

STATE OF HAWAII CIRCUIT COURT OF THE FIRST CIRCUIT	JUDGMENT OF CONVICTION AND SENTENCE	CASE NUMBER: Cr. No. 11-1-0169
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STATE VS. (DEFENDANT) FRIDAY SHOMOUR	NOTICE OF ENTRY DATE OF HEARING: APR 02 2012	REPORT NUMBER(S):
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Defense Counsel:

DEFENDANT'S PLEA: NOT GUILTY	JURY TRIAL
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ORIGINAL CHARGE(S): COUNT 1: SEXUAL ASSAULT IN THE FOURTH DEGREE (§707-0733(1)(a), H.R.S.) COUNT 2: SEXUAL ASSAULT IN THE FOURTH DEGREE (§707-0733(1)(a), H.R.S.)	CHARGE(S) TO WHICH DEFENDANT PLED GUILTY OR NO CONTEST:
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DEFENDANT IS CONVICTED AND FOUND GUILTY OF: COUNT 1: SEXUAL ASSAULT IN THE FOURTH DEGREE (§707-0733(1)(a), H.R.S.) COUNT 2: SEXUAL ASSAULT IN THE FOURTH DEGREE (§707-0733(10)(a), H.R.S.)	PHOTOGRAPH (If Available)	FINGERPRINT (If Available)
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FINAL JUDGMENT AND SENTENCE OF THE COURT:

INCARCERATION: ONE (1) YEAR IN CTS 1 & 2, CONCURRENT, WITH CREDIT FOR TIME SERVED, CREDIT TO BE DETERMINED BY THE DEPARTMENT OF PUBLIC SAFETY, STATE OF HAWAII. MITTIMUS TO ISSUE FORTHWITH.

SEX OFFENDER

I do hereby certify that this is a full, true, and correct copy of the original on file in this office.

[Signature]
 Clerk, Circuit Court, First Circuit

Defendant shall provide specimen samples and print impressions as required by H.R.S. Chap. 844D

DATE APR 02 2012	JUDGE SIGNATURE <i>[Signature]</i>	FIRST CIRCUIT COURT STATE OF HAWAII FILED APR 02 2012
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NOTICE OF ENTRY THIS JUDGMENT HAS BEEN ENTERED AND COPIES MAILED OR DELIVERED TO ALL PARTIES.		2:08 o'clock P.M. <i>C. Balcita</i> C. BALCITA Clerk, 18th Division
DATE APR 02 2012	CLERK <i>C. Balcita</i>	

CERTIFICATE OF PRESENTENCE DETENTION

Name of Defendant SHOMOUR, Friday HI SID No. _____ Date of Sentence 04/02/12

Cr. No./Count	Police Report #	Length of Detention		No. of Days Detained
		From	To	
<u>11-1-0169</u>	_____	_____	_____	_____
<u>ct1</u>	_____	<u>9-8-2010</u>	<u>9-9-2010</u>	_____
<u>ct2</u>	_____	<u>L</u>	<u>L</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that this defendant was detained as indicated above by my Department/Agency as of the date of sentence.

12 FEB 13 P 3:30
ADULT PROBATION
FIRST CIRCUIT COURT
STATE OF HAWAII

Chief of Police, Honolulu Police Dept.
 Director, Dept. of Corrections (State of HI)
 Director, Dept. of Health (State of HI)
 Other _____

By [Signature], Its authorized representative
 (Signature)

Sergeant
 (Title)

2-13-12
 (Date)

FOR APD USE ONLY

REQUESTS SENT TO:

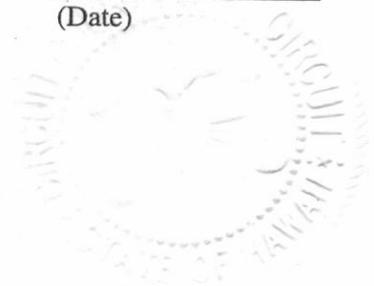
HPD OCCC
 HSH Sheriff

REQUEST DATE 2-6-12

DUE DATE 2-21-12

PO _____

TELEPHONE _____



CERTIFICATE OF PRESENTENCE DETENTION

Name of Defendant SHOMOUR, Friday HI SID No. _____ Date of Sentence 04/02/12

<u>Cr. No./Count</u>	<u>Police Report #</u>	<u>Length of Detention</u>		<u>No. of Days Detained</u>
		<u>From</u>	<u>To</u>	
<u>11-1-0169</u>	_____	<u>9/8/10</u>	<u>9/8/10</u>	<u>1</u>
<u>ot1</u>	_____	<u>↓</u>	<u>↓</u>	<u>↓</u>
<u>ot2</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that this defendant was detained as indicated above by my Department/Agency as of the date of sentence.

- _____ Chief of Police, Honolulu Police Dept.
- _____ Director, Dept. of Corrections (State of HI)
- _____ Director, Dept. of Health (State of HI)
- _____ Other _____

DEPARTMENT OF PUBLIC SAFETY
 SHERIFF DIVISION
 COMMANDER OF RECORDS SECTION
 1177 ALAKEA STREET, SUITE 200
 HONOLULU, HI 96813

By [Signature], Its authorized representative
 (Signature)

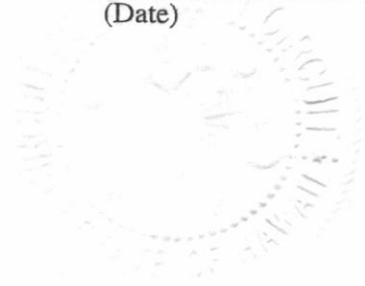
Records Custodian
 (Title)

FEB 13 2012
 (Date)

FOR APD USE ONLY

REQUESTS SENT TO:
 HPD OCCC
 HSH Sheriff

REQUEST DATE 2-6-12
 DUE DATE 2-21-12
 PO _____
 TELEPHONE _____





CERTIFICATE OF PRESENTENCE DETENTION

Name of Defendant SHOMOUR, Friday HI SID No. _____ Date of Sentence 04/02/12

Cr. No./Count	Police Report #	Length of Detention		No. of Days Detained
		From	To	
<u>11-1-0169</u>				
<u>ot1</u>	<u>YK</u>	<u>9/9/10</u>	<u>9/9/10</u>	<u>1</u> <u>3</u>
<u>ot2</u>		<u>1/19/12</u>	<u>1/20/12</u>	<u>2</u>

I certify that this defendant was detained as indicated above by my Department/Agency as of the date of sentence.

Chief of Police, Honolulu Police Dept.
 Director, Dept. of Corrections (State of HI)
 Director, Dept. of Health (State of HI)
 Other Occ/T. Duplaco

By [Signature], Its authorized representative
 (Signature)

ICS
 (Title)

2/8/12
 (Date)

FOR APD USE ONLY

REQUESTS SENT TO:

HPD OCCC
 HSH Sheriff

REQUEST DATE 2-6-12
 DUE DATE 2-21-12
 PO _____
 TELEPHONE _____

