

CASE NUMBER 2002-CM-026340
DIVISION A

IN THE COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND
FOR THE COUNTY OF HILLSBOROUGH, STATE OF FLORIDA
TAMPA DISTRICT

SEP 27 2002

Spring Term, 2002

STATE OF FLORIDA

V.

MICHAEL ALLEN STORM

B.O.A
INFORMATION FOR:

COUNT ONE
LEWD AND LASCIVIOUS BEHAVIOR
F.S. 798.02
2ND DEGREE MISDEMEANOR

COUNT TWO
EXPOSURE OF SEXUAL ORGANS
F.S. 800.03
1ST DEGREE MISDEMEANOR

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA, MARK A. OBER,
STATE ATTORNEY OF THE THIRTEENTH JUDICIAL CIRCUIT IN AND FOR THE COUNTY
OF HILLSBOROUGH, CHARGES THAT:

COUNT ONE

MICHAEL ALLEN STORM , on the 22nd day of August, 2002, in the County of
Hillsborough and State of Florida, engaged in open and gross lewdness and
lascivious behavior.

COUNT TWO

MICHAEL ALLEN STORM , on the 22nd day of August, 2002, in the County of
Hillsborough and State of Florida, exposed or exhibited his sexual organs in a
public place or on the private premises of another, or so near thereto as to be
seen from such private premises, in a vulgar or indecent manner, or exposed or
exhibited his person in such place, or was naked in such place.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Personally appeared before me the undersigned Assistant State Attorney of the Thirteenth Judicial Circuit in and for Hillsborough County, Florida, who, being first duly sworn, says that this prosecution is being instituted in good faith.

Assistant State Attorney of the Thirteenth Judicial Circuit in and For Hillsborough County, Florida

Florida Bar # **BAR #307866**

Sworn to and subscribed before me at Tampa, Florida

This 27th day of Sept., 2002

Michelle A Williams

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary And Date Commission Expires

Personally known or Produced Identification

Type of Identification Produced

September 25, 2002
ARTHUR SMITH/VSK

Parent
2002055460/2002-CM-026340-D001 STORM, MICHAEL

Include

Consolidate

DEFENDANT: STORM, MICHAEL
DOB : 04/09/1965
RACE : White
GENDER : Male
SSN : 488860148
DL# : N/A
HAIR : Brown
EYES : Hazel
ADDRESS : 4655 BAYCREST DR. TAMPA FL 33615

Agency : TPD-200200369546

2002 SEP 27 PM 12:42
CLERK OF DISTRICT COURT
HILLSBOROUGH COUNTY FL
CORRECTIONAL DIVISION

FILED

In the County Criminal Court of the Thirteenth Judicial Circuit
in and for Hillsborough County, State of Florida

State of Florida

Case Number: **02-CM-026340**

vs

Division: **A**

MICHAEL ALLEN STORM

CERTIFICATE OF DISPOSITION

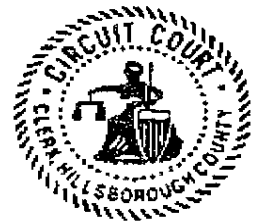
This is to Certify the Disposition of the below listed Charge(s).

This Case came before the Court for: **DISPOSITION**

<u>Count</u>	<u>Charge</u>	<u>Disposition</u>
001	LEWD AND LASCIVIOUS BEHAVIOR	MISD INTERVENTION PROG ACCEPT
002	EXPOSURE OF SEXUAL ORGAN	MISD INTERVENTION PROG ACCEPT

Witness my hand and seal of said Court on November 7, 2002.

RICHARD AKE
Clerk of the Circuit and County Courts



By: *Audrey Colston*
Audrey Colston, Deputy Clerk

wt

DATE: 07-NOV-2002 SCHEDULED TIME: 01:30 PM CASE NO. 02-CM-026340 DIV: A
 JUDGE: DOMINGUEZ, JAMES ROOM CODE: CR17 OFFENSE DATE: 22-AUG-2002
 DEF: STORM, MICHAEL A. PARTY ID: @554454 SOID #:
 PLAINTIFFS: STORM, MICHAEL BOOKING #: 0248186 JAIL IND: N
 ELEC CT REP: ATTORNEY: TYSON, WILLIAM J.
 ST. ATTY:

RECALL LEAVE OUTSTANDING NOT ISSUED SET ASIDE EST NOT EST

COUNT	CHARGE LEVEL	CHARGE DESCRIPTION	EVENT	BOND AMT	TYPE
1	MISDEMEANOR	LEWD AND LASCIVIOUS BEHAVIOR	DIS	\$ 500.00	CASH BOND
2	MISDEMEANOR	EXPOSURE OF SEXUAL ORGAN	DIS	\$ 500.00	CASH BOND

APPEARANCE NOAD IN CUSTODY - THIS CASE Y/N WAIVED APPEARANCE
 DEFENDANT INTERPRETER _____ VICTIM PARENT OTHER _____
 COUNSEL _____ PD APPOINTED _____ APPLI FEE

PLEA: NOT GUILTY GUILTY NO CONTEST NONE COURT VOP ADMIT VOP DENY
 CASE CONTINUED TO: _____ AM PM PRETRIAL _____
 DISPO NJT VOP MOT JURY REVIEW COMP TPA SENT ARN
 VOP SENT VOP HRG W/W

MINUTES: JURY NON JURY JURY SWORN MOT TESTIMONY EVIDENCE: RECD RLSD JGA GRANTED DENIED VERDICT GUILTY NOT GUILTY
 MINUTES: WAIVE ARGN SPEEDY TRIAL JURY STRIKE UNSERVED SUMMONS NO ACTION RESTITUTION MADE MAKE

DISPOSITION: FOUND IN VIOL YES NO DISMISSED: NOLLE PROSSED: COMP / DIVERSION CLOSE FILE PROB TERMINATED SUCC UN-SUCC
 ESTREAT BOND ISSUE CAPIAS/BOND SET AT \$ _____
 ISSUE CAPIAS/BOND SET AT \$ _____
 ISSUE CAPIAS/BOND SET AT \$ _____
 FAIL TO PAY CASH BOND

*****SENTENCE INFORMATION*****
 WITHHOLD GUILTY \$ _____ FINE \$ _____ COSTS \$ _____ DRUG TRUST \$ _____ CT FAC
 PROBATION: _____ MONTHS REVOKE REINSTATE SAME TERMS CONTINUE
 JAIL: _____ DAYS MONTHS W/CREDIT YEAR TIME SRVD SUSP
 WITHHOLD GUILTY \$ _____ FINE \$ _____ COSTS \$ _____ DRUG TRUST \$ _____ CT FAC
 PROBATION: _____ MONTHS REVOKE REINSTATE SAME TERMS CONTINUE
 JAIL: _____ DAYS MONTHS W/CREDIT YEAR TIME SRVD SUSP

TO PAY TODAY MAKE RESTITUTION DUI SCH LVII
 NO CONTACT WITH VICTIM COMM SERV HRS _____ NEAT/HCSQWD VICT IMP PANEL
 NO VIOLENT CONTACT WITH VICTIM DR. LIC REVOC _____ DEF DR. SCH
 DOM VIOL ASSM&TRMT IF NEEDED RECIPROCAL CONVERSION GET LICENSE
 DANGER MGMT CLASS SPECIFIED RESIDENCY DO NOT DRIVE
 ATTEND AA/NA MEETINGS LETTER OF APOLOGY HEALTH TEST
 EVAL/TRMT: DRUG ALCL PSYCH PETIT THEFT SCHOOL AIDS VIDEO
 RANDOM URINE SCREENS STAY AWAY FROM LOC. OF OFFENSE IND SCREEN
 CONCURRENT W/ _____ CONSECUTIVE TO _____ W/IN _____ DAYS
 EARLY TERM YES NO PD LIEN \$ _____
 CASE RECALLED SEE PAGE _____

CERT

DEFENDANT'S SIGNATURE _____ PAY BY _____
 OR APPEAR IN COURT ON _____

FAILURE TO APPEAR OR PAY FINE AT NEXT SCHEDULED COURT DATE WILL RESULT IN CAPIAS BEING ISSUED.

THE SALVATION ARMY CORRECTIONAL SERVICES
HILLSBOROUGH COUNTY

April 15, 2003

Michael A. Storm
4655 Bay Crest Dr
Tampa, FL 33615

FILED
2003 APR 21 PM 4: 32
CLERK OF COUNTY & JUDGE
HILLSBOROUGH COUNTY, FL
CORRECTIONAL

RE: Case(s) 02-026340-A

Dear Mr Storm:

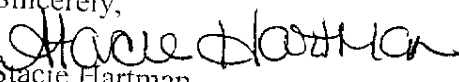
On August 22, 2002 you were charged with the offense(s) of Lewd & Lascivious and Exposing Sexual Organs. Prosecution was deferred so that you could enter The Misdemeanor Intervention Program.

During the specified time of your MIP program, you have met all of the requirements and stipulations set forth in the agreement, and have completed all the special conditions.

By the authority of Mark A. Ober, State Attorney of the 13th Judicial Circuit of Hillsborough County, Florida, the charges against you have been dismissed.

I want to extend my personal congratulations to you for your efforts in The Misdemeanor Intervention Program and wish you good luck in the future.

Sincerely,


Stacie Hartman
Intervention Officer
Hillsborough County

cc: The State Attorneys Office
The Clerk of the Circuit Court

TAMPA
1603 N. FLORIDA AVE, TAMPA, FL 33602
813-223-3781

PLANT CITY
709 S. EVERS STREET, PLANT CITY, FL 33566
813-754-4146

IN THE COUNTY CRIMINAL COURT IN AND FOR
HILLSBOROUGH COUNTY, STATE OF FLORIDA

NOTICE OF HEARING

DIVISION: A
CASE NUMBER: **02-CM-026340**
HEARING TYPE: ARRAIGNMENT

TO: **MICHAEL ALLEN STORM**
4655 BAY CREST DR
TAMPA FL 33615

COPY

YOU ARE HEREBY NOTIFIED THAT THE DEFENDANT **MICHAEL ALLEN STORM** IS ORDERED TO APPEAR IN PERSON BEFORE THE HONORABLE **JAMES V DOMINGUEZ** JUDGE OF THE COUNTY CRIMINAL COURT OF HILLSBOROUGH COUNTY, FLORIDA. IN COURTROOM 17 2ND FLOOR, COURTHOUSE ANNEX 801 E TWIGGS, TAMPA, FL ON **SEPTEMBER 30, 2002 AT 8:30 AM.**

DEFENDANT: FAILURE TO APPEAR FOR THE ABOVE COURT DATE WILL RESULT IN AN ARREST WARRANT BEING ISSUED BY ORDER OF THE COURT.

BONDSMAN: ANY BONDS POSTED IN THIS MATTER WILL BE SUBJECT TO FORFEITURE.

CERTIFICATE OF MAILING

I, **RICHARD AKE**, CLERK OF THE CIRCUIT COURT DO HEREBY CERTIFY THAT ON **AUGUST 29, 2002**, I MAILED A TRUE AND CORRECT COPY OF THIS NOTICE OF HEARING TO **MICHAEL ALLEN STORM**.

RICHARD AKE
CLERK OF THE CIRCUIT AND COUNTY COURT



AUDREY COLSTON, DEPUTY CLERK
TAMPA (813) 276-8100 EXT.7802
PLANT CITY (813) 757-3918 OR 276-8100 EXT.7391



NOTICE TO PERSONS WITH DISABILITIES

IF YOU ARE A PERSON WITH A DISABILITY WHO NEEDS ANY ACCOMMODATION IN ORDER TO PARTICIPATE IN THIS PROCEEDING, YOU ARE ENTITLED, AT NO COST TO YOU, TO THE PROVISION OF CERTAIN ASSISTANCE. PLEASE CONTACT THE COURT ADMINISTRATOR'S A.D.A. COORDINATOR, (813) 272-7040, 419 PIERCE STREET, ROOM 204, TAMPA, FL, 33602, WITHIN 2 WORKING DAYS OF YOUR RECEIPT OF THIS NOTICE. IF YOU ARE HEARING OR VOICE IMPAIRED, CALL 1-800-955-8771.

** / incident **
CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

GRID # 77

COURT CASE / J.F. ID # 0226340 SAO # _____ OBTS # 1359661

AGENCY REPORT # 02-369546 AGENCY NAME Tampa PD ORI # 0290200

LOCATION OF OFFENSE 4421 N Hubert DATE OF OFFENSE 08-22-02 TIME OF OFFENSE 0030 hrs

WITHIN: TAMPA PLANT CITY TEMPLE TERRACE UNINCORPORATED AREA

COURT: TAMPA COURT PLANT CITY CT

LOCATION OF ARREST 4421 N Hubert DATE OF ARREST 08-22-02 TIME OF ARREST 0030 hrs

BOOKING # 0248186 SOID # 504777 WEAPON TYPE None WEAPON SEIZED Yes No

- ARREST**
- Probable Cause Adult
 - Capias Juvenile
 - Fugitive Warrant Delinquency
 - VOP Dependency
 - Warrant Felony
 - Juvenile Pickup Misdemeanor
 - Traffic MISD
 - Traffic FEL
- REQUEST FOR:**
- Capias Ordinance
 - Warrant Pickup
 - Summons Other
 - Juvenile Pickup

- NOTICE TO APPEAR:**
- Arresting officer
 - Booking supervising officer

NAME Storm Michael Allen ALIAS None

RACE: W COMPLEXION MED BUILD MED

W-White I-American Indian/Alaskan Native HW-Hispanic White HB-Hispanic Black B-Black O-Oriental/Asian

Race W SEX M D.O.B. 04 09 69 HEIGHT 5'11" WEIGHT 190

MO / DAY / YEAR APPROXIMATE AGE COLOR: EYES HAZ HAIR BRN

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 4655 Baycrest Dr Tampa FL 33615 Ph # 886-2014

Permanent Address (Street, Apt. #, City, State, Zip) 4655 Baycrest Dr Tampa FL 33615 Ph # 886-2014

Business Address (Street, Apt. #, City, State, Zip) Same as home Ph # _____

Driver's License No. UNK State _____ SS # 488-86-0148 PLACE OF BIRTH Germany DOC # _____

Gang Member: Yes No Gang Name None

SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) None seen

IF JUVENILE: School Name _____

Mother/Guardian Address: _____ Ph #: _____

Father/Guardian Address: _____ Ph #: _____

Released To: JAC Parent Guardian Other Relationship Other

Co-Defendant (Last, First, Middle) Carlisle, Tommy Ray Sex: W Race: M DOB 05-20-61

Arrested At Large Capias/Warrant Requested Felony Misdemeanor Juvenile

Co-Defendant (Last, First, Middle) _____ Sex: _____ Race: _____ DOB _____

Arrested At Large Capias/Warrant Requested Felony Misdemeanor Juvenile

STATUTE (subsec.) / ORD #	DV	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE
800.02	<input checked="" type="checkbox"/>	M		lewd and lascivious Acts	2	N/A
800.03	<input checked="" type="checkbox"/>	M		Exposure of sexual organs	2	2

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic
ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other
TYPE: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

A LIST OF TANGIBLE EVIDENCE (If none, write "None") (Evidence List must be provided for all NOTICES TO APPEAR)

DESCRIPTION/AMOUNT PER UNIT	RECOVERED BY	GIVEN TO	PRESENT LOCATION
<u>N</u>	<u>0</u>	<u>N</u>	<u>E</u>

Mandatory Appearance in Court You need not appear in Court, but must comply with instructions on Reverse Side.

COURT INFORMATION: You must appear in County Court at the:
COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET
(Corner of Jefferson & Twiggs Street), TAMPA, FLORIDA 33602 PLANT CITY, FLORIDA 33566

Division _____ COURTROOM # _____ ON _____, 20____, AT _____ a.m. p.m.

I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.

Signature of Defendant/Juvenile _____ Parent or Guardian (if Juvenile) _____

White - Clerk of Court Green - State Attorney Canary - Arresting Agency Pink - Central Booking/Detention Center Goldenrod - Defendant

ADMINISTRATION
DEFENDANT/DEPENDENT
CO-DEFENDANT(S)
CHARGE(S)
EVIDENCE LIST
NOTICE TO APPEAR

VICTIM NOTIFICATION

PROBABLE CAUSE STATEMENT

AGENCY REPORT # 02-319576

AGENCY NAME Tampa PD 010012

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependent

In the likelihood and time, while working in a plain clothes capacity inside the playhouse theater, the affiant observed the def receiving oral sex from the 10 year old. The def was actively giving oral sex to the presences of the affiant. The def made no attempt to conceal himself from public view.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN MY OFFICE WHEN RECEIVED AND ORIGINAL SEAL THIS 21 DAY OF February 2005

PAT FRANK, CLERK

The def was ID verbally.

Judgement required against defendant for agency Investigative cost per Florida Statute 938.27: \$ \$70.00

OFFICER Sherrita Sanders DEPUTY CLERK

I.D. # _____ Dist. & Squad _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS

21 DAY OF Feb 2002

NAME/TITLE of Person Authorized to Administer Oath Pat Frank

POLICE REPORT WRITTEN: Yes No
OFFICER J.S. Douss I.D. # 4913 Dist. & Squad SAF 77
I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED.
AFFIANT Signature [Signature]
AFFIANT Print/Type Name OFF. J.S. Douss

NOTE: The WHITE COPY of VICTIM'S / WITNESSES goes to the Clerk's Office ONLY on Notices To Appear. In all other cases, it should be removed. The Jail or JAC personnel will determine this for all defendants turned over to them. In all Notices To Appear issued by the Arresting Officer, the Arresting Officer should leave the WHITE copy of VICTIM'S / WITNESSES attached.

CLERK OF COURT

BY *Christina Smok*
DEPUTY CLERK
PAT FRANK, CLERK



STATE OF FLORIDA
COUNTY OF HILLSBOROUGH
THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE
AND CORRECT COPY OF THE DOCUMENT ON FILE IN
MY OFFICE WITNESS MY HAND AND OFFICIAL SEAL
THIS 21 DAY OF February 20 05

ON BACK OF EVERY PAGE
↑

**

RECEIPT

Clerk of Circuit Court - CPRDD

Receipt Number: 544213

Date: 21-FEB-2005

Cashier: DAVIS

Payor: STORM, MICHAEL

Address:

Qty	Description	Amount
Case/RefNo: 02-CM-026340		
Style/Comment:		
1	MISD-CERTIFYI	1.50
	CASH	-1.50
Case/RefNo: 02-CM-026340		
Style/Comment:		
7	MISD-COPYING	7.00
	CASH	-7.00
Amount Due:		8.50
Amount Tendered-:		9.00
Change Due:		0.50