W.W	1

ZAMZOW, DUSTIN		
Defendant		
Charge(s) LEWD LASCV BEHAVIOR:MOLEST VIC 12 YOA LT 16 YOA	Case No. 012025CF000655A	
REQUEST FOR RELEASE ON SIGNATURE BOI	ND	
I,DUSTIN ZAMZOW,respectfully request the	is Court that I be released	
on a signature bond under the following circumstances and conditions b	y which I shall be bound.	
1. That I,, am liable and firmly b	ound to pay the sum of	
\$ should I fail to appear in court as directed.		
2. I specifically agree that written notice given to me at the following address:		
19501 Peggy Id Alachea FL 32615		
will be binding upon me for purposes of notice of any events in the proceedings		
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) <u>TBN</u> (date) <u>TO BE NOTIFIED</u> 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.	return to jail pending that.	
5. I shall refrain from ANY contact with the following person(s):		
except through pre-trial discovery pursuant to the Florida rules of Criminal Pro	ocedure.	
6. I specifically agree to the following special conditions:		
Shall be released to the custody of:		
X Release to Court Services, 35 N Main Street, Gainesville, FL 326	01, (352) 338-7390 for contact	
supervision and comply with the following conditions within 24 ho	urs (or next business day) of	
release, between the hours of 8:30am – 5:00pm, Monday – Frida		
Shall maintain full-time employment or school or participate in en	nployment search as directed.	
Shall comply with the following treatment conditions:		
A. substance abuse evaluation and treatment as recommer	and the state of t	
B. provide urine samples for drug testing		
C. take antabuse as prescribed if medically able		
D. mental health counseling with prescribed medication as r	equired Sas T	
E. reside and participate in treatment at:	shall participate in 를 로 드	
Upon successful completion of treatment, the defendant	arian participate 115	
outpatient treatment as directed.	SELEASE ÖÖ	
ELECTRONIC MONITOR (GPS) TO BE INSTALLED PRIOR TO THE DEFENDANTS F THE DEFENDANT IS TO HAVE NO CONTACT WITH THE VICTIM, (" "). THE DI		
UNSUPERVISED CONTACT WITH MINORS. THE DEFENDANT MAY HAVE SUPERV		

BIOLOGICAL CHILD/CHILDREN IS/ARE HOME SO LONG AS THE DEFENDANTS WIFE OR ANY OTHER ADULT

IS ALSO HOME

7. I have read, or have had read to me, these conditions, fully understand them and agree to abide by them.

Prepared by: D. GRANT

Defendant's name (Printed)

Judge: **DAVIS**

Defendant's signature

S 52- 359- 7520 Defendant's phone number