

IN THE COUNTY COURT FOR THE TWELFTH JUDICIAL CIRCUIT  
IN AND FOR SARASOTA COUNTY, FLORIDA

STATE OF FLORIDA,  
Plaintiff,

vs.

CASE NO: 2024-CF-10098

Shawn Sharky  
Defendant.

**SARASOTA COUNTY SHERIFF'S OFFICE**  
**OFFENDER WORK PROGRAM AGREEMENT**

Offender's Charge(s): Trespass on a Construction Site

Your sentence is — days in the Sarasota County Jail. However, if you successfully perform 15 days in the Sarasota County Sheriff's Offender's Work Program (OWP), AND you complete the program within 45 days of your sentence, you will serve no jail time.

Within five (5) working days of entering into this agreement, you must complete the Offender Work Program registration form and deliver it to the Jail front desk at 2020 Main Street, Sarasota, Florida, or at the South County Front desk at 4531 Annex Road, Venice, Florida. You will then be contacted by a program coordinator to create a work schedule.

ANY VIOLATION OF THIS AGREEMENT MAY BE GROUNDS FOR TERMINATION FROM THE PROGRAM. YOU WILL THEN BE REQUIRED TO APPEAR IN COURT AND MAY BE RESENTENCED TO A CONSECUTIVE DAY/MONTH JAIL TERM.

**Note:** *Offenders may be sentenced to the Offender Work Program for no more than 60 days. Offenders will be allowed 10 days for each day sentenced to the OWP, in order to successfully complete the program.*

A SPANISH-LANGUAGE VERSION OF THIS AGREEMENT IS AVAILABLE UPON REQUEST.

UNA VERSIÓN EN ESPAÑOL DE ESTE ACUERDO ESTÁ DISPONIBLE SI USTED LO SOLICITA.

## OFFENDER WORK PROGRAM AGREEMENT

- 1. Voluntariness:** Participation in the Sarasota County Sheriff's Office Offender Work Program (OWP) is a **privilege**; your participation as a worker is **voluntary**. You must be able to accept any work assigned and have no reason, medical or otherwise, that will prohibit you from doing so.
- 2. No Gain Time Accrued:** You do not accrue gain time or other credit towards your sentence while participating in OWP. If the OWP staff determines that you violated the conditions of this Agreement, you will be considered non-compliant. A non-compliant status may result in additional sanctions or dismissal from the program. Failure to complete the OWP within the agreed time limit is a violation of this Agreement.
- 3. Safety:** Participants will be issued necessary safety equipment. You must properly wear the issued safety vest/equipment the entire time you are on duty for your own safety. Failure to do so will result in termination from the work program. Late arrivals or early departures may result in termination from the program.
- 4. Workdays:** For each scheduled workday you will be given the work location in advance and must report to the work location no later than **8:45 a.m.** You will conclude each workday by 1:30 p.m. at the work location. Parking and restrooms are available at each work location. Failure to sign in at beginning of the day will result in you **NOT** getting credit for that day. Leaving early from a work site will result in you **NOT** getting credit for that day.
- 5. Schedule and Work Performed:** The Sarasota County Sheriff's Office has the right to set your work schedule and duties. While efforts will be made to minimize scheduling conflicts, the decision of the Sarasota County Sheriff's Office regarding workdays is final. You must appear for work when told or you will be in violation of this Agreement.
- 6. Transportation:** Participants in the Offender Work Program will be responsible for their own transportation to and from the designated work location. The Sarasota Sheriff's Office personnel will not transport participants. All participants must remain at the designated work location for the entire work shift.
- 7. No Drugs or Alcohol:** You may not appear at the Offender Work Program while under the influence of alcohol or drugs, even if you are not subject to alcohol restrictions by the court. There is a no tolerance policy for alcohol, and you will be required to pass a breath test with a reading of **0.00. NO exceptions!** Failing the test is considered a violation of this Agreement. Program participants are also subject to alcohol and/or drug testing at any time at their own expense. The Sarasota County Sheriff's Office will be the sole authority regarding whether a participant has consumed or is under the influence of alcohol or drugs. If the Sarasota County Sheriff's Office determines you have violated a term of this provision you will be immediately prohibited from further participation in the program.
- 8. Lunch and Beverages:** All participants must bring their own lunch. The Offender Work Program supervisors **will not** stop at restaurants, convenience stores, or any other location. All drinks must be in a sealed container; no thermos or other unsealed containers will be allowed. The Sarasota County Sheriff's Office will furnish water and ice. No worker will be allowed to

have a meal brought to his or her designated work location. No worker may leave the designated work area for any reason, absent express permission from the Sarasota County Sheriff's Office. The Sarasota County Sheriff's Office reserves the right to inspect all food and drinks to ensure that no unauthorized items, including contraband items as defined by Florida Statute 951.22, are introduced during participation under this Agreement.

**9. No Contact During Workday:** Participants are prohibited from having any contact with family members or friends during participation in the Offender Work Program. Contact with bystanders, the curious, or members of the public on or off premises where work is being conducted is prohibited without the approval of the supervisor. **Should an emergency arise requiring your family member to communicate with you while you are working under this Agreement, your family member must contact the Offender Work Program supervisor at 941-861-4644 or 941-861-4646.**

**10. Clothing/Attire:** You must report to the Offender Work Program in clean clothes each day; work clothes are recommended. No shorts, low-slung pants, or suggestive clothing is permitted. No clothing shall display drugs and/or alcohol, gang-related material, or profane or inappropriate remarks. Due to the nature of work being performed, long-sleeved shirts are suggested. All participants must wear closed-toe shoes or boots with hard soles. No flip-flops or sandals are permitted. The Sarasota County Sheriff's Office will be the sole authority regarding whether a participant's clothing is appropriate for the program. Failure to be properly attired will result in your not being allowed to work for the day. This will be considered the same as not reporting, which is a violation of this Agreement. Sunscreen and insect repellent in containers approved by the supervisor will be permitted.

**11. No Weapons or Contraband:** Participants are not allowed to bring or possess any weapons or contraband, as set forth in section 951.22, Florida Statutes. Do not bring any type of playing cards, magazines, books, puzzle books, games, newspapers, radios, cell phones, cigarettes, or vapes. Knives, weapons, and contraband will be immediately seized from the participant and the participant will be immediately prohibited from further participation in the program. **NOTE: All participants are subject to being searched at any time for weapons or contraband.**

**12. Personal Illness or Death in the Family:** Personal illness or a death of an immediate family member are the only excusable absences. The participant must present a signed doctor's note containing the nature of the illness and how many days you are expected to be absent from the program. The Sarasota County Sheriff's Office will review the note for authenticity and accuracy and give final approval. No call-ins will be accepted. If you are unable to work due to illness, you must have a medical release signed by your doctor indicating you are able to return to work before you will be allowed to return to the Offender Work Program. In the event there is a death in the family that requires you to miss a scheduled workday, proper documentation is required. Failure to submit the required documentation may result in non-compliance and additional sanctions.

**13. Injuries:** If you are injured during your work period – even if the injury is minor – you must notify the Offender Work Program supervisor as soon as possible, but no later than the end of your workday. The supervisor shall investigate the matter and will prepare a report that

you will be required to sign. If a worker sustains minor injuries, bandages and antibiotic creams will be provided upon request for self-administered treatment and care.

**14. Prohibited Language:** At no time will any participants indulge in the use of profane, vulgar, inappropriate, or suggestive language. Any confrontation with or disrespect toward the Offender Work Program supervisor, other participants, or any other person will result in an immediate suspension from the OWP and will be grounds for termination. The Sarasota County Sheriff's Office will have sole authority to determine what is confrontational or disrespectful as used in this Agreement and for the purpose of determining whether the participant shall be prohibited from further participation in the program.

**15. Refusal to Work:** Any participant who refuses to work (as determined by the OWP supervisor) will be terminated from the program.

**16. Smoking/Vaping/Tobacco:** There will be **NO SMOKING or vaping or use of tobacco products** while on duty in the Offender Work Program.

**17. Tipping:** Tipping is strictly forbidden. Anyone accepting a tip will be removed from the program.

**18. Salvaging:** No salvaging. Participants may not retain items recovered throughout the day. All items recovered will be given to the Offender Work Program supervisor for review and proper disposal.

**19. Violations of Law:** Any violation of any law, statute, ordinance, court order, administrative rule, or any other recognized legal precedent will be grounds for immediate and automatic termination from the program.

**20. Anti-Harassment:** Participants are strictly prohibited from engaging in any unwanted, harassing, or hostile behavior on the basis of race, color, religion, sex, national origin, age, disability, pregnancy, sexual orientation, gender identity, marital status, or any other legally protected status while participating in the Offender Work Program. Participants who engage in any such behavior will be terminated from the program.

*I have read (or have had read to me) and understand the Sarasota County Sheriff's Offender Work Program Rules and Conditions as set forth in this Agreement.*

*I hereby agree to abide by all Sarasota County Offender Work Program Rules and Conditions. Failure to do so will result in additional sanctions and/or termination from the Offender Work Program.*

*I do hereby agree to release Sarasota County and the Sarasota County Sheriff's Office and its officers, agents, personnel, and assigns of any and all responsibility for any injury or pain that I may incur while participating in the Sarasota County Sheriff's Office Offender Work Program. I fully realize that my participation in the Offender Work Program is voluntary and contingent on my being able to accept any work assigned and I know of no reason, medical or other, which will prohibit me from doing so. No one has forced me to participate in this program against my will and the choice to participate in this program is exclusively my*



IN THE COUNTY/CIRCUIT COURT IN AND FOR SARASOTA COUNTY, FLORIDA

COURT APPEARANCE RECORD  
 JUDGMENT AND SENTENCE

STATE OF FLORIDA CASE #: 2024 CF 010098 NC OBTS #: 5801323462  
 VS SHARKEY, SHAUN M

JUDGE: KRUG, THOMAS TYPE OF PROCEEDING: CDS  
 DATE: 09/08/2025 9:00 am

APPEARANCE:  PRESENT  PRESENT WITH ATTORNEY  NOT PRESENT-WRITTEN NOT GUILTY PLEA  FAILED TO APPEAR  
 COURT ORDERED:  BW  CAPIAS  BOND SET  NO MOD  BOND FORFEITED  SUMMONS  D-6  
 COURT APPOINTED:  P.D.  SPECIAL P.D.  INTERPRETER  DEFENDANT WAIVED RIGHT TO COUNSEL  JURY SWORN

CHARGES OF:		BOND	TYPE	PLEA				ADJUDICATION					
CT	SQ			G	NG	NOLO	AB	G	NG	W/H	N.P.	D	DSM
1	1	810.09(2d)	TRESPASSING CONSTRUCTION SITE	\$ 25000	Surety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	2	843.02	RESIST OFFICER-OBSTRUCT WO VIOLENC	\$ 5000	Surety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENTENCE STATE ATTORNEY: Lissa MacDonald DEFENSE ATTORNEY: BRETT DONALD MCINTOSH

CT	SQ	FINE	C.J.	DOC	YEARS	MONTHS	DAYS	C.T.S.	SUSP. JAIL	<input type="checkbox"/> CONC W/	<input type="checkbox"/> CONSEC TO	<input type="checkbox"/> COTERM W/
1	1	<u>5,000</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JAIL SENTENCE CONDITIONS:  
 OFFENDER WORK PROGRAM: 15 days OWP - See Contract

PROBATION/ COMMUNITY CONTROL must report today.

CT	SQ	CO	DOC	YEARS	MONTHS	DAYS	CONCURRENT/W	CONSECUTIVE TO	RESTITUTION
1	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COURT COSTS ATTACHED  PAYMENT PLAN  JUDGMENT  DUE OVER PROBATION  WAIVED COST OF SUPERVISION  
 EARLY TERMINATION as defendant completes all terms  REVOKE  TERMINATE  ALL ORIGINAL CONDITIONS REMAIN

COURT COMMENTS:  
Must write a letter of apology to SPD. Must complete Corrective Thinking Course and a Life Skills Course.

CASE PLACED ON:  NON-FILED STATUS MOTION(S)  HEARD  CANCELLED  UNDER ADVISEMENT  
 SPECIAL CONDITIONS: BEGIN TERMS W/IN \_\_\_\_\_ COMPLETE TERMS W/IN \_\_\_\_\_

ATTEND & COMPLETE DUI SCHOOL  RECOMMENDED TREATMENT (DUI)  RANDOM URINALYSIS  NO CONSUMPTION OF ILLEGAL DRUGS OR ALCOHOL  
 ATTEND & COMPLETE VICTIM IMPACT PANEL  B.P.O. LICENSE - MAY APPLY  DRIVER'S LICENSE REC. BY CLERK  
 IMPOUND VEHICLE  10  30  90 DAYS  WAIVED  DRIVER'S LICENSE SUSP / REV  
 IGNITION INTERLOCK DEVICE  FINGERPRINTS TAKEN  DNA  
 PUBLIC SERVICE \_\_\_\_\_ HOURS  MAY BUY HOURS AT \_\_\_\_\_  MAY CONVERT COURT COSTS TO PUBLIC SERVICE AT \$15 per hr  
 NO CONTACT W/VICTIM(S) INDIRECT/DIRECT  NO HARMFUL CONTACT  
 NO RETURN TO PROPERTY  
 DRUG  ALCOHOL  MENTAL HEALTH EVALUATION  RECOMMENDED TREATMENT AS ORDERED  
 SUCCESSFULLY COMPLETE TREATMENT / AFTERCARE AS ORDERED ON FIRST ATTEMPT  DEFER TO  PTI  TPTI  CBIP  DVIP

DONE AND ORDERED IN OPEN COURT SARASOTA COUNTY, FLORIDA  
 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ JUDGE \_\_\_\_\_

NEXT COURT APPEARANCE  SARASOTA  VENICE  STATE'S CONTINUANCE  DEFENSE CONTINUANCE  COURT CONTINUANCE

ARR G \_\_\_\_\_ AT \_\_\_\_\_ /M  PTC \_\_\_\_\_ AT \_\_\_\_\_ /M  C.I.P. \_\_\_\_\_ AT \_\_\_\_\_ /M  
 VOP \_\_\_\_\_ AT \_\_\_\_\_ /M  CM  DS \_\_\_\_\_ AT \_\_\_\_\_ /M  PLEA ON \_\_\_\_\_ AT \_\_\_\_\_ /M  
 HEARING / D.U.I. \_\_\_\_\_ AT \_\_\_\_\_ /M  NJT  JT \_\_\_\_\_ AT \_\_\_\_\_ /M  H.C.C. \_\_\_\_\_ AT \_\_\_\_\_ /M

CERTIFICATE OF SERVICE -  
 I HEREBY CERTIFY THAT THE FOREGOING HAS BEEN  HAND-DELIVERED /  MAILED TO THE DEFENDANT THIS \_\_\_\_\_ DAY OF September, 2025.  
 BY: [Signature] CLERK OF THE CIRCUIT COURT, SARASOTA COUNTY, FLORIDA  
 DEPUTY CLERK

DEFENDANT *Sharkey, Shawn M.*

**COST SHEET - FELONY/ MISDEMEANOR / CRIMINAL TRAFFIC COURT COST**

- | <input type="checkbox"/> 1. Misdemeanor Guilty<br><small>MM,CT</small>   | \$223.00   | <input type="checkbox"/> 17. Felony Guilty   | \$418.00      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
|--|------------|--|---------------|------|----------------------------------|----------|----------------------------------|----------|----------------------------------|-----------|-----------------------------------|-----------|-----------------------------------|-----------|-----------------------------------|-----------|-----------------------------------|------------|-----------------------------------|------------|--|------------|--|
| <input type="checkbox"/> 2. City Code Guilty<br><small>MO</small>  | \$403.00   | <input checked="" type="checkbox"/> 18. Felony Withheld  | \$413.00      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 3. County Code Guilty<br><small>CO</small>  | \$273.00   | <input type="checkbox"/> 19. Domestic Violence<br>Surcharge (applied per applicable count)   | \$201.00      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 4. Misdemeanor Withheld<br><small>MM,CT</small>   | \$218.00   | <input type="checkbox"/> 20. Rape Crises Trust Fund<br>(applied per applicable count)  | \$151.00      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 5. City Code Withheld<br><small>MO</small>  | \$368.00   | <input type="checkbox"/> 21. Child Advocacy Center<br>(applied per applicable count)   | \$151.00      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 6. County Code Withheld<br><small>CO</small>  | \$268.00   | <input type="checkbox"/> 22. Indigency Fee<br><input type="checkbox"/> previously assessed   | \$ _____      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 7. Driving Under the Influence<br>(Includes County Facility Fee)                              | \$168.00   | <input type="checkbox"/> 23. Attorney Fee <input type="checkbox"/> PD <input type="checkbox"/> ORC   | \$ _____      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 8. Boating Under the Influence<br>(Includes BUI and DUI Fees)                                 | \$195.00   | <input type="checkbox"/> 24. Investigative Fee<br>(Agency: _____)  | \$ _____      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 9. Reckless Driving/ Leaving<br>the Scene - Fine  | \$ 5.00    | <input checked="" type="checkbox"/> 25. Fine (See Court Appearance Record<br>for Fine Amount) and Surcharge  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 10. Court Facility Fee/ Additional<br>Surcharge<br>(All criminal traffic offenses under §316) | \$ 33.00   | <table border="0"> <thead> <tr> <th>Surcharge</th> <th>Fine</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> \$ 1.25</td><td>\$ 25.00</td></tr> <tr><td><input type="checkbox"/> \$ 2.50</td><td>\$ 50.00</td></tr> <tr><td><input type="checkbox"/> \$ 5.00</td><td>\$ 100.00</td></tr> <tr><td><input type="checkbox"/> \$ 12.50</td><td>\$ 250.00</td></tr> <tr><td><input type="checkbox"/> \$ 13.25</td><td>\$ 265.00</td></tr> <tr><td><input type="checkbox"/> \$ 25.00</td><td>\$ 500.00</td></tr> <tr><td><input type="checkbox"/> \$ 50.00</td><td>\$1,000.00</td></tr> <tr><td><input type="checkbox"/> \$100.00</td><td>\$2,000.00</td></tr> <tr><td><input checked="" type="checkbox"/> \$250.00</td><td>\$5,000.00</td></tr> </tbody> </table> | Surcharge     | Fine | <input type="checkbox"/> \$ 1.25 | \$ 25.00 | <input type="checkbox"/> \$ 2.50 | \$ 50.00 | <input type="checkbox"/> \$ 5.00 | \$ 100.00 | <input type="checkbox"/> \$ 12.50 | \$ 250.00 | <input type="checkbox"/> \$ 13.25 | \$ 265.00 | <input type="checkbox"/> \$ 25.00 | \$ 500.00 | <input type="checkbox"/> \$ 50.00 | \$1,000.00 | <input type="checkbox"/> \$100.00 | \$2,000.00 | <input checked="" type="checkbox"/> \$250.00 | \$5,000.00 |  |
| Surcharge  | Fine       |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> \$ 1.25   | \$ 25.00   |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> \$ 2.50   | \$ 50.00   |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> \$ 5.00   | \$ 100.00  |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> \$ 12.50  | \$ 250.00  |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> \$ 13.25  | \$ 265.00  |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> \$ 25.00  | \$ 500.00  |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> \$ 50.00  | \$1,000.00 |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> \$100.00  | \$2,000.00 |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input checked="" type="checkbox"/> \$250.00   | \$5,000.00 |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 11. State Law Enforcement Fee   | \$ 3.00    | OTHER:<br><input type="checkbox"/> \$ _____ x 5%   | \$ _____      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 12. Local Law Enforcement Fee   | \$ 2.00    | <input checked="" type="checkbox"/> 26. State Attorney Cost of<br>Prosecution  | \$ <u>100</u> |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 13. Misd. Alcohol & Drug Fee<br>(Adjudication of Guilt)                                       | \$ 15.00   | <input type="checkbox"/> 27. State Attorney Worthless<br>Check Fee   | \$ _____      |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 14. Drug Abuse Program  | \$ _____   | <input type="checkbox"/> 28. Personal Identification<br>(applied per applicable count)   | \$1001.00     |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 15. Reckless Driving  | \$ 65.00   |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |
| <input type="checkbox"/> 16. Administrative Processing<br>Service Charge   | \$ 25.00   |  |               |      |                                  |          |                                  |          |                                  |           |                                   |           |                                   |           |                                   |           |                                   |            |                                   |            |  |            |  |

## MISDEMEANOR/ FELONY COURT COST GROUP AND ASSOCIATED FEES

1. MISDEMEANOR GUILTY-NO FINE/ FINE	= b, c, d, f, g, i, p, v, z, bb
2. CITY CODE VIOLATION GUILTY-NO FINE/FINE	=a, b, c, d, f, g, h, i, p, u, v, y, z, bb
3. COUNTY CODE VIOLATION GUILTY-NO FINE/ FINE	=b, c, d, f, g, u, v, y, z, bb
4. MISDEMEANOR WITHHELD - NO FINE/ FINE	= d, f, g, i, p, v, z, bb
5. CITY CODE VIOLATION WITHHELD - NO FINE/ FINE	= d, f, g, h, i, p, u, v, y, z, bb
6. COUNTY CODE VIOLATION WITHHELD-NO FINE/ FINE	= d, f, g, u, v, y, z, bb
7. DRIVING UNDER THE INFLUENCE	= j, k, l, w, cc
8. BOATING UNDER THE INFLUENCE	= j, k, l, x
9. RECKLESS DRIVING/ LEAVING THE SCENE	=m
10. COURT FACILITY FEE/ ADDITIONAL SURCHARGE	= w, cc
11. STATE LAW ENFORCEMENT FEE	= c
12. LOCAL LAW ENFORCEMENT FEE	= b
13. MISD. DRUG AND ALCOHOL	= dd
14. DRUG/ ALCOHOL ABUSE PROGRAMS	= gg
15. RECKLESS DRIVING	= ii
16. ADMINISTRATIVE PROCESSING SERVICE CHARGE	= hh
17. FELONY GUILTY-NO FINE/ FINE	=b, c, e, f, g, i, p, v, z, aa
18. FELONY WITHHELD - NO FINE/ FINE	= e, f, g, i, p, v, z, aa
19. DOMESTIC VIOLENCE SURCHARGE	= r
20. RAPE CRISES TRUST FUND	= s
21. CHILD ADVOCACY CENTER	= t
22. INDIGENCY FEE	= n
23. ATTORNEY FEE	= o
24. INVESTIGATIVE FEE	= q
25. FINE and SURCHARGE	= i, p
26. STATE ATTORNEY COSTS OF PROSECUTION	= ee
27. STATE ATTORNEY WORTHLESS CHECK	= ff
28. CRIMINAL USE OF PERSONAL IDENTIFICATION INFORMATION	= ii

### Key to Abbreviations:

*AO = Administrative Order	*F.S. = Florida Statute	*TF = Trust Fund	*DUI = Driving Under the Influence
*CTY ORD = County Ordinance	*FDLE = Florida Department of Law Enforcement	*PD – Public Defender	*ORC – Office of Regional Counsel

### COURT COST ASSESSMENTS AND AUTHORITY

a. Court Cost (AO 2004-4-7)	\$ 30.00
b. Local Law Enforcement (F.S. 938.15 and CTY ORD 81-127)	\$ 2.00
c. State Law Enforcement (F.S. 938.01)	\$ 3.00
d. Criminal Justice TF (F.S.938.05)- Misdemeanor	\$ 60.00
e. Criminal Justice TF (F.S.938.05) - Felony	\$225.00
f. Crimes Compensation TF (F.S. 938.03)	\$ 50.00
g. Crime Stoppers TF (F.S. 938.06)	\$ 20.00
h. City Crime Prevention (CTY 2008-4772)	\$100.00
i. Surcharge (F.S. 938.04) 5% of Fine	5%
j. Criminal Justice Training FDLE (F.S. 938.07)	\$ 50.00
k. Brain & Spinal Cord TF (F.S. 938.07)	\$ 60.00
l. Emergency Medical TF (F.S. 938.07)	\$ 25.00
m. Emergency Medical TF for Reckless Driving (F.S. 316.192)	\$ 5.00
n. Indigency (F.S.27.52)	\$ 50.00
o. Attorney Fee (F.S. 938.29)	Varies
p. Fine	Varies
q. Investigative Fee (F.S. 938.27)	Varies
r. Domestic Violence Surcharge (F.S. 938.08)	\$201.00
s. Rape Crises Trust Fund (F.S. 938.085)	\$151.00
t. Child Advocacy Center (F.S. 938.10)	\$151.00
u. Cost of Recovery County/City Ordinance (F.S. 34.045(1)(b))	\$ 40.00
v. Additional Court Cost (F.S. 939.185(1A) and CTY ORD 2004-077)	\$ 65.00
w. State Court Facility (CTY ORD 2009-039 and F.S. 318.18)	\$ 30.00
x. Boating Under the Influence (F.S. 327.35(9))	\$ 60.00
y. Additional Filing Fee (F.S. 34.045(c))	\$ 10.00
z. Teen Court Fee (F.S. 938.19 and CTY ORD 2005-069)	\$ 3.00
aa. Crime Prevention (F.S. 775.083(2))- Felony	\$ 50.00
bb. Crime Prevention (F.S. 775.083(2))- Misdemeanor	\$ 20.00
cc. Additional Surcharge (F.S. 318.18(17))	\$ 3.00
dd. County Alcohol/Drug Abuse (F.S. 938.13 and CTY ORD 2008-036)	\$15.00
ee. State Attorney Cost of Prosecution (F.S. 938.27)	Varies
ff. State Attorney Worthless Check Program (F.S. 832.08)	Varies
gg. Additional Court Costs (F.S. 938.21)	Varies
hh. Administrative Processing Service Charge (F.S. 28.24(27)(c))	\$ 25.00
ii. Additional Penalty (F.S. 318.18)	\$ 65.00
jj. Criminal Use of Personal Identification (F.S. 817.568)	\$1001.00

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
SARASOTA, MANATEE, DESOTO COUNTY, STATE OF FLORIDA

STATE OF FLORIDA,

VS.

CASE NO: 2024 CF 10098

SHAUN SHARKEY  
DEFENDANT

**ACKNOWLEDGMENT AND WAIVER OF RIGHTS**

I, the undersigned Defendant, am entering a plea of guilty or no contest to the charge(s) against me, and I acknowledge the following:

1. I am pleading to the charge(s) of: **Count 1: Trespass on a Construction site**  
The maximum penalty is **5 years DOC** and the minimum penalty, if any, is **non-state prison**. The plea is subject to, and conditional upon, my right to appeal the validity of such plea and sentence, because of any legally dispositive issues, including sentencing errors not apparent to me at this time.
2. I understand that I have the right to be represented by an attorney at every stage of the proceeding and, if necessary, an attorney will be appointed to represent me. I have the right to both a jury trial and an attorney's help at that trial. I have the right to compel the attendance of witnesses on my behalf, the right to confront and cross-examine witnesses against me, and the right not to testify or to incriminate myself. By pleading guilty or no contest, I understand I am waiving my right to a trial.
3. I understand that by pleading guilty or no contest, unless I expressly reserve the right to appeal a prior ruling of the Court, I give up the right to appeal all matters relating to the Court's Judgment, including my guilt or innocence. I am also giving up the right to have motions filed, witnesses interviewed, and the right to present any defenses I may have to the charges.
4. I understand that the Judge may ask me questions about the charges, and if I answer these questions under oath, on the record, and in the presence of my lawyer, those answers could be used in any later prosecution for perjury. Unless otherwise indicated, I am waiving my right to a presentence investigation and recommendation.
5. I admit that there is a factual basis for the charges to which I am pleading, and I feel my plea to be in my best interest.
6. I understand that if the Court accepts my plea to the charge(s) listed in Paragraph 1, my sentence will be **Withhold of adjudication, 2 years probation, special conditions: 15 days county jail with credit for all time served, 15 days offender work program, \$5000 fine, corrective thinking class, life skills class, letters of apology to SPD, court costs, costs of prosecution, costs of investigation. Probation SHALL automatically terminate upon completion of all special conditions.**  
Unless otherwise ordered, I understand I am responsible for payment of all applicable costs as required by Chapter 938, Florida Statutes, including costs of prosecution and documented investigative costs pursuant to F.S. 938.27. If the Court has appointed counsel to represent me, I understand I shall be liable for payment of attorney's fees, costs and application fee, pursuant to F.S. 938.29, for which a lien may be imposed. If an offense to which I am pleading is one for which automatic, mandatory driver's license suspensions or revocation is required by law to be imposed either by the Court or by a separate agency, the plea will provide basis for said suspension or revocation.
7. Other than the proposed sentence set out in Paragraph 6, no one has made any promises or guarantees to me, nor in any way forced or threatened me to enter this plea. I am doing this freely and voluntarily. I am not currently under the influence of any substance that may affect my ability to understand these proceedings. I do not have any untreated mental illness that would keep me from understanding this plea and its consequences.
8. I understand that if my sentence includes incarceration, the Department of Corrections, or jail facility, are solely responsible for awarding gain time or any type of early release. Any information I have received concerning gain time or early release is strictly an estimate and is **not** a part of my plea agreement.
9. I am represented by the undersigned attorney. I have discussed my case with him/her, and any questions I have had about my case have been answered to my satisfaction. I feel my attorney has represented me to the best of his/her ability, and I am satisfied with this representation.
10. I understand that I have the right to appeal the judgment and sentence of the Court within thirty (30) days from the date of sentence. I understand that if I wish to appeal and cannot afford an attorney to help me in my appeal, the Court will appoint an attorney to represent me for that purpose.
11. I understand that if I am not a citizen of the United States, the plea **will** subject me to deportation proceedings and/or detention proceedings pursuant to the laws and regulations governing the Bureau of Citizenship and Immigration Services, United States Department of Homeland Security.
12. I understand that adjudication in this case, whether withheld or not, may be used to enhance any sentence I may receive with regard to crimes, pending or future, which I may be prosecuted.
13. I understand that my guilty plea in this case, or the Court adjudging me to be guilty, may be used to enhance any sentence I may receive with regard to crimes, pending or future, for which I may be prosecuted.
14. I am unaware of the existence of any physical evidence containing DNA that could exonerate me of any of the charges to which I am pleading.
15. I understand that if any offense to which I am pleading is a sexually violent or sexually motivated offense, or, if I have been previously convicted of such an offense, this plea may subject me to involuntary civil commitment as a sexually violent predator upon completion of my sentence.

Date:

9/8/25

Defendant's signature:



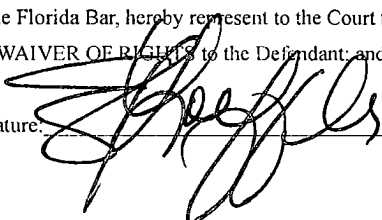
**ACKNOWLEDGMENT OF COUNSEL**

I, the undersigned member of the Florida Bar, hereby represent to the Court that I represent the above-named Defendant, that I reviewed and explained the ACKNOWLEDGMENT AND WAIVER OF RIGHTS to the Defendant, and to the best of my knowledge and belief, the Defendant fully understands its contents.

Date:

9/8/25

Attorney Signature:



Attorney Printed Name:

WEFFLER

Bar #

109428

**RULE 3.992(a) CRIMINAL PUNISHMENT CODE SCORESHEET**

1 DATE OF SENTENCE <i>Sept 8, 2025</i>	2 PREPARER'S NAME MACDONALD, LISSA	3 COUNTY SARASOTA	4 SENTENCING JUDGE KRUG, THOMAS W	
5 NAME (LAST, FIRST, M.I.)  SHARKEY, SHAUN M	6 DOB  02/28/2006	8 RACE  WHITE	10 PRIMARY OFF DATE  10/09/2024	12 PLEA <input checked="" type="checkbox"/>
	7 DC#	9 GENDER  MALE	11 PRIMARY DOCKET #  2024CF010098NC	TRIAL <input type="checkbox"/>

**I. PRIMARY OFFENSE:** If Qualifier, please check  A  S  C  R (A=Attempt, S=Solicitation, C=Conspiracy, R=Reclassification)

FELONY DEGREE	F.S.# DESCRIPTION	OFFENSE LEVEL	POINTS
3	810.09(2)(c) TRESPASS ON A CONSTRUCTION SITE	1	1

(Level - Points: 1=4, 2=10, 3=16, 4=22, 5=28, 6=36, 7=56, 8=74, 9=92, 10=116)

Prior capital felony triples Primary Offense points  **I. 4.00**

**II. ADDITIONAL OFFENSE(S):** Supplemental page attached

DOCKET #	FEL/MM DEGREE	F.S.#	OFFENSE LEVEL	QUALIFY A/S/C/R	COUNTS	POINTS	TOTAL
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X		0.00
DESCRIPTION: _____							
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X		0.00
DESCRIPTION: _____							
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X		0.00
DESCRIPTION: _____							
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X		0.00
DESCRIPTION: _____							
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X		0.00
DESCRIPTION: _____							

(Level - Points: M=0.2, 1=0.7, 2=1.2, 3=2.4, 4=3.6, 5=5.4, 6=18, 7=28, 8=37, 9=46, 10=58)

Supplemental page points **0.00**

Prior capital felony triples Additional Offense points  **II. 0.00**

**III. VICTIM INJURY:**

	Number	Total		Number	Total
2nd Degree murder	240 X 0	= 0.00	Slight	4 X 0	= 0.00
Death	120 X 0	= 0.00	Sex Penetration	80 X 0	= 0.00
Severe	40 X 0	= 0.00	Sex Contact	40 X 0	= 0.00
Moderate	18 X 0	= 0.00			

**III. 0.00**

**IV. PRIOR RECORD:** Supplemental page attached

FEL/MM DEGREE	F.S.#	OFFENSE LEVEL	QUALIFY A/S/C/R	DESCRIPTION:	COUNTS	POINTS	TOTAL
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		X		0.00

(Level - Points: M=0.2, 1=0.5, 2=0.8, 3=1.6, 4=2.4, 5=3.6, 6=9, 7=14, 8=19, 9=23, 10=29)

Supplemental page points **0.00**

**IV. 0.00**

**Page 1 Subtotal: 4.00**

Effective Date: For offenses committed under the Criminal Punishment Code effective for offenses committed on or after October 1, 1998, and subsequent revisions.

<b>NAME (LAST, FIRST, M.I.)</b> SHARKEY, SHAUN M	<b>DOCKET #</b> 2024CF010098NC	<b>DATE OF SENTENCE</b>
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Page 1 Subtotal: 4.00

**V. LEGAL STATUS VIOLATION = 4 Points**

- Escape   
 Fleeing   
 Failure to Appear   
 Supersedeas Bond   
 Incarceration   
 Pretrial Intervention or Diversion Program  
 Court Imposed or Post Prison Release Community Supervision Resulting in a Conviction

**V.** 0.00

**VI. COMMUNITY SANCTION VIOLATION BEFORE THE COURT FOR SENTENCING**

**VI.** 0.00

- Probation                                   
 Community Control                                   
 Pretrial Intervention or Diversion  
 6 points for any violation other than new felony conviction x 0 each successive violation OR  
 New felony conviction = 12 points x 0 each successive violation if new offense results in conviction before or at same time as sentence for violation of probation OR  
 12 points x 0 each successive violation for a violent felony offender of special concern when the violation is not based solely on failure to pay costs, fines, or restitution OR  
 New felony conviction = 24 points x 0 each successive violation for a violent felony offender of special concern if new offense results in a conviction before or at the same time for violation of probation

**VII. FIREARM/SEMI-AUTOMATIC OR MACHINE GUN = 18 or 25 Points**

**VII.** 0.00

**VIII. PRIOR SERIOUS FELONY = 30 Points**

**VIII.** 0.00

**Subtotal Sentence Points** 4.00

**IX. ENHANCEMENTS (only if the primary offense qualifies for enhancement)**

- |  |                                |                                |                                |   |   |
|--|--------------------------------|--------------------------------|--------------------------------|---|---|
| Law Enf Protect  | Drug Trafficker                | Motor Vehicle Theft            | Criminal Gang Offense          | Domestic Violence in the Presence of Related Child (offenses committed on or after 3/12/07) | Adult-on-Minor Sex Offense (offenses committed on or after 10/1/14) |
| <input type="checkbox"/> x 1.5 <input type="checkbox"/> x 2.0 <input type="checkbox"/> x 2.5 | <input type="checkbox"/> x 1.5 | <input type="checkbox"/> x 1.5 | <input type="checkbox"/> x 1.5 | <input type="checkbox"/> x 1.5  | <input type="checkbox"/> x 2.0                                      |

**Enhancement Subtotal Sentence Points** **IX.** 0.00

**TOTAL SENTENCE POINTS** 4.00

**SENTENCE COMPUTATION**

If total sentence points are less than or equal to 44, the lowest permissible sentence is any non-state prison sanction. If the total sentence points are 22 points or less, see Section 775.082(10), Florida Statutes, to determine if the court must sentence the offender to a non-state prison sanction.

If total sentence points are greater than 44:  
0.000 total sentence points minus 28 = 0.000 X .75 = 0.000 lowest permissible prison sentence in months

If total sentence points are 60 points or less and court makes findings pursuant to both Florida Statutes 948.20 and 397.334(3), the court may place the defendant into a treatment-based drug court program.

The maximum sentence for each individual felony offense is the statutory maximum as provided in s.775.082, F.S., unless the lowest permissible sentence listed above exceeds the statutory maximum for that offense. If the lowest permissible sentence exceeds the statutory maximum for an individual felony offense, the lowest permissible sentence replaces the statutory maximum and must be imposed for that offense. See State v. Gabriel, 314 So. 3rd 1243 (Fla.2021). Sentences for multiple felony offenses may be imposed concurrently or consecutively. If total sentence points are greater than or equal to 363, a life sentence may be imposed. If total sentence points are greater than or equal to 363, a life sentence may be imposed.

Description	Maximum sentence in years
Primary offense: <u>TRESPASS ON A CONSTRUCTION SITE</u>	<u>5.000</u>
Total maximum sentence in years for all counts above if consecutive sentences imposed	<u>5.000</u>
	Maximum sentence in years

<b>NAME (LAST, FIRST, M.I.)</b> SHARKEY, SHAUN M	<b>DOCKET #</b> 2024CF010098NC	<b>DATE OF SENTENCE</b>
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**TOTAL SENTENCE IMPOSED**

		Years	Months	Days
<input type="checkbox"/> State Prison	<input type="checkbox"/> Life	_____	_____	_____
<input type="checkbox"/> County Jail	<input type="checkbox"/> Time Served	_____	_____	_____
<input type="checkbox"/> Community Control		_____	_____	_____
<input checked="" type="checkbox"/> Probation	<input type="checkbox"/> Modified	2	_____	_____

Please check if sentenced as  Habitual Offender,  Habitual Violent Offender,  Violent Career Criminal,  Prison Release Reoffender,  
or a  Mandatory Minimum Applies.

Mitigated Departure  Plea Bargain  Prison Diversion Program

Other Reason(s) \_\_\_\_\_

<b>JUDGE'S SIGNATURE</b>	
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