIED COPY OF THIS ORDER TO:
Booking Desk, Volusia County Jail Becky Heuerman, VCSO

I acknowledge receipt of a certified copy of this order and that the conditions have been explained to me.

Date: _____

Probationer

Instructed by: _____

Original: Court
Copies: Probationer, File
" revised 7/92 / bcf

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT
IN AND FOR VOLUSIA COUNTY, FLORIDA

STATE OF FLORIDA

CASE NO: 1995-030491-CFAA

VS.

Nathaniel Singleton
DEFENDANT

ADMISSION OF VIOLATION OF PROBATION/COMMUNITY CONTROL

1. I, Nathaniel Singleton, the Defendant herein, withdraw my previously entered Denial (Not Guilty Plea) and enter this Admission to the charge of Violation of Probation/Community Control in the above-styled case.
2. I understand that by signing this document I admit that I violated my Probation/Community Control, and that I can be sentenced based upon this Admission. However, I do have the right to be heard regarding what sentence is appropriate.
3. I understand that if the court accepts this Admission (Guilty Plea), I give up the right to an evidentiary hearing, the right to require the State to prove this violation, the right to have the judge decide whether I violated my probation/community control, the right to see and hear witnesses against me and to have my lawyer (or myself, pro se) question them, the right to subpoena and present witnesses or other evidence or any defenses I may have. I further understand that I give up the right to appeal any issue concerning the facts or law of the case or any issue concerning my violation. I understand what an appeal is and that I have the right to the assistance of a lawyer in taking an appeal, at the expense of the state if I am indigent. I understand that I do not have the right to appeal a lawful sentence.
4. I understand the charges (factual allegations of violation) which have been placed against me and which I am admitting, the maximum penalty I could receive, which is life, and any defenses I may have, which I am giving up by entering this Admission. I am fully satisfied with my lawyer's advice and services.
5. No one has pressured me or forced me to enter this Admission. No promises have been made to me regarding "gain time" or any post-sentencing matter. No one has promised me anything to get me to enter this Admission.
6. I am entering this Admission because I believe it to be in my best interest and it is what I want to do of my own free will.
7. I agree that the judge may find a factual basis for accepting this Admission based on an Affidavit filed by the Department of Corrections or my Probation/Community Control Officer.
8. My education consists of 12 years. I am not under the influence of any alcohol, drug or medicine at the time I sign and swear to this Admission document. I am not suffering from any mental problem or condition which affects my ability to understand this document or to swear to the truth of the statements made in it.
9. I have read every word of this written Admission document and have had an adequate opportunity to discuss it and my case with my lawyer. This document was completely filled in when I signed it. I am fully satisfied with the services of my attorney and have had a full opportunity to discuss this case and my plea(s) with my attorney.

SIGNED in open court at Daytona Beach, Volusia County, Florida on 1/9/14

[Signature]
DEFENDANT

I hereby certify that, as counsel for the Defendant, I have discussed this case with my client and explained the rights, defenses and evidence relating to it with him/her. In my professional opinion, as an officer of the court, the defendant understands this Admission, his/her rights, and the consequences of this Admission. His/her Admission is being made freely, voluntarily and knowingly.

Filed in Open Court
Seventh Judicial Circuit
Volusia County, Florida

[Signature]
COUNSEL FOR DEFENDANT

Accepted by the court.

JAN 09 2014

[Signature]
CIRCUIT JUDGE

Revised 8/10/2000 cmz

Officer	Aurelus
Office Location	171
Judge/Division	Case

STATE OF FLORIDA

VS

Nathaniel Singleton

Defendant

In the Circuit Court

Volusia County, Florida

DC No. 165180

Docket/UC No 1995-030491CFAES

ORDER OF MODIFICATION OF SUPERVISION

THIS CAUSE was considered by direction of the Court to modify the terms of probation supervision which was ordered on December 15, 1996 by Judge Graziano for a period of twelve (12) years in accordance with Florida Law. Having given due consideration, supervision is modified in accordance with Section 948.03 Florida Statutes, in the following manner:

- Supervision is reinstated and modified
- The Defendant must obtain a substance abuse evaluation within thirty (30) days
- The Defendant must be drug tested two (2) times per month
- The Defendant is under curfew from 10:00pm - 6:00am
- The Defendant must pay \$269.28 for cost of extradition by the end of his probation supervision

It is further ORDERED that the clerk of court file this order in the official records and provide certified copies to the officer for use in compliance with the requirements of the law.

DONE AND ORDERED ON:

Nunc Pro Tunc: 1/09/14

FILED
14 JAN 13 PM 4 11
CLERK OF THE DISTRICT
& CIR COURT VOLUSIA
0013
Leah R. Case
Circuit Court Judge

A certified copy of this order was delivered to the Probationer on _____

Officer

- ☒ Probation Violator
☐ Community Control Violator
☐ Retrial
☐ Resentence

State of Florida

v.

NATHANIAL SINGLETON

In the Circuit Court, 7th Judicial Circuit
in and for Volusia County, Florida

Division CRIMINAL 43

Case Number 1995-30491CFAES

JUDGMENT

The defendant, NATHANIAL SINGLETON, being personally before this court represented by *M. NOVAS*, the attorney of record, and the state represented by MIKE WILLARD, and having

- ☐ been tried and found guilty by jury/by court of the following crime(s)
☒ entered a plea of guilty to the following crime(s)
☐ entered a plea of nolo contendere to the following crime(s)

Count	Crime	Offense Statute Number(s)	Degree of Crime	Case Number	OBTS Number
1	<i>SECOND DEGREE MURDER</i>	<i>782.04(2)</i>	<i>1st F</i>	1995-30491CFAES	6402130306

- ☒ and no cause being shown why the defendant should not be adjudicated guilty, **IT IS ORDERED THAT** the defendant is hereby **ADJUDICATED GUILTY** of the above crime(s)
☐ and good cause being shown; **IT IS ORDERED THAT ADJUDICATION OF GUILT BE WITHHELD.**
☐ and having been convicted or found guilty of, or having entered a plea of nolo contendere or guilty, regardless of adjudication, to an offense specified in section 943.325, Florida Statutes, the defendant shall be required to submit blood or other biological specimens.

COURT REPORTER
 COURT REPORTER
 Volusia County, Florida

JAN 09 2014

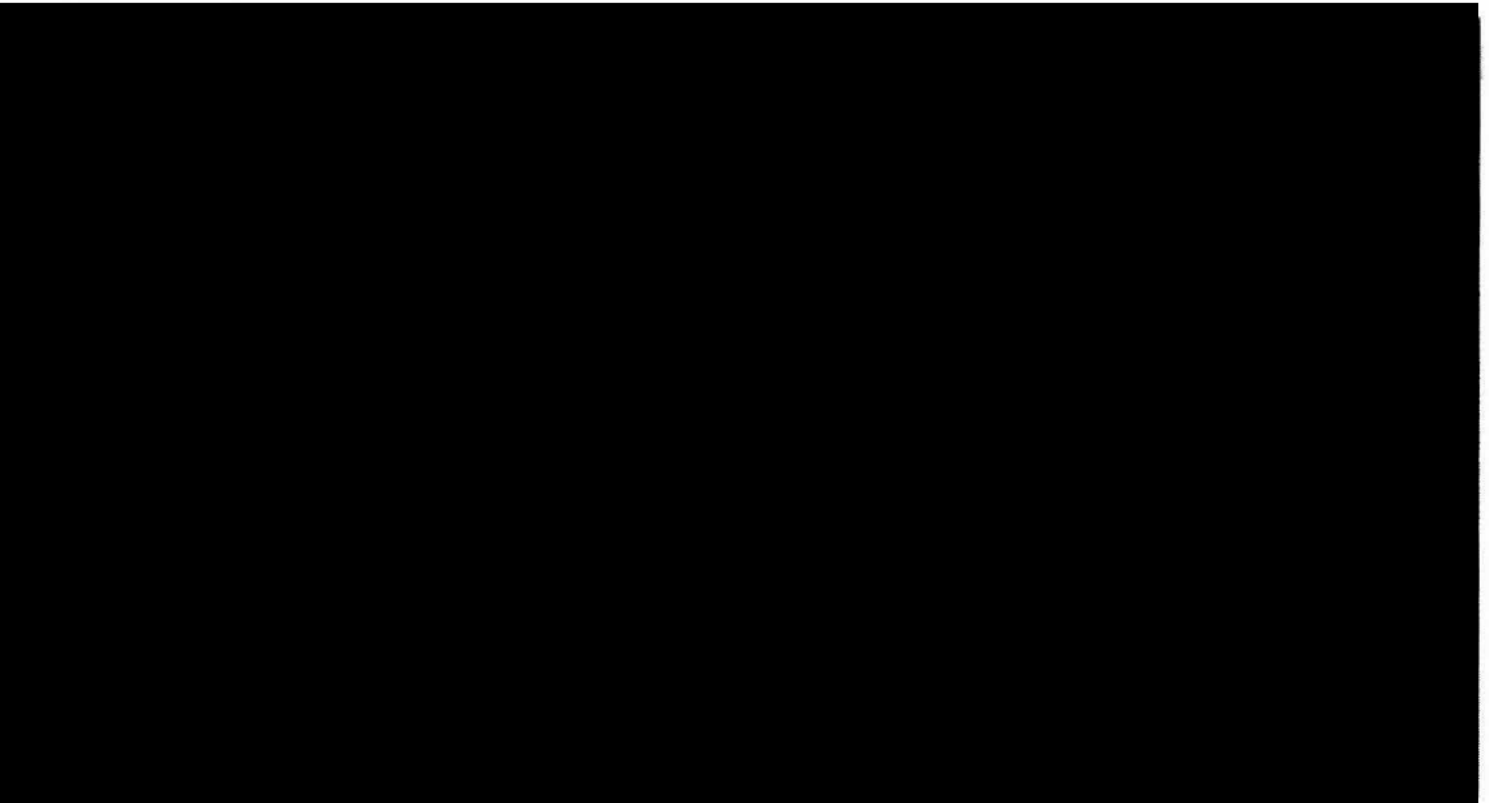
State of Florida

v.

Defendant **NATHANIAL SINGLETON**

Case Number **1995-30491CFAES**

FINGERPRINTS OF DEFENDANT



Fingerprints taken by: BK HAZEN 7441

Name

Deputy Sheriff

Title

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

Defendant's Social Security No./Reason for absence: _____

DONE AND ORDERED in open court in Volusia County, Florida this 9 day of JAN, 2014

LEAH R. CASE
Circuit Judge

Officer S. Williams
Office Location 178
Judge/Division Leah R. Case

STATE OF FLORIDA

In the Circuit Court

VS

Volusia County, Florida

Nathaniel Singleton
Defendant

DC No. 165180
Docket/UC No. 1995-030491 CFAES

ORDER OF MODIFICATION OF DRUG OFFENDER PROBATION

THIS CAUSE was considered on a request to modify the terms of Drug Offender Probation which was ordered on 2/15/96 by Circuit Judge Leah R. Case for a term of 12 years, in accordance with Florida Law. Having given due consideration, Drug Offender Probation is modified in accordance with Section 948.03 Florida Statutes, in the following manner:

Modified and Reinstated

Hearing: "Motion to terminate probation" (w/ASA-Ryan Will & Def-Mitchell Novak)

(Via phone: Defendant & probation officer- S. Williams)

Motion to terminate probation- denied-in open court

Waive all past & future cost of supervision


All other costs are converted to a civil judgement

FILED
17 JUL 12 PM 3:08
CLERK OF THE CIRCUIT
JUDICIAL CIRCUIT
VOLUSIA COUNTY
FLORIDA

It is further ORDERED that the clerk of court file this order in the official records and provide certified copies to the officer for use in compliance with the requirements of the law.

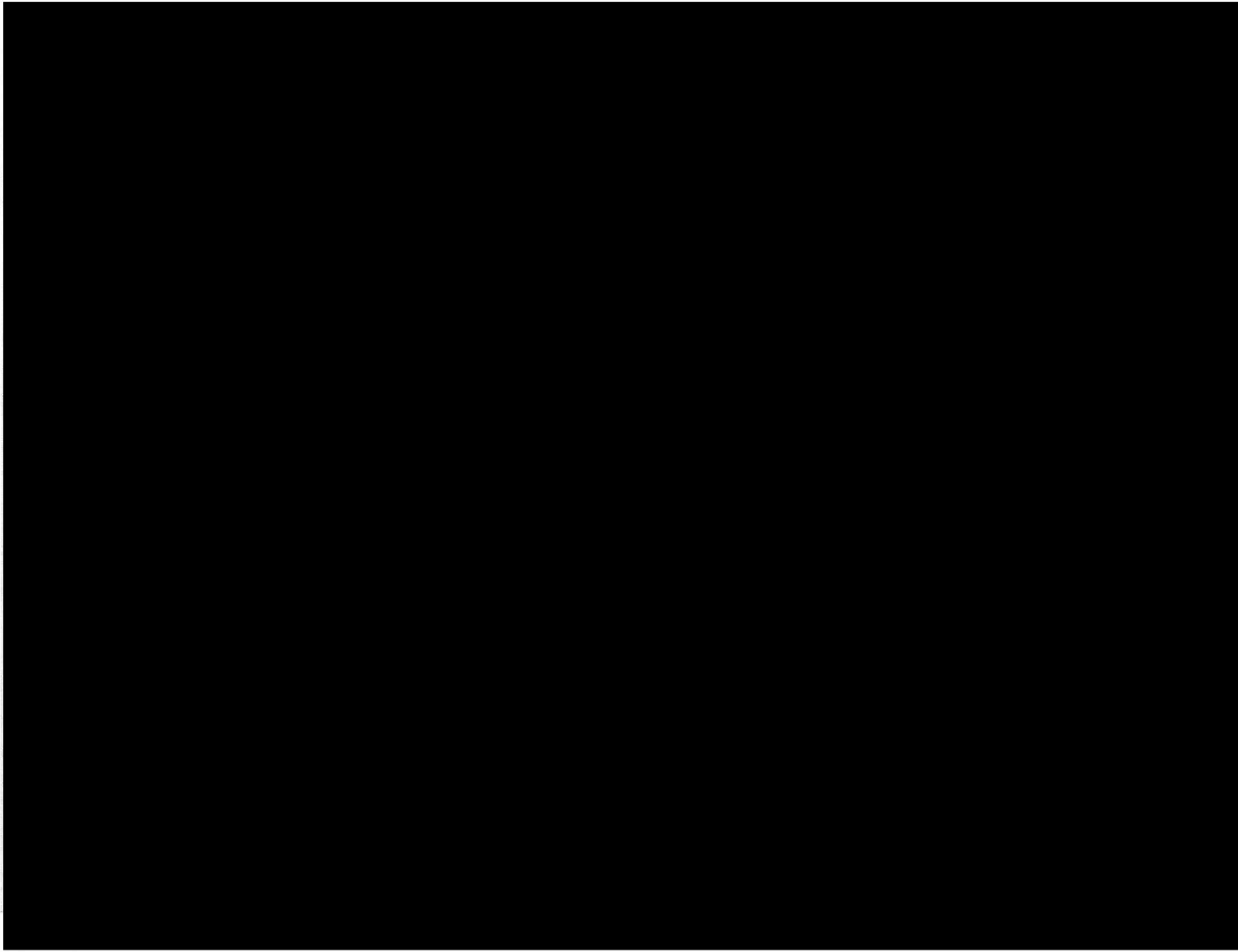
DONE AND ORDERED ON THIS _____ DAY OF _____, 20____.

(nunc pro tunc 06/29/2017)


Leah R. Case
Circuit Court Judge
7/12/17

A certified copy of this order was delivered to the Probationer on _____.

S. Williams Officer DB



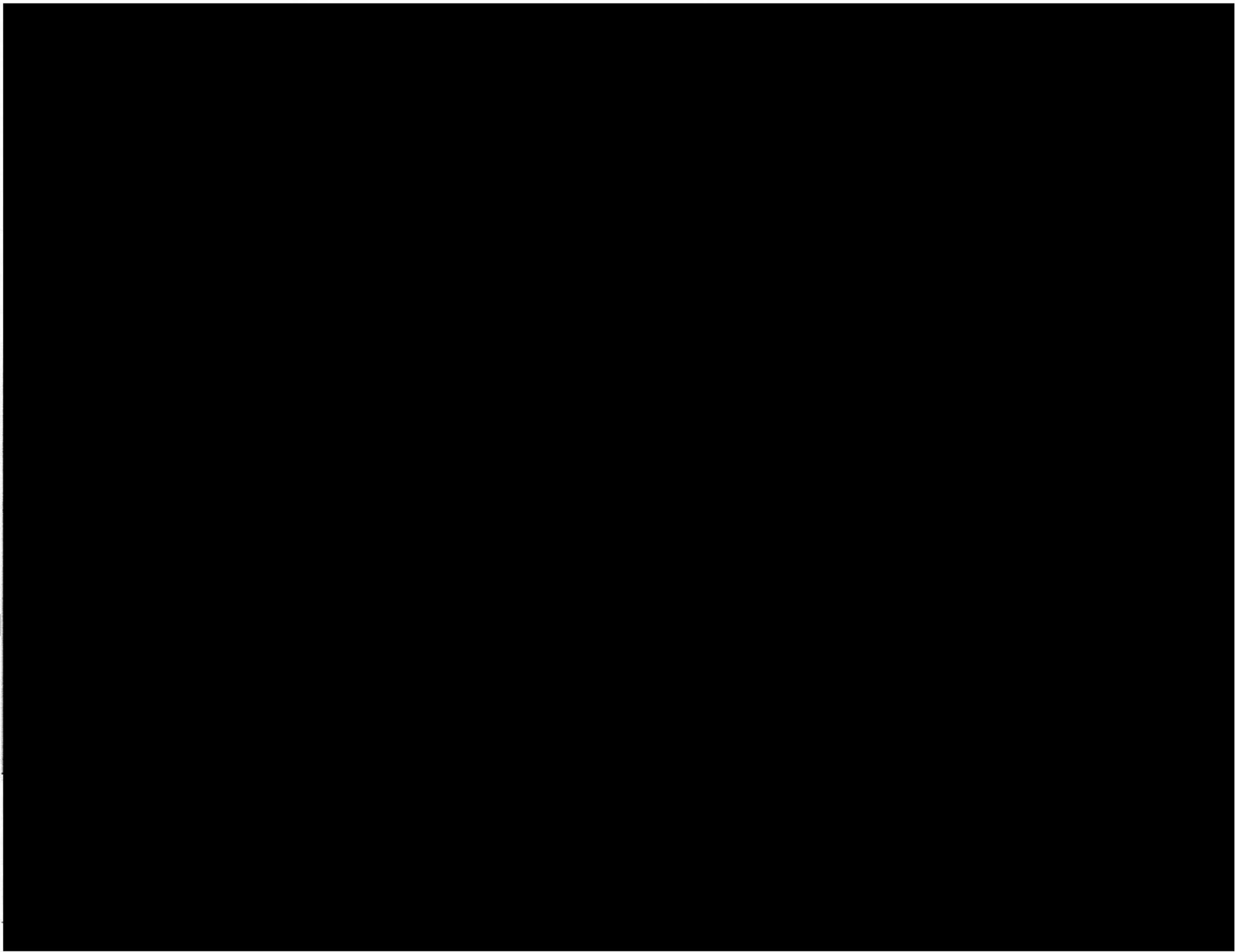


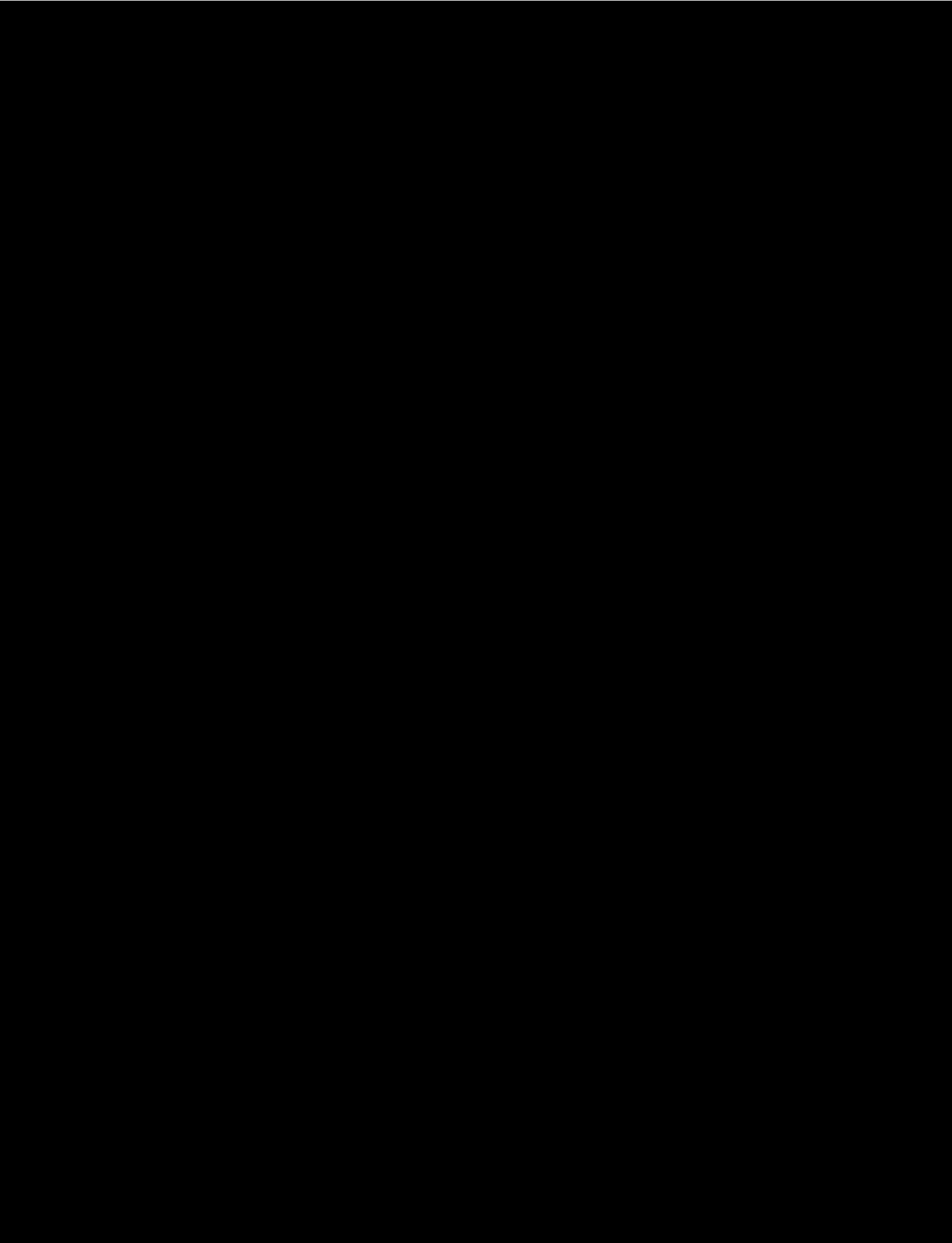


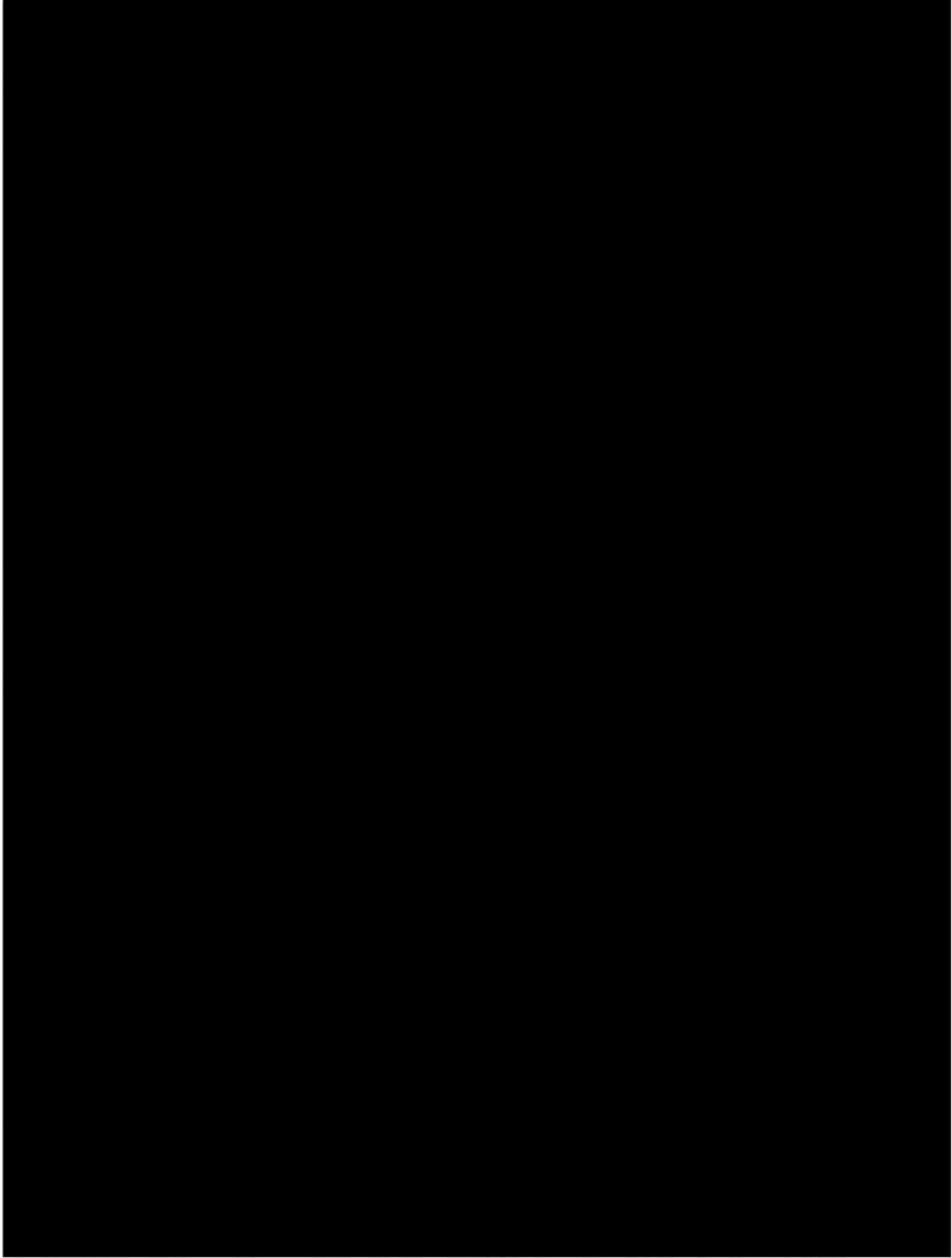


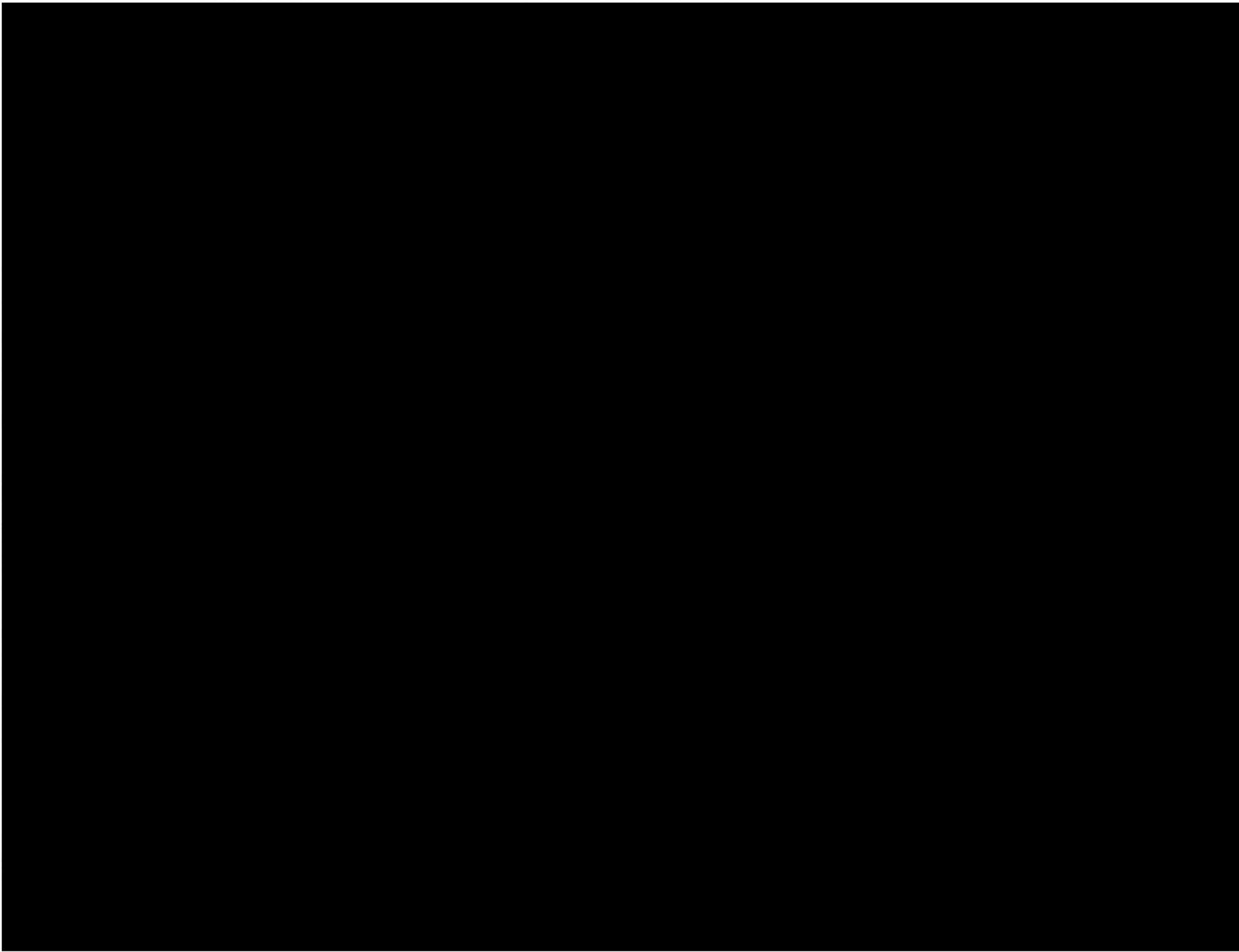












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aint Doc Images Activity Elections Audit Vote-by-Mail Comms Eligibility Maint

BRO Suggs JR, Eugene H 3650 NW 1St Ct, Lauderhill, 33311

Last Style First Middle Driver License Source Soc Sec Num Source
Suggs JR Eugene Henry [REDACTED] F,Form [REDACTED] F,Form

Nbr Suf Dir Street Name Type Dir Unit Type Nbr City Name County Zip Code
3650 NW 1St Ct Lauderhill BROWARD 33311

Mail
[REDACTED]
[REDACTED]
City State Zip Code Country

Email Address
[REDACTED] ☐ Receive Sample Ballots by Email Language Preference None

Sex Race Party Pty Chg Req Dte Regn Date Reason(Status)
M 3,Black, not Hispanic DEM,Florida Democratic Par 05/26/2020 ☐ See Comms E(P) Civil Rights Felon

Date of Birth Birth Place Telephone Ext
10/09/1956 GEORGIA (954)549-9079

☐ Assistance? ☐ EW Interest?
☐ Addr Protect? ☐ Fed Elections Only
☐ ID Required to Vote ☐ Photo Id Seen

Photo ID Type
[REDACTED]

Prior Name/Address
Prior Address
Edit Address
Printing
Water Response

Districts
Precinct Cng Sen Hse CC SB
L018.0 20 33 94 9 5


SIGN/
MARK
HERE


BRO


Suggs JR, Eugene H


3650 NW 1St Ct, Lauderhill, 33311


Date	Cnty	Operator	Field	New Value	Old Value
3/2/2022 9:03 AM	BRO	scahuasqui	Status	REM	ACT
3/2/2022 9:03 AM	BRO	scahuasqui	StatusReason	E	1


Find

Save


Close


Prior


Next

Print

Correspondence

Console

Help

Exit

Maint

Doc Images

Activity

Elections

Audit

Vote-by-Mail

Comms

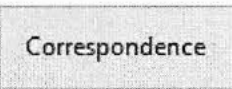
Eligibility Maint

BRO

Suggs JR, Eugene H

3650 NW 1St Ct, Lauderdale, 33311

Default Ballot Address	Precinct	Party	Vote-by-Mail Status	Comment
Default Address Not Avail for Non_county	L018.	Dem	<div></div>	<div></div>
Military <input type="checkbox"/>	Mil Dep <input type="checkbox"/>	Email	<div></div>	
			Date of Birth	10/09/1956



BRO [REDACTED] Suggs JR, Eugene H 3650 NW 1St Ct, Lauderhill, 33311

#	Date	VO	Operator	Type
1200286944	3/2/2022 12:00 AM	O	BROWARD/brofab5	REMOVALNTC
1189709801	1/20/2022 12:00 AM	O	BROWARD/brofab5	Felon Letter
1034585948	6/8/2020 12:00 AM	O	BROWARD/brofab5	Voter ID Card

Legend

Undeliverable Mail Sent	Image Attached
Undeliverable Mail Returned	



aint Doc Images Activity Elections Audit Vote-by-Mail Comms Eligibility Maint

BRO Suggs JR, Eugene H

3650 NW 1St Ct, Lauderhill, 33311

Numbered rows 1 through 7 and 12 must be completed for a new registration.

Florida Voter Registration Application Part 2 - Form (DS-DE #39, R18-2.049, F.A.C. (eff. 10/2013))		The downloadable/printable online form is available at: http://election.dos.state.fl.us/pdf/webappform.pdf	
This is: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) <input type="checkbox"/> Request to Replace Voter Information Card			
1	Are you a citizen of the United States of America?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICIAL USE ONLY
2	<input checked="" type="checkbox"/> I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.		
3	<input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.		
4	Date of Birth (MM-DD-YYYY)	10-09-1956	FVRS No:
5	Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number		If no FL DL or FL ID, then provide: Last 4 digits of Social Security Number <input type="checkbox"/> I have NONE of these numbers.
6	Last Name	First Name	Middle Name
7	Address Where You Live (legal residence, no P.O. Box)	City	County
8	Mailing Address (if different from above address)	City	State or Country
9	Address Where You Were Last Registered to Vote	City	State
10	Former Name (if name is changed)	Gender	State or Country of Birth
11	<input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:		
Party Affiliation (Check only one. If left blank, you will be registered without party affiliation.) <input checked="" type="checkbox"/> Florida Democratic Party <input type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor party (print party name):		Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input checked="" type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Multi-race <input type="checkbox"/> Other:	
		(Check only one if applicable) <input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S.	
12 Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		SIGN/ MARK HERE MAY 26 2020 Date	



Show Signature



Date Image Scanned
06/02/2020



aint Doc Images Activity Elections Audit Vote-by-Mail Comms Eligibility Maint

BRO Suggs JR, Eugene H

3650 NW 1St Ct, Lauderhill, 33311



Show Signature



Date Image Scanned
06/02/2020

SIGN/
MARK
HERE





public record except for the following which can only be used for voter registration purposes: your FL DL#, FL ID#, SSN where you registered to vote, and whether you declined to register or to update your voter registration record as a voter registration agency. Your citizenship can be viewed but not copied. (Section 67.0695, F.S. Stat)

any person who is not a citizen of the United States, regardless of party affiliation, can vote on any issue, nonpartisan race, and race where a candidate faces no opposition in the General Election. If you do not indicate your party affiliation, you will be registered with no party affiliation. For a list of political parties, visit the Division of Elections' website at dos.myfloridaclear.com/candidates.

Race/Ethnicity: It is optional to list your race or ethnicity.

Boxes: Please check boxes. (Check only one applicable)

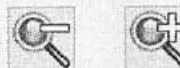
Numbered rows 1 through 7 and 12 must be completed for a new registration

This is: ☐ New Registration ☒ Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) ☐ Request to Replace Voter Information Card

1	Are you a citizen of the United States of America?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICIAL USE ONLY	
2	<input type="checkbox"/> I affirm that I am not a convicted felon, or if I am, my right to vote has been restored.				
3	<input type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.				
4	Date of Birth (MM-DD-YYYY) 10-10-1956				
5	Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number				
6	Last Name	First Name	Middle Name	Name Suffix (Jr., Sr., II, etc.)	
7	Address Where You Live (If you reside in a P.O. Box)		Apt/Lot/Unit	City	State
8	Mailing Address (if different from above address)		Apt/Lot/Unit	City	State
9	Address Where You Were Last Registered to Vote		Apt/Lot/Unit	City	State
10	Former Name (if name is changed)		Gender	State or Country of Birth	Telephone No. (optional)
11	<input checked="" type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:				
Party Affiliation		Race/Ethnicity (Check only one)		<input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S.	
<input type="checkbox"/> Florida Democratic Party <input type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor party (print party name):		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input checked="" type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other		<input type="checkbox"/> I will need assistance with voting. <input type="checkbox"/> I am interested in becoming a poll worker.	
12	I do hereby swear (or affirm) that I am protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this registration is true.				

SIGN
MARK
HERE

Date
3/26/2020



Show Signature



Date Image Scanned
04/23/2020



Show Signature

Date Image Scanned
04/23/2020