

# **Third District Court of Appeal**

**State of Florida**

Opinion filed August 16, 2023.

Not final until disposition of timely filed motion for rehearing.

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No. 3D23-599

Lower Tribunal No. F08-24373

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**William Garrido,**  
Appellant,

vs.

**The State of Florida,**  
Appellee.

An appeal under Florida Rule of Appellate Procedure 9.141(b)(2) from the Circuit Court for Miami-Dade County, Cristina Miranda, Judge.

William Garrido, in proper person.

Ashley Moody, Attorney General, and Richard L. Polin, Assistant Attorney General, for appellee.

Before EMAS, MILLER, and BOKOR, JJ.

PER CURIAM.

Affirmed.

APPENDIX - C

IN THE DISTRICT COURT OF  
APPEAL  
OF FLORIDA  
THIRD DISTRICT

February 22, 2024

William Garrido,

**3D2023-0599**

Appellant(s),

Trial Court Case No. F08-24373

v.

The State of Florida,

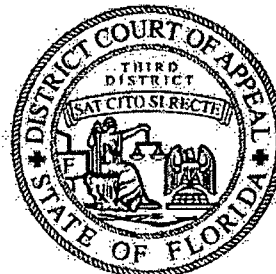
Appellee(s).

Upon consideration, pro se Appellant's Motion for Rehearing is  
hereby denied.

EMAS, MILLER and BOKOR, JJ., concur.

A True Copy  
ATTEST

*Mercedes M. Prieto*  
3D2023-0599-2/22/24  
Mercedes M. Prieto, Clerk  
District Court of Appeal  
Third District



CC: William Garrido  
Office of Attorney General  
Richard L. Polin

LA

JAN 19 REC'D

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

STATE OF FLORIDA,

CASE NO: F08024373

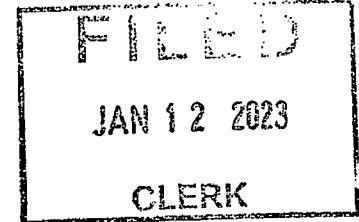
JUDGE: Cristina Miranda

Plaintiff,

vs.

WILLIAM GARRIDO

Defendant(s).

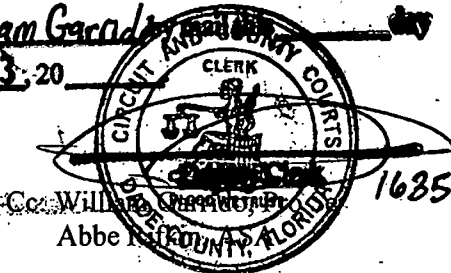
ORDER

This cause came on to be heard upon the Defendant's fourth pro se post-conviction motion, the instant successive Motion to Correct Illegal Sentence, filed pursuant to Rule 3.800(a), Fla.R.Crim.Pro. After reviewing the motion of the Defendant, and the Response of the State, and the Reply of the Defendant, and being fully apprised in the premises therein, this Court hereby DENIES the motion and further finds:

1. The sentence of the Defendant is not illegal. *Rutherford v. State*, 93 So.3d 1132 (Fla. 1<sup>st</sup> DCA 2012); *Carter v. State*, 786 So.2d 1173 (Fla. 2001); *State v. Callaway*, 658 So.2d 983 (Fla. 1995); *Judge v. State*, 596 So.2d 73 (Fla.2<sup>nd</sup> DCA 1991).
2. Any allegation of error in sentencing could have and should have been raised on direct appeal.
3. The defendant has raised no new grounds for relief.
4. The defendant has not demonstrated that the ground he is raising was unknown to him at the time he filed his initial Motion for Post-Conviction Relief. The case the defendant is relying upon, *Hatten v. State*, 203 So.3d 142 (Fla. 2016), had already been decided at the time of his direct appeal, and is factually and legally dissimilar.
5. A post-conviction proceeding is not a substitute for appeal. *Craig v. State*, 45 So.3d 1 (Fla. 3<sup>rd</sup> DCA 2010). This is the type of issue that should not be raised for the first time in a post-conviction motion. See *Krawczuk v. State*, 92 So.3d 195 (Fla. 2012); *Efraimson v. State*, 493 So.2d 79 (Fla. 4<sup>th</sup> DCA 1986).

ORDERED AND ADJUDGED this 12 day of January, 2023.

CERTIFY that a copy of this order has been furnished to  
the MOVANT, William Garrido  
of JAN 13 2023 20



CRISTINA M. MIRANDA

STATE OF FLORIDA, COUNTY OF MIAMI DADE

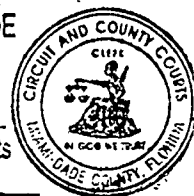
I HEREBY CERTIFY that the foregoing is a true  
and correct copy of the original on file in this office

JAN 13 2023

AD 20

Clerk of Circuit and County Courts

Deputy Clerk



# M A N D A T E

from

## DISTRICT COURT OF APPEAL OF THE STATE OF FLORIDA THIRD DISTRICT

This cause having been brought to the Court by appeal, and after due consideration the Court having issued its Opinion,

YOU ARE HEREBY COMMANDED that such further proceedings be had in said cause as may be in accordance with the opinion of this Court, and with the rules of procedure and laws of the State of Florida.

WITNESS the Honorable Thomas Logue, Chief Judge of the District Court of Appeal of the State of Florida, Third District, and seal of the said Court at Miami, Florida on this day.

**DATE:** March 14, 2024  
**CASE NO.:** 3D2023-0599  
**COUNTY OF ORIGIN:** Miami-Dade County  
**T.C. CASE NO.:** F08-24373  
**STYLE:** William Garrido,

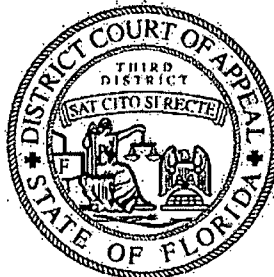
Appellant(s),

v.

The State of Florida,

Appellee(s).

3D2023-0599 March 14, 2024  
*Mercedes M. Prieto*  
Mercedes M. Prieto, Clerk  
District Court of Appeal  
Third District



**ORIGINAL TO:** Miami-Dade County Clerk

cc: Miami-Dade Clerk

William Garrido

Office of Attorney General

Richard L. Polin

LA

OBTS NUMBER		<b>COMPLAINT/ARREST AFFID CARLOS GARCIA</b>				POLICE CASE NO. <b>2008-25355</b>																																														
SPECIAL OPERATION: <input type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF <input type="checkbox"/> WARRANT		JAIL NO. <b>6021D</b>		PMHD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown		COURT CASE NO. <b>108 24 373</b>																																														
IDS NO.		AGENCY CODE <b>02</b>		MUNICIPAL P.D. DEF. ID NO.		MDPD RECORDS AND ID NO.																																														
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) <b>Garrido, William</b>		ALIASES and / or STREET NAME		STUDENT ID NO.		GANG ACTIVITY RELATED ARREST <input checked="" type="checkbox"/> FRAUD RELATED ARREST <input checked="" type="checkbox"/>																																														
DOB (MM/DD/YYYY) <b>03/21/1953</b>		AGE <b>55</b>		RACE <b>W</b> SEX <b>M</b> <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		ETHNICITY: <b>Cuban</b>																																														
HEIGHT <b>5'07</b>		WEIGHT <b>195</b>		HAIR COLOR <b>BLACK</b>		HAIR LENGTH <b>SHT</b>																																														
HAIR STYLE <b>BAL</b>		EYES <b>BRO</b>		GLASSES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FACIAL HAIR <b>NONE</b>																																														
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) <b>NONE VISIBLE</b>		PLACE OF BIRTH (City, State/Country) <b>Cuba</b>		SIGNAL: <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500		TEETH <b>NONE</b>																																														
LOCAL ADDRESS (Street, Apt. Number) <b>726 N.E. 1st Avenue</b>		(City) <b>Miami</b> (State) <b>Florida</b> (Zip) <b>33132</b>		PHONE ( ) ( ) ( )		CITIZENSHIP <b>USA</b>																																														
PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN		(City) (State/Country) (Zip)		PHONE ( ) ( ) ( )		OCCUPATION <b>Taxi Driver</b>																																														
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street) <b>Central Cab 740 Alton Rd.</b>		(City) <b>Miami Beach</b> (State/Country) <b>Florida</b> (Zip) <b>33139</b>		PHONE ( ) ( ) ( )		ADDRESS SOURCE: <input type="checkbox"/> DL <input type="checkbox"/> Verbal <input type="checkbox"/>																																														
DRIVER'S LICENSE NUMBER / STATE <b>G630-920-53-101-0</b>		SOCIAL SECURITY NO. <b>261-99-9365</b>		WEAPON SEIZED? Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>firearm</b>		If Def. has Concealed Weapons Permit. <b>W222018</b>																																														
ARREST DATE (MM/DD/YYYY) <b>07/03/2008</b>		ARREST TIME (HHMM) <b>2358</b>		ARREST LOCATION (Include name of business) <b>1100 Washington Avenue, Miami Beach (MBPD)</b>		GRID																																														
CO-DEFENDANT NAME (Last, First, Middle)		DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR																																																
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JUV only <input type="checkbox"/> Parent (Name) (Street, Apt. Number) (City) (State/Country) (Zip) (Phone) ( ) ( ) ( )		Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CHARGES</th> <th>CHARGE AS:</th> <th>COUNTS</th> <th>FL STATUTE NUMBER</th> <th>VIOL. OF SECT</th> <th>CODE OF</th> <th>UCR</th> <th>DV</th> <th>WARRANT TYPE OR TRAFFIC CITATION</th> </tr> </thead> <tbody> <tr> <td>1. <b>2nd Degree Murder</b></td> <td><input type="checkbox"/> F.S. <input type="checkbox"/> ORD</td> <td><b>1</b></td> <td><b>782.04</b></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> JAC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT</td> </tr> <tr> <td>2.</td> <td><input type="checkbox"/> F.S. <input type="checkbox"/> ORD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> JAC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT</td> </tr> <tr> <td>3.</td> <td><input type="checkbox"/> F.S. <input type="checkbox"/> ORD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> JAC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT</td> </tr> <tr> <td>4.</td> <td><input type="checkbox"/> F.S. <input type="checkbox"/> ORD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> JAC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT</td> </tr> </tbody> </table>								CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION	1. <b>2nd Degree Murder</b>	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD	<b>1</b>	<b>782.04</b>					<input type="checkbox"/> JAC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT	2.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> JAC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT	3.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> JAC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT	4.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> JAC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law: On the <b>3</b> day of <b>JULY</b> , 20 <b>08</b> , at <b>1142</b> (HHMM) at <b>21st Park Av.</b> (Location, include name of business) (Narrative, be specific)																																																				
The defendant and victim parked their vehicles in a parking of the 2100 Blk. of Park Av. They both exited their vehicles and walked towards each other. At that point, the defendant shot at the victim. The victim turned and began to run northbound from the defendant. The defendant then shot the victim in the back. The victim stumbled and fell to the street curbside. Miami Beach Fire Rescue responded and Lt. Howarth administered treatment. Moments later, Lt. Howarth advised that the victim was deceased. The defendant fled the scene, northbound in his vehicle. A B.O.L.O was issued for the defendant's vehicle, which was a yellow taxi with the number 844 affixed on the rear back window, upper left corner. Seconds later, Ofc. J. Mauro # 219 and Ofc. J Metzgar # 352 observed the vehicle matching the issued B.O.L.O, speeding Northbound on 27th Street and Pine Tree Dr. The vehicle turned west on 40th Street, as Ofc. Mauro and Ofc. Metzgar																																																				
HOLD FOR OTHER AGENCY		VERIFIED BY		PAGE <b>1</b> OF <b>1</b>																																																
Name:		<input type="checkbox"/> HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at Bond Hearing).		<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes.		<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.																																														
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME this <b>4th</b> day of <b>JULY</b> , 20 <b>08</b> .		Signature of Defendant / Juvenile and Parent or Guardian																																																
OFFICER'S NAME AND SIGNATURE <b>Det. R. Lawrence</b>		THE UNDERSIGNED AUTHORITY THIS: <b>4th</b>		Signature of Defendant / Juvenile and Parent or Guardian																																																
COURT ID NUMBER AND CODE <b>522</b>		DALE <b>2008</b>		Signature of Defendant / Juvenile and Parent or Guardian																																																
NAME (Printed)		AGENCY NAME		Deputy of the Court, Notary Public																																																

OBTs NUMBER:		COMPLAINT/ARREST AFFIDAVIT CONTINUATION				POLICE CASE NO.			
JAIL NO. 60210		COURT CASE NO. 10821373		2008-25355					
IDS NO.		AGENCY CODE 02	MUNICIPAL P.D. DEF. ID NO.		MCPD RECORDS AND ID NO.				
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) Garrido, William					DOB (MM/DD/YYYY) 03/21/1953				
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) 4. N/A					DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR		
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle) 5. N/A					DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR		
ADDITIONAL CHARGES		CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> JAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
6.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> JAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
7.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> JAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
8.		<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> JAW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
<p>followed. The Officers initiated a felony traffic stop on the yellow taxi matching the issued B.O.L.O. and apprehended the defendant. The defendant was transported to the station. Post-Miranda the defendant admitted to shooting the victim and the fleeing the scene. The defendant stated that he had several arguments with the victim in the past three weeks and that today when the victim followed him he armed himself prior to confronting him with the intent to kill him. Pursuant to a search warrant of the defendant's vehicle a six-shot revolver was located in a tool box in the center console. Examination of the firearm revealed four spent casings in the cylinder of the firearm. The defendant was arrested and transported to DCJ..</p>									
HOLD FOR OTHER AGENCY									
Name:		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Order must appear at Bond Hearing).		<input type="checkbox"/> I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes.			
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		522 (02)		SWORN TO AND SUBSCRIBED BEFORE ME, 4th		<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.			
OFFICER'S / COMPLAINANT'S SIGNATURE Det. R. Lawrence		COURT ID NUMBER/LOC. CODE M.B.P.D		THE UNDERSIGNED AUTHORITY THIS		Signature of Defendant / Juvenile and Parent or Guardian			
NAME (Printed)		AGENCY NAME		DAY OF 2008		Deputy of the Court of Notary Public			





Florida Department of Agriculture and Consumer Services  
**CHARLES H. BRONSON**, Commissioner  
The Capitol • Tallahassee, FL 32399-0800

Please Respond to:  
Division of Licensing  
Post Office Box 3168  
Tallahassee, FL 32315-3168  
(850) 245-5491 • Fax (850) 245-5502

**CERTIFIED MAIL**

Pre-Trial Detention Center, #080060210  
William Garrido  
1321 N.W. 13<sup>th</sup> Street  
Miami, Florida 33125

RE: CW200802590  
W 2220193

Dear Mr. Garrido:

You are hereby notified that, pursuant to Section 790.06(3), Florida Statutes, the Florida Department of Agriculture and Consumer Services, Division of Licensing (Division) has suspended your Concealed Weapon or Firearm License based upon the following:

On or about July 4, 2008 in Miami-Dade County, Florida, you were arrested for or formally charged with 2<sup>nd</sup> degree murder.

You must return the license to the Division immediately. Pursuant to section 790.01, Florida Statutes, the carrying of a concealed weapon or firearm with a suspended license is a crime punishable as provided in sections 775.082, 775.083, and 775.084, Florida Statutes.

The suspension will be in effect until you provide the Division with written proof that you were acquitted or that the disposition of the charges does not affect your eligibility for licensure. Should the disposition of the charges affect your eligibility for licensure, pursuant to Section 790.06, Florida Statutes, the Division will issue an administrative complaint, which may result in the revocation of your license.

In accordance with Section 120.57, Florida Statutes, you may request a formal or informal hearing by completing the enclosed Election of Rights form and filing it with the Division within twenty-one (21) days of receipt of this notice. If you request a formal hearing, you must also send a statement of the material facts alleged in this notice that you dispute.

Failure to file the Election of Rights form with the Division of Licensing within twenty-one (21) days of receipt of this notice shall be considered a waiver of your right to a hearing.



**Florida Agriculture and Forest Products**  
\$97 Billion for Florida's Economy  
<http://mylicensesite.com>

and shall result in this notice becoming final agency action twenty-one (21) days from receipt.

If this notice becomes final agency action, you may appeal to an appellate court by filing a notice of appeal pursuant to Florida Rule of Appellate Procedure 9.110 within thirty (30) days of final agency action.

If you have any questions regarding this notice, please contact the Legal Support Section at (850) 245-5491.

Dated this 9th day of July, 2008

*Constance N. Crawford*

Constance N. Crawford, Director  
Division of Licensing

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of this Notice of Suspension has been furnished by return receipt mail on this 9th day of July, 2008 to: Pre-Trial Detention Center, #080060210 William Garrido; 1321 N W 13<sup>th</sup> Street; Miami, Florida 33125.

*Michael T. McGuckin*

Michael T. McGuckin  
Assistant General Counsel  
Department of Agriculture and  
Consumer Services, Division of  
Licensing  
P.O. Box 3168  
Tallahassee, Florida 32315-3168  
(850) 245-5491

CWNOS

## APPENDIX - F

FLORIDA DEPARTMENT OF CORRECTIONS

/2022

11:15

IRN0601

INMATE MANAGEMENT PLAN

PAGE: 1

DC#: M10135

NAME: GARRIDO, WILLIAM

TRD: 06/23/2048

85% DATE: 06/25/2042

R/S: W/M

LOCATION: MADISON C.I.

BED: K1138S

TEAM: 03

EXTERNAL STATUS: ACTIVE

AM JOB: LAW CLERK - CERTIFIE

CUSTODY : CLOSE

INTERNAL STATUS: GENERAL POPULATION

PM JOB: LAW CLERK - CERTIFIE

VISIT STATUS : APPROVED

ASSESSMENT DATE: 07/26/2022

ASSESSED BY: CS08 - CALDWELL, S.L.

FACILITY WHERE ASSESSED: 216 MADISON C.I.

PERIOD OF ASSESSMENT: FROM: 07/26/2021 TO: 07/26/2022

CUSTODY DURING ASSESSMENT: CLOSE

## REVIEW PERIOD ADJUSTMENT

## AVERAGE RATINGS

WORK/PROGRAM ASSIGNMENTS: ABOVE SATISFACTORY

HOUSING/SECURITY: ABOVE SATISFACTORY

## TRANSFER DATA

GOOD ADJUSTMENT TRANSFER: N/A

EDUCATION/VOCATION TRANSFER: N/A

## DISCIPLINARY RECORD

MAJOR DR'S THIS PERIOD: 0

MINOR DR'S THIS PERIOD: 0

TOTAL DR'S THIS PERIOD: 0

TOTAL DR'S SINCE ADMISSION: 0

## GAIN TIME RECORDS

EARNED G/T THIS PERIOD: 00000

G/T LOSS THIS PERIOD: 00000

G/T NET AWARD THIS PERIOD: 00000

G/T EARNED SINCE ADMISSION: 00000

G/T LOSS SINCE ADMISSION: 00000

G/T NET AWARD SINCE ADMISSION: 00000

OVERALL ADJUSTMENT THIS PERIOD: ABOVE SATISFACTORY

## INTERESTS AND MOTIVATION

## WORK ASSIGNMENT INTERESTS:

1. LAW CLERK - CERTIFIED

2. N/A

3. N/A

## PROGRAMMING INTERESTS:

1. ACADEMIC EDUCATION

2. BUS/ELECT VC

3. N/A

FAITH BASED PROGRAMMING: N

SI PROGRAMMING: N

RE-ENTRY FACILITY PROGRAMMING: Y

P.R.I.D.E. ASSIGNMENT: N

MOTIVATION ASSESSMENT: GOOD

INTEREST IN VET DORM PROGRAM: N

INTEREST IN INCENTIVIZED PRISON: A

THIS INMATE MANAGEMENT PLAN SHOWS YOUR OVERALL ADJUSTMENT DURING THE STATED REVIEW PERIOD. YOU ARE ENCOURAGED TO REMAIN DR FREE, MAINTAIN POSITIVE INSTITUTIONAL ADJUSTMENT AND STRIVE FOR POSITIVE REVIEWS IN YOUR SECURITY AND WORK OR PROGRAM RATINGS. YOU ARE ENCOURAGED TO PARTICIPATE IN SUBSTANCE ABUSE, EDUCATIONAL, VOCATIONAL AND RE-ENTRY PROGRAMS AS THEY BECOME AVAILABLE TO YOU. THESE PROGRAMS WILL HELP YOU FACILITATE A SUCCESSFULL TRANSITION BACK TO SOCIETY AND YOU WILL BE ASSESSED FOR THESE PROGRAMS WITHIN A CERTAIN TIME FRAME PRIOR TO RELEASE WHICH WILL BE BASED, IN PART, ON YOUR ADJUSTMENT, NEEDS AND PROGRAM AVAILABILITY.

## CLASSIFICATION OFFICER COMMENTS

YOUR EMERGENCY CONTACT INFORMATION HAS BEEN VERIFIED. IF THERE ARE ANY CHANGES TO YOUR EMERGENCY CONTACT INFORMATION NOTIFY CLASSIFICATION DEPARTMENT IMMEDIATELY. OPEN HOUSE IS EVERY THURSDAY FOR TEAM 3 TO DISCUSS YOUR CONCERNS.