ORIGINAL

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STATE OF HAWAI`I CIRCUIT COURT OF THE FIRST CIRCUIT	**JUDGMENT** **OF CONVICTION AND PROBATION SENTENCE** NOTICE OF ENTRY	CASE NUMBER: **Cr. No. 10-1-2121**

STATE VS. (DEFENDANT) **NICHOLAS WHITEHEAD**	DATE OF HEARING: SEPTEMBER 18, 2012	REPORT NUMBER(S): CT. 1: CT. 2:
Defense Counsel:		

DEFENDANT'S PLEA: GUILTY	TRIAL: CHANGE OF PLEA

ORIGINAL CHARGE(S):	CHARGE(S) TO WHICH DEFENDANT PLED:
COUNT 1: SEXUAL ASSAULT IN THE 1ST DEGREE (§707-730(1)(c), H.R.S.) COUNT 2: SEXUAL ASSAULT IN THE 1ST DEGREE (§707-730(1)(c), H.R.S.)	COUNT 1: SEXUAL ASSAULT IN THE 3RD DEGREE (§701-732(1)(c), H.R.S.) COUNT 2: SEXUAL ASSAULT IN THE 3RD DEGREE (§707-732(1)(c), H.R.S.)

DEFENDANT IS CONVICTED AND FOUND GUILTY OF:		
COUNT 1: SEXUAL ASSAULT IN THE 3RD DEGREE (§701-732(1)(c), H.R.S.) COUNT 2: SEXUAL ASSAULT IN THE 3RD DEGREE (§707-732(1)(c), H.R.S.)	PHOTOGRAPH (If Available)	FINGERPRINT (If Available)

FINAL JUDGMENT AND SENTENCE OF THE COURT:

PROBATION:
FIVE (5) YEARS EACH, COUNTS 1 AND 2, CONCURRENT, WITH SPECIAL CONDITIONS.

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

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

Clerk, Circuit Court, First Circuit

DATE SEPTEMBER 18, 2012	JUDGE	FIRST CIRCUIT COURT STATE OF HAWAII FILED SEPTEMBER 18, 2012 12:05 PM E. FUJIOKA Clerk, 12TH Division
	SIGNATURE	

NOTICE OF ENTRY

THIS JUDGMENT HAS BEEN ENTERED AND COPIES MAILED OR DELIVERED TO ALL PARTIES.

DATE SEPTEMBER 18, 2012	CLERK

[ ] ORIGINAL FILE [ ] DPA [ ] DEFENSE

[ ] OCCC[ ]POLICE [ ] HCJDC [ ]OISC [ ] HPA [ ] CASHIERS

STATE OF HAWAI`I CIRCUIT COURT OF THE FIRST CIRCUIT	**TERMS AND CONDITIONS OF PROBATION**	CASE NUMBER: **Cr. No. 10-1-2121**

TO: DEFENDANT, NICHOLAS WHITEHEAD

IT IS THE ORDER OF THE COURT THAT DURING YOUR TERM OF PROBATION, YOU SHALL COMPLY IN ALL RESPECTS WITH THE FOLLOWING TERMS AND CONDITIONS:

1. You shall not commit another federal or state crime during your term of probation;

2. You shall report to your probation officer as ordered by the Court or by your probation officer. After this hearing or upon your release from confinement, you are ordered to report immediately to:

   Adult Client Services
   777 Punchbowl Street
   Honolulu, Hawaii 96813
   (808) 539-4500;

3. You shall not leave the island of O'ahu unless you first obtain permission to leave from your probation officer or the Court;

4. You shall report any change of address, telephone number, or employment to your probation officer before any such change;

5. You shall promptly notify your probation officer if you are arrested or questioned by a law enforcement officer; and

6. You shall permit your probation officer to visit your home and any other places specified by the Court at all reasonable times.

7. Your further special conditions of probation are as follows: You Shall:

   A. Follow all reasonable instructions which are given to you by your probation officer;

   B. Not own or possess any firearms or ammunition. If you have any firearms or ammunition, you must immediately turn them in to the appropriate county police department.

YOUR FURTHER SPECIAL TERMS AND CONDITIONS OF PROBATION ARE ATTACHED.

WARNING:

IF YOUR WHEREABOUTS BECOME UNKNOWN TO YOUR PROBATION OFFICER BECAUSE OF YOUR FAILURE TO KEEP HIM/HER INFORMED, THE COURT MAY ORDER YOUR ARREST. UPON ANY FAILURE TO COMPLY WITH EACH OF THE TERMS AND CONDITIONS OF YOUR PROBATION, INCLUDING SPECIAL CONDITIONS, THE COURT MAY REVOKE YOUR PROBATION AND SENTENCE YOU TO PRISON OR CHANGE OR ADD TO THE CONDITIONS OF YOUR PROBATION.

YOU ARE FURTHER INFORMED THAT YOU ARE PROHIBITED FROM OWNING OR POSSESSING ANY FIREARM OR AMMUNITION PURSUANT TO HRS § 134-7.

THE TERMS AND CONDITIONS OF PROBATION HAVE BEEN EXPLAINED TO ME; I FULLY UNDERSTAND THEM, AGREE TO ABIDE BY THEM IN EVERY WAY AND UNDERSTAND THE CONSEQUENCES. I HAVE RECEIVED A COPY OF THESE TERMS AND CONDITIONS OF PROBATION.

DATE	DEFENDANT'S SIGNATURE	SIGNATURE OF PROBATION OFFICER

Cr. No. 10-1-2121
State of Hawaii vs. NICHOLAS WHITEHEAD

7. Special Conditions Of Probation

YOU SHALL:

A. Follow all reasonable instructions which are given to you by your probation officer;

B. Not own or possess any firearms or ammunition. If you have any firearms or ammunition, you must immediately turn them in to the appropriate county police department;

C. Provide buccal swab samples and print impressions of each hand and, if required by the collecting agency's rules or internal regulations, blood specimens required for law enforcement identification analysis;

D. Pay a monetary assessment of $500 or the actual cost of the DNA analysis, whichever is less, to the DNA registry special fund;

E. Serve a term of imprisonment of SEVENTY-TWO (72) DAYS, with credit for time already served;

F. Work full time or attend educational/vocational training as approved by your probation officer throughout the period of probation except as precluded by treatment;

G. Pay to the crime victim compensation fund $105.00;

H. Pay a probation services fee in the amount of $150.00;

I. Pay the crime victim compensation fee, probation services fee, DNA assessment at the rate of at least $10.00 per month. Payment shall be applied to the foregoing obligations in the same order as they are listed in this paragraph. Any modifications in the manner of payment must be approved by the court;

J. Not possess, use, or consume any alcohol, unprescribed or illegal drug nor possess any drug-related paraphernalia;

K. Submit to urinalysis or other similar assessment tests at your own expense as directed by your probation officer. **A positive finding or a failure to provide a specimen within two hours of instruction may be considered prima facie evidence of probation violation;**

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7. Special Conditions Of Probation

L. Submit to drug/alcohol assessment at your own expense as directed by your probation officer;

M. Obtain and maintain residential or outpatient substance abuse treatment as directed by or at the discretion of your probation officer until clinically discharged with the concurrence of your probation officer. You shall be responsible for payment for such treatment;

N. Submit at reasonable times to a search of your person, residence, vehicle, or other sites and property under your control by any probation officer, with or without a warrant, based on reasonable suspicion that illicit substance(s) or other contraband (which may include firearms and/or ammunition and/or inappropriate materials as clinically defined by your therapist) may be in the place(s) of a search. Any illicit substance(s) or contraband found or observed in such a search may be seized;

O. Obtain and maintain mental health treatment or services, including medication and/or tests if ordered, as directed by your probation officer, until clinically discharged with the concurrence of your probation officer. You shall be responsible for payment for such treatment;

P. Defendant can apply for transfer of your case to the State of Alabama under the Interstate Compact for the Supervision of Adult Offenders; and, if accepted, abide by all rules and regulations under the Compact;

Q. Sign a Waiver of Extradition;

R. Comply with all sex offender conditions;

S. Participate satisfactorily in the Hawaii Sex Offender Treatment Program (HSOTP) with the provision that you obtain and maintain sex offender treatment, as approved by your probation officer, at your own expense until clinically discharged with the concurrence of your probation officer. Monthly progress reports are to be submitted to your probation officer by your therapist. If your probation officer deems you to be financially unable to pay, you shall participate in treatment with a Judiciary contracted therapist with payment to be made in accordance with the Adult Probation payment formula;

T. Refrain from purchasing or possessing or accessing via the Internet or other electronic database inappropriate audio or visual materials as clinically defined by your primary therapist; nor shall you frequent any place where such material is available to you;

7. Special Conditions Of Probation

U. Abide by any curfew, travel, and leisure time restrictions imposed by your probation officer;

V. Refrain from hitchhiking and picking up hitchhikers;

W. Not contact or attempt to contact, directly or indirectly, any minor child nor reside in the same residence with minor children without the permission of your probation officer;

X. Obtain and maintain residence as approved by your probation officer;

Y. Provide photograph and/or fingerprints;

Z. Pay for and submit to electronic monitoring as deemed appropriate by your probation officer; and

AA. Comply with sex offender registration for life.

PUBLIC SAFETY

CERTIFICATE OF PRESENTENCE DETENTION

Name of Defendant Nicholas Whitehead HI SID No. _____ Date of Sentence 09/18/12

Cr. No./Count	Police Report #	Length of Detention From	Length of Detention To	No. of Days Detained
10-1-2121	ct 1:	12/29/10	12/29/10	1
	11:	↓	↓	↓

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

Records Custodian (Title)

7/27/12 (Date)

FOR APD USE ONLY

REQUESTS SENT TO:
X HPD X OCCC
___ HSH X Sheriff
REQUEST DATE 6/26/12
DUE DATE 7/10/12
PO _____
TELEPHONE _____

OCCC

CERTIFICATE OF PRESENTENCE DETENTION

Name of Defendant Nicholas Whitehead HI SID No. _____ Date of Sentence 09/18/12

Cr. No./Count	Police Report #	Length of Detention From	Length of Detention To	No. of Days Detained
10-1-2121	ct 1:	12/27/10	3/8/11	72
	11:			

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.
_X_ Director, Dept. of Corrections (State of HI)
___ Director, Dept. of Health (State of HI)
___ Other _____

By _____ (Signature) _____, Its authorized representative

LCS
(Title)

7/6/12
(Date)

FOR APD USE ONLY

REQUESTS SENT TO:
_X_ HPD _X_ OCCC
___ HSH _X_ Sheriff
REQUEST DATE 6/26/12
DUE DATE 7/10/12
PO _
TELEPHONE __

HPD

CERTIFICATE OF PRESENTENCE DETENTION

Name of Defendant Nicholas Whitehead HI SID No. _____ Date of Sentence 09/18/12

Cr. No./Count	Police Report #	Length of Detention From	Length of Detention To	No. of Days Detained
10-1-2121	Ct 1:	12-24-10/0110	12-27-10/0630	
	11:			

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 _____

By _____ (Signature), Its authorized representative

SERGEANT (Title)

9-5-12 (Date)

FOR APD USE ONLY

REQUESTS SENT TO:
X HPD X OCCC
__ HSH X Sheriff
REQUEST DATE 6/26/12
DUE DATE 7/10/12
PO _____
TELEPHONE _____