CAI

STATE OF HAWAI`I CIRCUIT COURT OF THE FIRST CIRCUIT	JUDGMENT OF CONVICTION AND SENTENCE NOTICE OF ENTRY	CASE NUMBER: Cr. No. 11-1-1756
STATE VS. (DEFENDANT) THEODORE KAWIKA KAOHU, JR.	DATE OF HEARING: MAY 19, 2015	REPORT NUMBER(S):
Defense Counsel		

DEFENDANT'S PLEA: NOT GUILTY	JURY TRIAL
ORIGINAL CHARGE(S): COUNTS 1 & 2: SEXUAL ASSAULT IN THE FIRST DEGREE (§707-730(1)(b), H.R.S.) COUNT 3: SEXUAL ASSAULT IN THE THIRD DEGREE (§707-732(1)(b), H.R.S.) COUNTS 4, 5, 6, 7 & 8: SEXUAL ASSAULT IN THE FIRST DEGREE (§707-730(1)(a), H.R.S.) COUNT 9 : SEXUAL ASSAULT IN THE FOURTH DEGREE (§707-733(1)(a), H.R.S.)	CHARGE(S) TO WHICH DEFENDANT PLED GUILTY OR NO CONTEST: 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, State of Hawaii
DEFENDANT IS CONVICTED AND FOUND GUILTY OF: COUNTS 1 & 2: SEXUAL ASSAULT IN THE FIRST DEGREE (§707-730(1)(b), H.R.S.) COUNTS 4, 5 & 6: SEXUAL ASSAULT IN THE FIRST DEGREE (§707-730(1)(a), H.R.S.)	PHOTOGRAPH (If Available) / FINGERPRINT (If Available)

FINAL JUDGMENT AND SENTENCE OF THE COURT:

CRIME VICTIM COMPENSATION FEE $105.00 in each count for an aggregate total of $525.00.

INCARCERATION:
TWENTY (20) YEARS EACH IN COUNTS 1, 2, AND 4, TERMS TO RUN CONSECUTIVELY WITH EACH OTHER AND TWENTY (20) YEARS EACH IN COUNTS 5 AND 6, TERMS TO RUN CONCURRENTLY WITH EACH OTHER AND CONCURRENTLY WITH COUNT 4; CREDIT FOR TIME SERVED.
MITTIMUS ISSUED FORTHWITH.

(Note: on 11/12/13: Mistrial as to Counts 7 & 8 and Not Guilty as to Count 9 and on 2/9/15: Dismissed with Prejudice as to Count 3).

OTHER: Defendant ordered to 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, and pay a monetary assessment of $500 or the actual cost of the DNA analysis, whichever is less, to the DNA registry special fund. The Hawaii Paroling Authority/Department of Public Safety to monitor the manner/method of payment.

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

DATE MAY 19, 2015	JUDGE SIGNATURE	FIRST CIRCUIT COURT STATE OF HAWAII FILED May 19, 2015 9:45 O'clock A.M. L. Miyagawa Clerk, 7th Division
NOTICE OF ENTRY THIS JUDGMENT HAS BEEN ENTERED AND COPIES MAILED OR DELIVERED TO ALL PARTIES.		
DATE MAY 19, 2015	CLERK	

[ ] ORIGINAL FILE [ ] DPA [ ] DEFENSE [ ] PROBATION [ ]POLICE [ ] HCJDC [ ] PUBLIC SAFETY [ ] HPA [ ] CASHIERS

CERTIFICATE OF PRESENTENCE DETENTION

PUBLIC SAFETY

Name of Defendant **Theodore Kaohu JR** HI SID No. _____ Date of Sentence **01/28/2014**

Cr. No./Count	Police Report #	Length of Detention From	Length of Detention To	No. of Days Detained
11-1-1756				
Ct. 1		12/7/11	12/7/11	1
Ct. 2				
Ct. 3				
Ct. 4				
Ct. 5				
Ct. 6				

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 Department

_____ Director, Dept. of Public Safety (State of HI)

_____ Director, Dept. of Health (State of Hi)

_____ Other _____

By _____, Its authorized Representative
(Signature)

Records Custodian 1/16/14
(Title) (Date)

FOR APD USE ONLY

REQUESTS SENT TO:

☑ HPD ☑ OCCC

☐ HSH ☑ SHERIFF

☐

REQUEST DATE: 11/18/2013

DUE DATE: 12/02/2013

PO:

TELEPHONE

Fax:

FILED IN THE CIRCUIT COURT OF THE FIRST CIRCUIT STATE OF HAWAII 2014 JAN 17 AM 8:22

CERTIFICATE OF PRESENTENCE DETENTION

OCCC

Name of Defendant **Theodore Kaohu JR** HI SID No. [redacted] Date of Sentence 01/28/2014

Cr. No./Count	Police Report #	Length of Detention From	Length of Detention To	No. of Days Detained
11-1-1756		12/05/11	1/27/14	-
Ct. 1	[redacted]	"	"	
Ct. 2	[redacted]	"	"	
Ct. 3	[redacted]	"	"	785
Ct. 4	[redacted]	"	"	
Ct. 5	[redacted]	12/05/11	12/[illegible]/11	
Ct. 6	[redacted]	—	—	—

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 Department

X Director, Dept. of Public Safety (State of HI)

___ Director, Dept. of Health (State of HI)

___ Other _____

By Marlene Miles, Its authorized Representative
(Signature)

Clerical Supv 1/7/14
(Title) (Date)

FOR APD USE ONLY

REQUESTS SENT TO:

☑ HPD ☑ OCCC

☐ HSH ☑ SHERIFF

☐

REQUEST DATE: 11/18/2013

DUE DATE: 12/02/2013

PO:

TELEPHONE:

Fax:

CERTIFICATE OF PRESENTENCE DETENTION

HPD

Name of Defendant Theodore Kawika Kaohu, Jr. HI SID No. _____ Date of Sentence 03/09/2015

Cr. No./Count	Police Report #	Length of Detention From	To	No. of Days Detained
11-1-1756				
Ct. 1		12-03-11	12-05-11	
Ct. 2		↓	↓	
Ct. 4				
Ct. 5				
Ct. 6		last	last	

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

K Chief of Police, Honolulu Police Department

_____ Director, Dept. of Public Safety (State of HI)

_____ Director, Dept. of Health (State of HI)

_____ Other _____

By _____, Its authorized Representative
(Signature)

Sergeant 02-17-15
(Title) (Date)

FOR APD USE ONLY

REQUESTS SENT TO:

☑ HPD ☑ OCCC

☐ HSH ☑ SHERIFF

☐

REQUEST DATE: 02/11/2015

DUE DATE: **02/18/2015**

PC

TELEPHONE:

Fax:

'15 FEB 19 P2:05

CERTIFICATE OF PRESENTENCE DETENTION

PUBLIC SAFETY

Name of Defendant Theodore Kawika Kaohu, Jr. HI SID No. _____ Date of Sentence 03/09/2015

Cr. No./Count	Police Report #	Length of Detention From	To	No. of Days Detained
11-1-1756				
Ct. 1		12-7-11	12-7-11	1
Ct. 2				
Ct. 4				
Ct. 5				
Ct. 6				

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

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

_____ Chief of Police, Honolulu Police Department

_____ Director, Dept. of Public Safety (State of HI)

_____ Director, Dept. of Health (State of HI)

_____ Other _____

By _____ (Signature), Its authorized Representative

_____ (Title)

FEB 17 2015 (Date)

FOR APD USE ONLY

REQUESTS SENT TO:

☑ HPD ☑ OCCC

☐ HSH ☑ SHERIFF

☐

REQUEST DATE: 02/11/2015

DUE DATE: **02/18/2015**

PO:

TELEPHONE:

Fax:

ADULT CLIENT SERVICES
FIRST CIRCUIT COURT
STATE OF HAWAII

2015 FEB 17 PM 12:50

CERTIFICATE OF PRESENTENCE DETENTION

OCCC

Name of Defendant Theodore Kawika Kaohu, Jr. HI SID No. _____ Date of Sentence 03/09/2015

Cr. No./Count	Police Report #	Length of Detention From	To	No. of Days Detained
11-1-1756				
Ct. 1		12/5/11	3/8/15	1190
Ct. 2		12/5/11	"	
Ct. 4		"	"	
Ct. 5		"	"	
Ct. 6		—	—	

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

Rush

_____ Chief of Police, Honolulu Police Department

_____ Director, Dept. of Public Safety (State of HI)

_____ Director, Dept. of Health (State of HI)

_____ Other _____

By _____, Its authorized Representative
(Signature)

DAIV
(Title)

2/24/15
(Date)

FOR APD USE ONLY

REQUESTS SENT TO:

☑ HPD ☑ OCCC

☐ HSH ☑ SHERIFF

☐

REQUEST DATE: 02/11/2015

DUE DATE: **02/18/2015**

PO:

TELEPHONE:

Fax

ADULT CLIENT SERVICES
FIRST CIRCUIT COURT
STATE OF HAWAII

2015 FEB 26 AM 8:59

CERTIFICATE OF PRESENTENCE DETENTION

OCCC

Name of Defendant	Theodore Kawika Kaohu, Jr.	HI SID No.		Date of Sentence	05/19/2015

Cr. No./Count	Police Report #	Length of Detention From	Length of Detention To	No. of Days Detained
11-1-1756			5/18/15	
Ct. 1		12/5/11	"	
Ct. 2		"	"	1261
Ct. 4		"	"	
Ct. 5		"	"	
Ct. 6		—	—	
Ct. 7		—	—	
Ct. 8		—	—	

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 Department

_____ Director, Dept. of Public Safety (State of HI)

_____ Director, Dept. of Health (State of HI)

_____ Other _____

By LT, Its authorized Representative
(Signature)

OA IV
(Title)

5/27/15
(Date)

FOR APD USE ONLY

REQUESTS SENT TO:

☑ HPD ☑ OCCC

☐ HSH ☑ SHERIFF

☐

REQUEST DATE: 03/11/2015

DUE DATE: **03/25/2015**

PO:

TELEPHONE:

Fax

HPD

CERTIFICATE OF PRESENTENCE DETENTION

Name of Defendant	Theodore Kawika Kaohu, Jr.	HI SID No.		Date of Sentence	05/19/2015

Cr. No./Count	Police Report #	Length of Detention From	Length of Detention To	No. of Days Detained
11-1-1756				
Ct. 1		12-03-11	12-05-11	
Ct. 2				
Ct. 4				
Ct. 5				
Ct. 6				
Ct. 7				
Ct. 8				
		last		

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

X Chief of Police, Honolulu Police Department

____ Director, Dept. of Public Safety (State of HI)

____ Director, Dept. of Health (State of HI)

____ Other _____

By _____, Its authorized Representative
(Signature)

Sergeant — 3-17-15
(Title) (Date)

FOR APD USE ONLY

REQUESTS SENT TO:

☑ HPD ☑ OCCC

☐ HSH ☑ SHERIFF

☐

REQUEST DATE: 03/11/2015

DUE DATE: **03/25/2015**

PO:

TELEPHONE:

Fax:

CERTIFICATE OF PRESENTENCE DETENTION

PUBLIC SAFETY

Name of Defendant	Theodore Kawika Kaohu, Jr.	HI SID No.		Date of Sentence	05/19/2015

Cr. No./Count	Police Report #	Length of Detention From	To	No. of Days Detained
11-1-1756				
Ct. 1		12-7-11	12-7-11	1
Ct. 2				
Ct. 4				
Ct. 5				
Ct. 6				
Ct. 7				
Ct. 8				

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

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

_____ Chief of Police, Honolulu Police Department

_____ Director, Dept. of Public Safety (State of HI)

_____ Director, Dept. of Health (State of HI)

_____ Other _____

By Patkoa, Its authorized Representative
(Signature)

(Title)

MAR 12 2015
(Date)

FOR APD USE ONLY

REQUESTS SENT TO:

☑ HPD ☑ OCCC

☐ HSH ☑ SHERIFF

☐

REQUEST DATE: 03/11/2015

DUE DATE: **03/25/2015**

PO

TELEPHONE:
Fax: