

STATE OF FLORIDA	· · · · · · · · · · · · · · · · · · ·			٠.,	2/28/2025	7.
. vs	2			•		
PETTWAY, GREGORY	. 7	A				
Defendant	* * *		•	-		
CI	harge(s)	٠.			Case No.	
KIDNAP-FÁLSE IMPRISON	MENT: FALSE IMP	RISONMENT OF PE	RSON		012025CF000565/	4
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	,		7			
						·
	REQUEST FO	OR RELEASE ON	SIGNATUF	RE BOND		.,,

## on a signature bond under the following circumstances and conditions by which I shall be bound. GREGORY PETTWAY , am liable and firmly bound to pay the sum of should I fail to appear in court as directed. Lspecifically agree that written notice given to me at the following address: will be binding upon me for purposes of notice of any events in the proceedings of my case. I further agree to notify J. K. "Jess" Irby, Esq., Clerk of Courts, Alachua County Courthouse, Gainesville, Florida 32601, of any change in my address within five (5) days. 3. I understand that if I fail to appear in Circuit Court at (time) TBN (date) TO BE NOTIFIED or sooner if so notified by the Clerk of the Court, a capias will be issued for my arrest and return to jail pending trial. 4. I shall refrain from any criminal activity. 5. I shall refrain from ANY contact with the following person(s): except through pre-trial discovery pursuant to the Florida rules of Criminal Procedure. 6. I specifically agree to the following special conditions: Shall be released to the custody of: Release to Court Services, 35 N Main Street, Gainesville, FL 32601, (352) 338-7390 for contact supervision and comply with the following conditions within 24 hours (or next business day) of release, between the hours of 8:30am - 5:00pm, Monday - Friday. Shall maintain full-time employment or school or participate in employment search as directed Shall comply with the following treatment conditions: A. substance abuse evaluation and treatment as recommended B. provide urine samples for drug testing C. take antabuse as prescribed if medically able D. mental health counseling with prescribed medication as required E. reside and participate in treatment at: Upon successful completion of treatment, the defendant shall participate in outpatient treatment as directed. ABIDE BY ORDER NO.4.17 AND HAVE NO CONTACT WITH 7. I have read, or have had read to me, these conditions, fully understand them and agree to abide by them. Prepared by: S.SEABROOK Judge: M. RAWLS

898-6978

Defendant's phone number