

14/997
P2

CAUSE NO. 1537258

FILED
Chris Daniel
District Clerk

THE STATE OF TEXAS

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IN THE 184 DISTRICT COURT, CLERK
COUNTY CRIMINAL COURT AT
LAW NO. _____
HARRIS COUNTY, TEXAS

Vs. Richard Xavier Cruz
(Name of Defendant)
AKA _____

MOTION FOR COMMUNITY SUPERVISION

NOW COMES the defendant charged with the offense of ADW
and prior to entering a plea of not guilty / guilty / nolo contendere states the following:

"I am the defendant in this case and I swear that the following is true and correct. I have:

- ☒ never been convicted of a felony in this or any other state;
- ☒ never been placed on community supervision for a felony offense in this or any other state;
- ☐ been convicted of a felony, namely, _____ in the state of _____ in 20 _____;
- ☐ been convicted of a federal crime, namely, _____ a misdemeanor / felony in 20 _____;

I request:

- ☐ the judge presiding place me on community supervision;
- ☐ the jury recommend to the judge presiding that I be placed on community supervision"

48
Age of Defendant
39025herm
Address
77063 City T State
Zip Code

[Signature]
Defendant
JAN 17 2017
Sworn to before me on this date:
CHRIS DANIEL
District Clerk, Harris County, Texas
By [Signature]
Deputy

Cause No. 1537258

STATE OF TEXAS

v.

Richard Xavier Cruz
Defendant

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IN THE 184th DISTRICT COURT

OF

HARRIS COUNTY, TEXAS

FILED
Chris Daniel
District Clerk
JAN 17 2017
Harris County, Texas
Deputy District Clerk

REQUESTED CONDITIONS OF SUPERVISION

The parties below hereby acknowledge that the State of Texas, by and through the undersigned Assistant District Attorney, will recommend the following conditions of Community Supervision to the Court.

CSCD Programs

- | | |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> Drug / Alcohol Evaluation and Treatment | <input checked="" type="checkbox"/> Anger Management |
| <input checked="" type="checkbox"/> Random Urinalysis | <input type="checkbox"/> DWI Ed / Drug Ed / Anti-theft Course |
| <input type="checkbox"/> LSIR | <input type="checkbox"/> Domestic Violence Counseling / BIPP |
| <input type="checkbox"/> High School Diploma / GED | <input type="checkbox"/> English as a Second Language (ESL) |
| <input type="checkbox"/> Cognitive Life Skills | <input type="checkbox"/> YMAC |
| <input type="checkbox"/> Parenting Classes | |
| <input type="checkbox"/> Substance Abuse Treatment: IOP SOP Inpatient Facility: _____ | |
| <input type="checkbox"/> Specialized Caseload: Domestic Violence Mental Health CTI | |
| | Sex Offender Other _____ |

OTHER CONDITIONS

- ☒ NO CONTACT with Christina Crear No Weapons
- ☐ Letter of Apology to: _____
- ☒ \$50 \$100 donation to: Crime Stoppers HAWS other _____
- ☒ 24 Hours of Community Service Restitution Program 40 hrs.
- ☐ Alcoholics/Narcotics/Cocaine Anonymous meetings _____ or equally intensive treatment
- ☐ Sex Offender Conditions
- ☐ Electronic Monitoring (GPS)
- ☐ Curfew from _____ to _____
- ☐ Guardian Interlock / Home Breathalyzer / SCRAM
- ☐ Suspension of TDL _____ months/years
- ☐ Restitution of \$ _____ to Complainant _____
- ☐ _____ Days Harris County Jail as a Condition of Supervision to begin _____
- ☐ Other: _____

It is the understanding of all parties that the Court is free to accept or reject these recommendations and to amend, modify, delete, or add conditions of supervision at any time while the above named Defendant is on Community Supervision, as allowed by Law.

Signed this the _____ day of JAN 17 2017, 20____

[Signature]
Attorney for the State

[Signature]
Defendant
[Signature]
Attorney for Defendant