

This is a receipt from the 'Deferred Prosecution' Program, MILESTONES. – Although I can't quite read the handwriting, I vividly remember telling the 'counselor' of that program, that the police had violated the law in their false statement (perjury) and subsequent false arrest. (I recall her telling me that this happens sometimes.) This documents that I tried many times to report this law-breaking by law officers.

--Gordon Wayne Watts, LAKELAND, Fla.

OFFICE OF THE STATE ATTORNEY  
TENTH JUDICIAL CIRCUIT

State of Florida

Case No: 53-2003-MM-003784-01XX-XX

vs.

GORDON WAYNE WATTS

DEFERRED PROSECUTION AGREEMENT

I, GORDON WAYNE WATTS, request and agree that the Office of the State Attorney for the Tenth Judicial Circuit refer the above-referenced case to the Deferred Prosecution Program. By signing this agreement, I understand that I am waiving my right to a speedy trial under the laws and constitution of the State of Florida and of the United States with regard to this case.

I understand that as part of this agreement, prosecution of my case will be deferred for a period of 30 days. I agree to return to court for my next court date, unless I am notified in writing by the Office of the State Attorney that I do not need to attend. I understand that if I fail to appear at that next scheduled court date an order will be issued for my arrest.

As part of this agreement, I agree to the following conditions:

1. I will not violate any local, state or federal law.
2. I will immediately inform the State Attorney's Office of any change of address or phone number by contacting the Deferred Prosecution Office, at (863) 534-4843.
3. I will complete all special conditions checked below:
  - Restitution of \_\_\_\_\_ made payable by a money order to \_\_\_\_\_ which must be delivered in person to the Deferred Prosecution Office at the State Attorney's Office.
  - No contact with \_\_\_\_\_ in person, by telephone, in writing or by any other means.
  - I will pay investigative cost by bringing money order to this office for the appropriate law enforcement agency. 125.00 LAKELAND POLICE DEPT.
  - I will attend the three hour Anger Management program titled A. I. M.
  - I will attend the eight hour ACF Mileposts Foundation program (Behavior Modification / Education program).
  - \_\_\_\_\_

I understand that, if I successfully complete the conditions of this agreement, all criminal charges with regard to this case will be dismissed. I understand that if I fail to complete the conditions of this agreement, I may be prosecuted to the fullest extent of the law. The decision as to whether or not I have successfully completed the conditions of this agreement rests solely with the State Attorney's Office. I understand that I am responsible for providing the State Attorney's Office with all documents showing that I have completed all of the conditions of this agreement by December 4, 2003. If I have any questions regarding this agreement, I will contact the Deferred Prosecution Office at (836) 534-4843.

[Signature]  
COUNSELOR

[Signature]  
DEFENDANT SIGNATURE

8/4/03  
DATE

821 Alicia Rd.  
DEFENDANT MAILING ADDRESS

Lakeland, FL 33801-2113  
DEFENDANT CITY, STATE, AND ZIP

(863) 688-9880 (h)  
DEFENDANT HOME AND WORK PHONE NUMBERS  
(863) 687-6141 / 686-3411

40 JAIL  
55 FEE  
125 COSTS  
0