

Date of Birth 5-8-39 Case No. CR 2014 15689

PEOPLE v Lyle Burgess Defendant Date 5-23-18

CHARGE(S) PC 261.5(C) INFRACTION MISDEMEANOR FELONY

COURT ACTION

TCJDG Judgment of _____ years _____ months state prison imposed; execution of sentence suspended.

TCPSO Previous sentence vacated - Case resentenced

TCPC Imposition of sentence suspended. Conditions of Mandatory Supervision.

TCPG Formal probation granted: Placed under care and supervision of the Probation Officer for a period of _____ years; to follow all orders of the court and probation officer and report as directed.

TCPS A. As to count _____ B. As to all counts.
 Conditional probation granted for 5 years.

PRAM A. As to count 5 B. As to all counts.
 Collab Court Super Probation granted on _____ is (Formal/Informal)
 Parole Community Supervision Mandatory Supervision is:
 D. Reinstated and modified.* F. Revoked and reinstated.*
 G. Modified.* H. Terminated. Time is tolled
 I. Extended for _____ yrs.* From today's date
 K. Modified: Formal to Informal probation.* N. Informal to Formal Probation*
 All previously ordered terms and conditions of PRCS are imposed.
* Original terms in full force and effect except as modified herein.

CONDITIONS

TCRFV Obey all laws. TCDNT Do not commit same or similar offense.

TC CRT Obey all court orders.

TC ADC Notify court immediately of any change in residence address.

TC A TP Participate RT. Participate pur. Prop 36 in a treatment program approved by the Probation Officer until otherwise directed, terminated, or transferred to similar treatment agency by the Probation Officer.

TC REL Execute any releases as required by any probation officer.

TC EMP Seek and maintain employment and notify probation officer of any change.

TC RPF Notify probation officer immediately of any change in residence or mailing address.

TC DEC Submit a revised financial declaration 120 days prior to the expiration of probation.

TC PO Not change place of residence or leave
Q. San Joaquin County R. State of California without written permission of the probation officer

MICPF Cooperate with probation department as to fees pursuant to 1203.1b P.C.

PRCIJ Probation department to contact defendant at the jail.

TC RP Report to Probation Officer Parole Officer O. on _____ at _____
 P. Within _____ days of release. _____ business days of release.
 _____ hours of release. Q. Forthwith

TC SAF Stay away from _____

TC OR 8 Stay 100 yards away from _____, do not contact, not have anyone contact _____

TC OR 0 Int. residence, place of employment, and vehicle

TC NFV Do not annoy, harass, threaten, or strike

DVCP Comply with all conditions of CPO filed O. herein, P. on _____

TC NA Abstain from the use of L. alcohol I. drugs

TC NOM Not to use or in any way traffic in narcotics and not to associate with any person using or in any way trafficking in narcotics.

TC NF Do not own, have possession, custody or control of C. contraband, drugs or drug paraphernalia. B. firearms G. weapons
H. ammunition F. _____ M10Y For 10 years

TC WPN Weapon ordered confiscated and destroyed.

TC S2 Submit person, vehicle, place of residence or area over which he/she has control to search for and seizure of F. Alcohol, Computers, Tablets, Cell Phone, Per Intake Interview - Child Items
A. Narcotics, drugs and other contraband B. Stolen Property
D. Weapons G. Firearms H. Ammunition I. Unlimited
At any time of day or night, with or without search warrant, with or without probable cause as directed by probation officer or any peace officer.

TC RE Register as required pursuant to
 A. PC 290 sex offender E. PC 186.30 gang member
 B. HS 11590 narcotics offender C. PC 457.1 arson offender

FDSOS Supplemental orders for sexual assault/child abuse cases filed.

TC DNA Comply with DNA testing per 296PC

TC REI Submit internet identifiers as required

TC AID Comply with AIDS testing and education as required by law

TC TPH At jail, Sheriff to forward test results to Public Health

TC CPH Report to San Joaquin County Public Health Clinic within _____ days

TC RCU Of release from custody, if not tested at Jail.

TC FPO File proof of _____ by _____

TC NSG

OTHER I STAY AWAY FROM PARKS, SCHOOLS, OTHER AREAS WHERE CHILDREN FREQUENT UNLESS MONITORING SUPERVISED.
 PREVIOUSLY ORDERED IS DELETED

TC AP Report and enroll in the DMV approved alcohol program as follows:
F. F.O.P. (Educational Component) G. F.O.P. (3 months)
K. F.O.P. (9 months) I. D.D.P. (SB 38) 18 Month (Habitual Offender Program)
J. H.O.P.

TC RBZ Report to _____ within _____ days

TC REF Refrain/abstain from excessive consumption of alcohol.

TC LAI Not operate a motor vehicle unless licensed by the State of CA. and insured MIBAC: B.A. Level _____

TC NDD Not drink and drive with any measurable amount of alcohol or drugs in your blood.

TC SMA Submit to drug, narcotic, or alcohol test as directed by probation officer / peace officer / case manager

TC IIE Install the ignition interlock device on any vehicle owned or operated, and maintain it for _____ years or until driving privilege is re-instated.
 or alcohol monitoring directed by case manager.

FINE: Defendant to pay fine, assessment and/or fees as follows:

TC FIN* \$ _____ as to count _____ DPF \$ _____ Drug Program fee

TC FIN* \$ _____ as to count _____ LEF \$ _____ Law Enforcement

TC PRF \$ 300 Restitution fine. SUR Plus 30 Surcharge

TC VRF \$ 300 Additional restitution fine pur. PC1202.44 to be suspended unless probation is revoked. MIMAT \$ _____ MAT

TC DMF \$ _____ Domestic Violence Fund. LAB \$ _____ Criminal Lab fee

MICCF Conviction assmt. \$ 30 PUR GC 70373 (A)(1)

MIAD Security Fee 40 2. O.R. 3. Cite _____

MIAD1 Booking fee _____ MICIT payable to city of arrest

TC AFA \$ _____ fee for PD

TC FSP \$ _____ to be suspended with proof of _____ as to count _____ to the Clerk of the Court by _____

TC FT \$ _____ D. suspended S. credit for time served

TC FFS Fine/fees stayed on condition (as checked under terms of probation).

TC FS Fine and certain fees must be provided to: S. MSB
 Clerk of the Court U. Forthwith W. Probation. Y. BY _____

TCCRS Pay \$ _____ per month commencing _____ plus Adm. Fee.

TC ADB Manner of payments to be determined by the above. Plus Adm. Fee.
 Count _____ to be dismissed with \$25 POC fee and proof of _____
 Count _____ to be reduced to an infraction and fine reduced to \$ _____ to \$157 with proof of valid CDL by _____

TC POCINS Count _____ reduced to _____ with proof of insurance or dismiss with proof and \$25 POC fee by _____

JAIL: Defendant to serve jail as follows:

TC DIJ. 90 days as to count 5 OJD. _____ days, original sentence

TC DIJ. _____ days as to count _____ DIJ. _____ days jail

TC DIJ. _____ days as to count _____ DGN. _____ days given

TC DAT Serve additional 0 years 0 months _____ days for _____

TC GLO _____ days consec./conc. in lieu of _____

TC B. Case is C. Count _____ is 1. Concurrent with
 A. Count _____
 B. Case Number(s) _____
 C. All other sentences D. Fine G. Parole violation

TC B. Case is C. Count _____ is 2. Consecutive with
 A. Count _____
 B. Case Number(s) _____
 C. All other sentences D. Fine G. Parole violation

TCTJD TOTAL JAIL OF _____ days MILIF Stay lifted

TC DYS _____ days stayed on condition(s) as checked under terms of probation.

TC DCS _____ days suspended. TCTS CTS of 13 days: 0 hrs.

TCN HD NO HOME DETENTION WF. No Work Furlough WR. No AWP

TC OK No objection to Court recommends Work Furlough
 Home Detention AWP Contact AWP by 6/6/18

TCCNO Court not opposed to AWP in _____ county.

TC VJD Vacate date of 8-15-18 to report to County Jail.

TC DSA Report on 8-15-18 at 9:00 a.m.

TC RJS Report to jail on time, free of alcohol, drugs or contraband or _____ days jail automatically consecutive B. or _____ State Prison

TC JPA Defendant to be booked, processed and released at jail on _____ at _____

TCCMT Defendant committed CSICA Commitment issued.

COMMUNITY SERVICE

TCCI In lieu of A. Jail B. Fine of \$ _____

TCCS E. Complete _____ hrs. of Community Service
 by _____ completed through _____
or pay fine by _____ Probation to monitor

TC VEK File proof with the court by _____
 CMS to be reduced by _____ hours of proof shown

PROGRAM

TC RR Re-referred E. to _____ G. Per Prop 36

TC ARF Modify to _____ as soon as bed available, balance of sentence to be permanently stayed if program completed. MINRB Not to be released until a bed is available.

TC SJ P Attend and complete the _____ Program
N. No credit for time in the program if defendant fails to attend and/or complete.

TCCOA DUI Compliance Officer ordered to complete an assessment re: alcohol treatment.

TCCCJ Defendant to be contacted at the County Jail.

TC RB Report to _____ Z. within _____ days
 V. Forthwith W. on _____ at _____

RESTITUTION

TCR Ordered to make restitution as to count(s) 5 in the amount 1. and manner to be recommended by the of \$ _____ and in the manner recommended by A. Probation B. Human Services E. Family Support F. RRD

TCCRO Pay at the rate of \$ _____ per month commencing _____

MIFE Plus _____ processing fee. TCLPM Less payments already made.

MIDYS The above agency to contact the defendant within 60 days.

TC JNS Joint and several. TCDAR Per Harvey waiver.

TC RAM Restitution is subject to review by Court regarding amount & manner only. Defendant advised of right to a hearing. Restitution reserved
TCWIN Within 30 days of notification

CONTINUANCE

MISIG Conditions to be signed and returned by _____

SH Continued to _____ at _____ in Dept. _____ for _____

APDOP Defendant ordered present

MIINT _____ Interpreter required

TCOTH

CSFRG Defendant released from custody as to this action.

I, _____ have interpreted this form to the above named defendant.

DEFENDANT'S SIGNATURE X [Signature]

I have received a copy of this Order Granting Probation. I understand and agree to the terms of probation. [Signature] JUDGE

ADDRESS _____ Phone# () _____

City _____ State _____ Zip _____

