

IN THE CIRCUIT COURT OF THE  
NINTH JUDICIAL CIRCUIT, IN AND  
FOR ORANGE COUNTY, FLORIDA

CASE NUMBER: 48-08-CF-15931-O/A

DIVISION NO: 35

STATE OF FLORIDA,

Plaintiff,

vs.

CASEY MARIE ANTHONY,

Defendant.

This cause coming on this day to be heard before me, and you, the defendant being now present before me, and it appearing to the satisfaction of this Court that you are not likely again to engage in a criminal course of conduct, and that the ends of justice and the welfare of society do not require that you should suffer the penalty authorized by law:

Now, therefore, based on the plea or court finding and judgment of the court set forth below, it is ordered that you are hereby placed on probation under the supervision of the Department of Corrections and its Officers, such supervision to be subject to the provisions of the laws of this State, as follows:

The Defendant having pled guilty to the offense, the Court hereby withholds Adjudication of Guilt and sentences you to 412 Day(s) in the Orange County Jail with credit for 412 Day(s) time served. To be followed by 1 Year(s) Probation concurrent with EACH COUNT with the following SPECIAL CONDITION(S):

- NO PERSONAL CONTACT WITH THE VICTIM.

The Defendant having pled guilty to the offense, the Court hereby withholds Adjudication of Guilt and sentences you to 412 Day(s) in the Orange County Jail with credit for 412 Day(s) time served. To be followed by 1 Year(s) Probation concurrent with EACH COUNT with the following SPECIAL CONDITION(S):

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- NO PERSONAL CONTACT WITH THE VICTIM.

- 1) Not later than the fifth day of each month, you will make a full and truthful report to your Probation Officer on the form provided for that purpose.
- 2) You will pay to the State of Florida \$20.00 per month toward the cost of supervision, plus a 4% surcharge per month by the fifth day of each month unless otherwise waived in compliance with Florida Statutes.
- 3) You will not change your residence or employment or leave the county of your residence without first procuring the consent of your Probation Officer.
- 4) You will neither possess, carry or own any weapons or firearm without first securing the consent of your Probation Officer.
- 5) You will live and remain at liberty without violating any law. A conviction in a court of law shall not be necessary in order for such a violation to constitute a violation of your probation.
- 6) You will not use intoxicants to excess; nor will you visit places where intoxicants, drugs or other dangerous substances are unlawfully sold, dispensed or used.
- 7) You will work diligently at a lawful occupation and support any dependents to the best of your ability as directed by your Probation Officer.

- 8) You will promptly and truthfully answer all inquiries directed to you by the Court or the Probation Officer, and allow the Officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions he may give you.
- 9) You will not possess or use any marijuana or other controlled substance except upon prescription of a duly licensed medical or osteopathic doctor and then only in accordance with the prescribed dosage. You will not possess any controlled substance paraphernalia or forged or blank prescription forms.
- 10) Unless prohibited from consuming alcoholic beverages by a special condition elsewhere in this order, you will not consume alcoholic beverages to the extent that your normal faculties are impaired.
- 11) You will submit to a reasonable search without a warrant by the Probation Officer of your person, effects, residence or business premises or vehicle for alcoholic beverages, controlled substances, weapons or firearms. You will submit to chemical tests (breath, urine and blood) upon request of your Probation Officer to determine the presence and quantity of alcohol or controlled substance in your blood.
- 12) The Court retains jurisdiction to place you in the Probation and Restitution Center upon recommendation of your Probation Officer without finding of violation of probation.
- 13) You will not knowingly associate with any persons engaged in criminal activity.

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

You shall report in person within 72 hours of your release from confinement to the Probation and Parole Office in Orange County, Florida, unless otherwise instructed by your officer. (This condition applies only if released from the Department of Corrections confinement.) Otherwise, you must report immediately to Probation and Parole, 5449 S. Semoran Blvd Ste 31, Orlando, FL 32822.

It is further ordered that when you have reported to the Probation Officer and 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.

It is further ordered that the Clerk of this Court file this Order in her office, record the same in the Minutes of the Court, and forthwith provide copies of same to the Probation Officer for his use in compliance with the requirements of law.

Filed in Open Court this 25th day of January, 2010.

Done and Ordered at Orange County, Florida this 25th day of January, 2010.

**Lydia Gardner**  
Clerk of the Circuit and County Courts

By: K. DelPilar  
Deputy Clerk in Attendance


  
\_\_\_\_\_  
Honorable Stan Strickland, Judge Presiding

I acknowledge receipt of a copy of this order and am thus responsible for complying with the conditions of my sentence contained herein, this 25th day of January, 2010.

*Casey Anthony 8/24/11*  
CASEY MARIE ANTHONY, Defendant

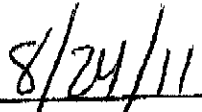
DEPARTMENT OF CORRECTIONS  
FINANCIAL OBLIGATION AGREEMENT

Term of Supervision  
8/24/11 - 8/23/12

ANTHONY, CASEY M. 

20.00 X 12 = \$120.00  
4% surcharge = 4.80  
Total \$124.80

  
Offender

  
Date

  
Officer

  
Date

# Department of Corrections' Notice of Privacy Practices Acknowledgement of Receipt

## FOR OFFENDERS ON COMMUNITY SUPERVISION

**THIS NOTICE<sup>1</sup> DESCRIBES HOW MEDICAL INFORMATION ABOUT OFFENDERS MAY BE USED AND DISCLOSED AND HOW AN OFFENDER CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Department of Corrections (DOC) is required by law to maintain the privacy of protected health information (PHI) maintained in DOC offender files. Federal law requires that this Notice be provided to you and that DOC abide by the terms of the Notice.

### DOC Disclosures of Protected Health Information

In performing supervision activities, DOC uses and discloses (shares) PHI maintained in offender files for several purposes and is authorized to do so without first getting your written approval. These purposes include:

- For treatment activities required as a condition of probation/supervised release. For example, DOC may refer you to a health care provider so that you can participate in treatment as a condition of probation/supervised release.
- For DOC payment activities. Appropriate DOC staff must confirm treatment provided to you pursuant to a contract in order to authorize payment.
- For DOC operations. For example, DOC staff may discuss your participation in treatment with a treatment provider in order to supervise your compliance with your probation order.
- DOC will disclose PHI when required by law.
- DOC may provide information to government officials who oversee public health or who are dealing with threats to public safety from unsafe products, diseases, abuse, neglect, domestic violence and other crimes.
- DOC will provide information in the form of substance abuse test results, participation in court-ordered treatment programs, and other similar types of information to the sentencing court during the course of supervision and in the case of a violation of a condition of probation.
- DOC will disclose PHI in response to a subpoena, or court or administrative order.
- DOC may disclose PHI for law enforcement purposes.
- DOC may disclose PHI to correctional facilities or in other law enforcement custodial situations in the event that you are taken into custody or incarcerated.
- DOC may provide information to licensed researchers who are under strict rules regarding how they use and disclose PHI.
- DOC may provide health information as otherwise authorized by law.

No other uses and disclosures of your PHI will occur without your written authorization. And if you sign such an authorization you have the right to cancel it any time provided you submit a written revocation of the authorization. (45 CFR § 164.508(b)(5))

### Your Rights Regarding Your Protected Health Information

Under the law, you have the right to:

- Request restrictions on some of the ways DOC or its contract health care providers use and disclose your PHI. These restrictions can go beyond the restrictions already in the law. However, DOC or the contract provider may not always agree and is not required to implement these additional restrictions.
- Receive confidential PHI communications. While DOC or a DOC contract provider cannot promise to communicate health information in every possible way that an offender might request, we will work with you to find a practical way of communicating PHI to you in strict confidence if you wish.
- Inspect and get copies of your PHI in records maintained by health care providers who provide you treatment pursuant to a contract with DOC by making a request in writing. The provider may charge a reasonable fee to cover only the cost of providing this information. Note that DOC does not maintain any medical records or medical files on offenders.
- Request that DOC contract health care providers amend or correct your PHI in files maintained by the provider. To make such a change, DOC contract health care provider may ask you to make the request in writing with a description of the reason you want your record changed. The provider may not always agree and is not required to agree to such requests.
- A list of DOC or DOC contract provider disclosures of your PHI for a certain period of time (not to exceed a 6 year period since 4/14/03) that were not authorized by you and that were not related to treatment, payment and operations.

<sup>1</sup> This Notice is provided pursuant to 45 CFR § 164.520, a regulation promulgated to implement the Health Insurance Portability and Accountability Act (HIPAA).

# Department of Corrections' Notice of Privacy Practices Acknowledgement of Receipt

Questions about DOC privacy procedures should be directed to the DOC Privacy Officer at \_\_\_\_\_, Complaints to DOC about the way DOC handles your PHI, compliance with HIPAA (see footnote, p.1 of this Notice), or if you believe your privacy rights have been violated must be filed as Offender Grievances pursuant to Rule 33-302.101, Florida Administrative Code. A copy of the Offender Grievance Procedure may be obtained from your Correctional Probation Officer. You may also contact the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint or for making requests regarding your health care information.

DOC reserves the right to change the terms of this Notice and to make new notice provisions for all PHI that DOC maintains. If the terms of this notice are revised, DOC will provide you a copy of the revised Notice on your next visit to the Probation Office. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking your Correctional Probation Officer.

I received a copy of DOC Notice of Privacy Practices for Offenders on Community Supervision. I understand that if DOC uses my personal health information in a manner that is different than described by the Notice, DOC must first get my permission in writing.

Casey M. Anthony

Print Offender's Name

DC Number

Casey Anthony

Signature of Offender

8/24/11


Date

Officer's Signature

Date

Date Supervision Ended (Due to termination, revocation, etc.): \_\_\_\_\_

FLORIDA DEPARTMENT OF CORRECTIONS  
COMMUNITY CORRECTIONS  
INSTRUCTIONS TO THE OFFENDER

Offender Name: Casey M. Anthony DC#: 

**HOW TO SUCCEED AND BENEFIT FROM SUPERVISION**

The Florida Department of Corrections is committed to assisting you in successfully completing your period of supervision. Your probation officer will guide you through this process; however, your cooperation and commitment to the following responsibilities will play a vital role in your success:

- Comply with conditions of supervision -Talk to your officer if you don't understand what's expected or are having problems complying
- Communicate with your officer when you have questions, concerns, or changes you need to report; Ask for help if you need help
- Work with your officer to develop goals and objectives that lead to self improvement; Be open minded to suggestions and change
- Be accountable for your actions, make the right decisions, and maintain a good, positive attitude


**FORMS AVAILABLE ONLINE**

For your convenience, several Department of Corrections forms are available on the Department's public website if you would like to print the form and complete it prior to reporting to your probation officer in person at the office. Go to <http://www.dc.state.fl.us/> and under "Probation" click on "Forms Available to Complete Prior to Reporting".

**COMPLAINTS (GRIEVANCE) PROCESS**

In the event you disagree with an instruction or supervision requirement, please talk to your officer, communicate in a calm, respectful manner and be prepared to work with your officer to develop solutions. If you can't resolve the issue with your officer, ask to talk to the officer's supervisor. If you are still not satisfied with the outcome after discussing with the supervisor, you may submit a formal complaint or grievance in writing to the officer's supervisor within 10 days. The formal written complaint must be neatly written and must clearly state what the complaint is about. Be sure to include your complete name, your Department of Corrections (DC) number, your signature, and the date you signed the complaint/grievance. The supervisor will respond to your written complaint and provide additional contact information if you wish to pursue further. If your complaint has anything to do with your health or a disability, please send your complaint letter straight to the Assistant Secretary of Community Corrections, located in Tallahassee instead of going through the other steps.

**EMERGENCY CONTACT**

Probation offices are open Monday through Friday from 8am to 5pm. If you have an emergency outside of these hours, please call the following emergency contact telephone number: . Emergencies include reporting a new arrest or a family medical emergency that may require you to leave the county or deviate from your community control or curfew schedule. Other issues should be able to wait to discuss with your officer during normal business hours. If your emergency is a life-threatening situation, always contact your local police, fire or medical emergency personnel before you call your probation officer.

**FIREARMS, WEAPONS, AND EXPLOSIVES**

State and Federal laws do not allow anyone on supervision to possess, purchase, receive, or transport firearms, weapons, or explosives.

**CRIMINAL REGISTRATION** (Applies to all offenders with felony offenses) Section 775.13, Florida Statutes requires you to register with the sheriff of any county you enter in Florida, within 48 hours. Criminal registration information (for both non-sex offenders and sex offenders) as to days, times, and locations by county may be accessed using the Florida Department of Law Enforcement public website <http://www.fdle.state.fl.us/Content/home.aspx> by clicking the blue button "Important Information for Sexual Predator and Offenders".

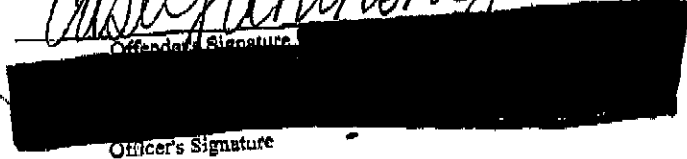
**REMAINING DRUG FREE**


During your term of supervision you will be drug tested at different intervals to ensure you are remaining drug free. Positive drug tests have to be reported to the court or releasing authority since using drugs is a violation of the law, so if you need help with substance abuse counseling, let your officer know so he/she can help you with the appropriate referrals before you test positive.

**EMPLOYER NOTIFICATION**

As provided in Section 944.09, Florida Statutes, and the Department of Corrections Rule 33-302.102, your employer must be aware that you are on supervision with the Department of Corrections. Your employer must also know the details of your offense and sentence. Your officer will notify your employer of this information now and throughout the course of your supervision. If you haven't already told your employer about your supervision status, talk to your officer about how you can best approach your boss with this information before your probation officer calls.

I hereby certify that I have received a copy of the Department of Corrections Instructions to Offender and understand if I have any questions regarding this information I am to ask my probation officer to explain further.

Casey Anthony  
Offender's Signature  
  
Officer's Signature

8/24/11  
Date  
  
Date

Right Side - Offender File