

Date: 3-23-15 Muni: CH

Felony Gross Misd. Misd.

File #: CR-14-4250

Defendant: Mir Saifraz Ali

Judge: DLS Reporter: DW Clerk: VM O.D.: 6-3-14 D.O.B.: _____

Guilty Plea: Accepted Not Accepted Verdict of Guilty Not Guilty Court / Jury Admits: Probation Diversion Violation

Guilty Count(s): _____

Dismiss Other Count(s): Housing-Work w/o Permit Corrected Disposition

Committed to Commissioner of Corrections: _____ Execute Forthwith
Stay of: Execution (Revoke / Reinstate) Imposition (Revoke / Reinstate) Adjudication (Revoke / Reinstate)
 Diversion (Revoke/Reinstate) Continue for dismissal _____ Days / Months / Years

Jail: _____ Days / Months / Years **Fine:** \$ _____ **Probation:** _____ Yrs Supervised Unsupervised To the Court
Stay / Stay All Except: _____ Days / Months / Years Reinstate Revoke FILED
Stay / Stay All Except: \$ _____ of the Fine All Original Terms & Cond's. With Cond's. Below Anoka County
Court Administrator
Anoka, MN
Serve: _____ Days / Months / Years **Credit For:** _____ Days

Report To Anoka County Jail: On: _____ Time: _____
 Huber If Eligible Workhouse Straight Time H.E.M. W/Alco-Sensor Furlough: _____
 Extended Hours Per Week: _____ Weekends Other: _____
 If _____ completed by _____ no need to report to serve jail sentence.

Fine: \$ _____ **Fine due by:** _____ **And / Or CWS:** As option for the fine _____ **Hrs Due By:** _____
 Fine Includes SCs **Restitution:** \$ _____ **Due By:** _____
Pay / Waive SC \$ _____ Open _____ days From Prison Wages
Pay / Waive LL \$ _____ Order Signed Order to be submitted by _____ Determined By Corr.
Pay / Waive CDA \$ _____ **Felony Diversion/DA Assessment:** _____ **Pay / Waive Within** _____ days
Pay / Waive CC \$ _____ Reimburse Corr.: \$ _____ Preadjudication Drug Test Psych Exam **By:** _____
Cost of PROS \$ _____ Reimburse / Waive Corrections PSI / Domestic Abuse Assessment fee within _____ days.
Total Fine \$ _____ **Bail:** For Fine For Restitution Refund Balance Refund Cash Bail Reinstated

Treatment: CD Eval. Psychological / Psychiatric / Mental Health Exam **W/I** 30 60 _____ days Follow Recs.
 Use Corr. as a Collateral CD Treatment **In Pt / Out Pt** Aftercare
 DWI Prog. MADD Panel Riverwood Steering Clear SAVE Cognitive Program
 Relapse PERT NA/AA Comm. / Moni. w/Proof to Corr. Sex Offender Registration DNA Testing
 UA Today BA / UA On Demand At Own Expense **Counseling:** DA Anger
Register / Enter / Completed w/i _____ As Rec. By Corr. Follow Recs. Or Comparable Program Sign Release(s)

No Same or Similar Remain Law Abiding & of Good Behavior Obey Rules of Probation Deleting #(s): _____
No Use/Possession: Mood Altering Chemicals Unless Physician Prescribed Drugs Alcohol And Drive Firearms
 No Alcohol / Drug Related Offenses **No:** DAR DAS DAC DL or INS Law Violations No Moving Traffic Violations
 Valid DL / Registration / Insurance No Assaultive / Abusive / Disorderly Behavior Report to Corr.: _____
 No Contact, Direct or Indirect Order Filed Vacate Original No Contact Concurrent / Consecutive: _____
 If all conditions satisfied, Certify as a Petty Misdemeanor after _____ Sentence Satisfied if pays or serves

I UNDERSTAND THE SENTENCE AND CONDITIONS CHECKED ABOVE AND AGREE TO PAY AS ORDERED. I HAVE RECEIVED A COPY OF THIS ORDER

DEFENDANT: _____ Copy Mailed to Defendant **DATE:** _____
FrmK433(08/14)