

RECEIVED
JUN 15 2020

IOWA BOARD OF PHARMACY

APPLICATION FOR PHARMACY SUPPORT PERSON REGISTRATION

400 SW 8th St Suite E, Des Moines, IA 50309

Please type or print legibly in ink. Complete all application sections and sign. Incomplete or illegible forms will delay the issuance of your registration. Refer to the application instructions for fees due.

Required Documents:

- Copy of legal identification supporting your full legal name
- Criminal or disciplinary history documents

<input type="checkbox"/> Active Duty Military
<input type="checkbox"/> Veteran
<input type="checkbox"/> Spouse of Active Duty Military

Purpose: New Renewal Registration No. _____

1. REGISTRANT INFORMATION: (All fields are required)					
Full Legal Name (last, first, middle):		JERRETT SINGLETON			
Date of Birth:	[REDACTED]	SSN:	[REDACTED]	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Previous/Other Name(s) Used:					
Street Address:		2715 SW 23 rd ST APT 153			
Address:					
City:	DES MOINES	State:	IA	Zip Code:	50321
County:	POLK	Email Address (required): [REDACTED]			
Telephone No. (required):	[REDACTED]	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Mobile	If mobile, do you accept text messages <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. CURRENT EMPLOYMENT: Indicate the Iowa license number for each pharmacy where you are currently employed as a pharmacy support person (PSP) or will be performing the functions requiring a PSP and the exact date of hire as a PSP.					
Pharmacy Name:		Guardian Pharmacy THE RIGHT DOSE'S		Pharmacy License No.:	
Street Address:					
211 SW WALNUT ST					
City:	ANKENY	State:	IA	Zip Code:	50023
PIC Name:		PIC Email:			
Date hired in pharmacy as a PSP:		Initial date of hire at the pharmacy, if different than date of hire as a PSP:			

If not currently working in an Iowa pharmacy you must indicate your activity:

Academia <input type="checkbox"/>	Other-Pharmacy Related <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Non-pharmacy profession/employment <input type="checkbox"/>
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3. PREVIOUS EMPLOYMENT: List your employment experience for the past two years, starting with the most recent. Do not include current employment which you have already listed above.

Business/company name and address	Position title	Start date	End date
SPINNING GLOBAL	DRIVER	JAN 2017	JUNE 15 - 2020

4. LICENSE/REGISTRATION INFORMATION: List all states in which you are or have ever held a professional license/registration.

State	License/registration type	License no.	Date issued	Status

5. CRIMINAL HISTORY: Renewals: only convictions from the time of your last renewal are required to be reported.

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must disclose all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.)

YES NO

If you answered yes, you must provide a signed and dated list of conviction(s), explanation(s) of charges, and attach court records of the conviction(s). Submitting print outs from Iowa Courts Online is not sufficient information.

6. DISCIPLINARY HISTORY: includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation. Renewals: only discipline or final denial orders from the time of last renewal are required to be reported. If you answer yes to any of the questions below provide a description and attach final disciplinary orders.

Have you ever been disciplined by any licensing authority? YES NO

Do you have any charges, or knowledge of any complaints or investigations, pending before any licensing authority? YES NO

Have you ever been denied a license or registration by any licensing authority? YES NO

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against my pharmacy support person registration. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

7. REQUIRED SIGNATURES:

Signature of Applicant/Registrant: _____ Date: 6-15-20

Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §§252J.8(1), 261.126(1), and 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

IN THE IOWA DISTRICT COURT IN AND FOR POLK COUNTY
PRELIMINARY COMPLAINT

STATE OF IOWA,
Plaintiff,
vs.

PK7245782

Court Case No. FE233035
Date of Arrest _____
Soc. Sec. No. _____
D.L. # _____ FDJ
Date of Birth _____
Sex: _____ Hgt: _____ Eyes: _____
Race: _____ Wgt: _____ Hair: _____
Agency/Ticket No. _____

Jerrett Singleton
Defendant.

Address: 1729 Grand Ave Apt 208
City: Des Moines State: IA Zip: 50309

Defendant is accused of the crime(s) of Fraudulent Practice 2nd Deg in violation of Iowa Code Section(s) _____, in that defendant on the _____ day of 10-26-08 to 06-13-09 in the City of Des Moines, Polk County, Iowa, unlawfully and willfully received unemployment benefits in an amount exceeding \$1000, but not exceeding \$10,000, by misrepresenting his/her employment status and income to

Iowa Workforce 3049900 **CLASS D FELONY**
Defendant is implicated in crime by: operating motor vehicle in Polk County admissions/statements possession
 possessed drugs/paraphernalia possessed alcoholic beverages/containers near scene of crime fingerprints
 caught in act identified by witnesses possession/use of weapons caused personal injury
 caused property damage crime observed by officers other physical evidence _____

VICTIM REQUESTS A NO CONTACT ORDER
 Officer [Signature] Complaining Witness [Signature] Assistant Polk County Attorney

Subscribed and sworn to before me by _____ on this _____ day of _____
 Notary Public in and for the State of Iowa Judge, Fifth Judicial District

NAMES & ADDRESSES OF WITNESSES: [Please designate victim(s)]
Iowa Workforce 281-4971 Irma Lewis

CLERK DISTRICT COURT
OCT 30 AM 9:02
POLK COUNTY, IA
FILED

THE COURT FINDS PROBABLE CAUSE exists to detain the defendant for the charge(s) set forth above and he/she is to be admitted to bail in the amount of \$ _____ under the following conditions: cash only cash or surety 10% cash to the court own recognizance other conditions imposed with bail: _____

[Signature] 10-30-09
JUDGE, FIFTH JUDICIAL DISTRICT Date

ORDER

Defendant pleads guilty to the crime(s) of _____ and is sentenced as follows:
 Defendant shall serve _____ days in the Polk County Jail. Defendant is credited with _____ days served.
 Defendant shall pay assessed court costs.
 Defendant shall pay a fine in the amount of \$ _____ plus surcharges and court costs.
 The fine, surcharge, and/or court costs shall be taken out of the defendant's property.
 Defendant shall abide by the attached No Contact Order.
 Defendant shall pay restitution to _____ in the amount of _____ through the Clerk of Court and the Clerk of Court shall mail payments to: _____
 The pecuniary damage amount is not available at this time. The county attorney shall file a pecuniary damage statement within 30 days of this date and a copy of the statement shall be mailed by the Clerk of Court to the defendant who shall have 30 days from the date of the filing of the damage statement to contest the damages claimed, otherwise the amount of restitution shall be as stated in the pecuniary damage statement.
 Defendant shall pay restitution, fines, surcharges and court costs by _____ to the Clerk of Court, Polk County Courthouse, Room 103, 500 Mulberry Street, Des Moines, Iowa 50309. **Failure to pay on time will result in an automatic referral to the Iowa Department of Revenue for collection and the imposition of a 10% penalty.**

JUDGE, FIFTH JUDICIAL DISTRICT Date

No check
10

RECEIVED

IOWA BOARD OF PHARMACY

JUL 14 2020

APPLICATION FOR PHARMACY SUPPORT PERSON
REGISTRATION

IOWA BOARD OF PHARMACY

400 SW 8th St Suite E, Des Moines, IA 50309

Please type or print legibly in ink. Complete all application sections and sign. Incomplete or illegible forms will delay the issuance of your registration. Refer to the application instructions for fees due.

Required Documents:

- Copy of legal identification supporting your full legal name
- Criminal or disciplinary history documents

- Active Duty Military
- Veteran
- Spouse of Active Duty Military

Purpose: New Renewal Registration No. _____

1. REGISTRANT INFORMATION: (All fields are required)

Full Legal Name (last, first, middle):						Singleton Kerrett					
Date of Birth:		[REDACTED]		SSN:		[REDACTED]		Gender:		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Previous/Other Name(s) Used:						NONE					
Street Address:						2715 SW 23 APT 153					
Address:											
City:		DES MOINES		State:		IOWA		Zip Code:		50321	
County:		POLK		Email Address (required):		[REDACTED]					
Telephone No. (required):		[REDACTED]		<input type="checkbox"/> Home <input type="checkbox"/> Mobile		If mobile, do you accept text messages		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. CURRENT EMPLOYMENT: Indicate the Iowa license number for each pharmacy where you are currently employed as a pharmacy support person (PSP) or will be performing the functions requiring a PSP and the exact date of hire as a PSP.

Pharmacy Name:				Right Dose Pharmacy				Pharmacy License No.:		1622					
Street Address:				211 SW Walnut St.											
City:		Ankeny		State:		IA		Zip Code:		50023					
PIC Name:				Andrew Ratzkoff				PIC Email:				Andrew.Ratzkoff@GardenPharmacy.net			
Date hired in pharmacy as a PSP:				6-4-20				Initial date of hire at the pharmacy, if different than date of hire as a PSP:				—			

If not currently working in an Iowa pharmacy you must indicate your activity:

Academia <input type="checkbox"/>	Other-Pharmacy Related <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Non-pharmacy profession/employment <input checked="" type="checkbox"/>
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3. PREVIOUS EMPLOYMENT: List your employment experience for the past two years, starting with the most recent. Do not include current employment which you have already listed above.			
Business/company name and address	Position title	Start date	End date
SPINNING COBAL	DRIVER	2017	2021

4. LICENSE/REGISTRATION INFORMATION: List all states in which you are or have ever held a professional license/registration.				
State	License/registration type	License no.	Date issued	Status

5. CRIMINAL HISTORY: Renewals: only convictions from the time of your last renewal are required to be reported.

I WROTE bad check

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime other than a minor traffic offense, in any jurisdiction? You must disclose all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. (For example, you must report if your conviction was expunged, you received a deferred judgment, or you received an executive pardon.)

YES NO

If you answered yes, you must provide a signed and dated list of conviction(s), explanation(s) of charges, and attach court records of the conviction(s). Submitting print outs from Iowa Courts Online is not sufficient information.

6. DISCIPLINARY HISTORY: includes, but is not limited to: citations, reprimands, fines, license or registration restrictions, probation, surrender, suspension, and revocation. Renewals: only discipline or final denial orders from the time of last renewal are required to be reported. If you answer yes to any of the questions below provide a description and attach final disciplinary orders.

Have you ever been disciplined by any licensing authority? YES NO

Do you have any charges, or knowledge of any complaints or investigations, pending before any licensing authority? YES NO

Have you ever been denied a license or registration by any licensing authority? YES NO

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for denial, revocation, or other disciplinary sanctions against my pharmacy support person registration. Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

7. REQUIRED SIGNATURES:

Signature of Applicant/Registrant: _____ Date: 7-11-20

Privacy Act Notice: Disclosure of your Social Security number on this registration application is required by 42 U.S.C. §666(a)(13) and Iowa Code §§252J.8(1), 261.126(1), and 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify registrants, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

2007 AUG 12 AM 4:03
PIC 2245782

IN THE IOWA DISTRICT COURT IN AND FOR POLK COUNTY
PRELIMINARY COMPLAINT

STATE OF IOWA,
Plaintiff,
vs.

Court Case No. SmAC 292104
Date of Arrest 8/11/07
Soc. Sec. No. [REDACTED]
D.L. # [REDACTED]
Date of Birth [REDACTED]
Sex: M Hgt: 5'9" Eyes: BLU
Race: B Wgt: 150 Hair: BLK
Agency/Ticket No. 07-31170

SULLIVAN, JERRETT, CUY
Defendant.
Address: 1729 GLEN AVE #208
City: DSM State: IA Zip: _____

Defendant is accused of the crime(s) of INTERFERENCE W/ OFFICIAL ACTS in violation of Iowa Code Section(s) 719.1, in that defendant on the 11TH day of AUGUST, 2007, in the City of DES MOINES, Polk County, Iowa, DEFENDANT REFUSED TO FOLLOW SIMPLE INSTRUCTIONS. OFFICERS WERE IN FULL POLICE UNIFORM AND WERE DRIVING MARKED PATROL VEHICLES. OFFICERS WERE INVESTIGATING A REPORT OF A POSSIBLE HOMICIDE.

- Defendant is implicated in crime by: operating motor vehicle in Polk County admissions/statements possession
- possessed drugs/paraphernalia possessed alcoholic beverages/containers near scene of crime fingerprints
- caught in act identified by witnesses possession/use of weapons caused personal injury
- caused property damage crime observed by officers other physical evidence _____

VICTIM REQUESTS A NO CONTACT ORDER

Danny [Signature] 4972
 Officer Complaining Witness Assistant Polk County Attorney

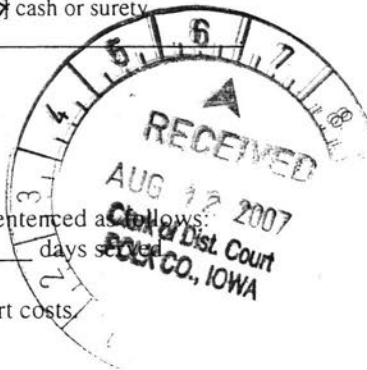
Subscribed and sworn to before me by
[Signature]
Notary Public in and for the State of Iowa

AMY G. GILMAN on this 11TH day of AUGUST, 2007
 Judge, Fifth Judicial District

NAMES & ADDRESSES OF WITNESSES: [Please designate victim(s)]

THE COURT FINDS PROBABLE CAUSE exists to detain the defendant for the charge(s) set forth above and he/she is to be admitted to bail in the amount of \$ 325 under the following conditions: cash only cash or surety
 10% cash to the court own recognizance other conditions imposed with bail: _____

[Signature] 8/2/07
JUDGE, FIFTH JUDICIAL DISTRICT Date



ORDER
Defendant pleads guilty to the crime(s) of Inter u/OA and is sentenced as follows:
 Defendant shall serve _____ days in the Polk County Jail. Defendant is credited with _____ days.
 Defendant shall pay assessed court costs.
 Defendant shall pay a fine in the amount of \$ 250 plus surcharges and court costs.
 The fine, surcharge, and/or court costs shall be taken out of the defendant's property.
 Defendant shall abide by the attached No Contact Order.
 Defendant shall pay restitution to _____ in the amount of _____ through the Clerk of Court and the Clerk of Court shall mail payments to: _____

The pecuniary damage amount is not available at this time. The county attorney shall file a pecuniary damage statement within 30 days of this date and a copy of the statement shall be mailed by the Clerk of Court to the defendant who shall have 30 days from the date of the filing of the damage statement to contest the damages claimed, otherwise the amount of restitution shall be as stated in the pecuniary damage statement.

Defendant shall pay restitution, fines, surcharges and court costs by 9/14/07 to the Clerk of Court, Polk County Courthouse, Room 103, 500 Mulberry Street, Des Moines, Iowa 50309. Failure to pay on time will result in an automatic referral to the Iowa Department of Revenue for collection and the imposition of a 10% penalty.

[Signature] 8/12/07
JUDGE, FIFTH JUDICIAL DISTRICT Date

\$ 380

RULING OR ORDER

(Strike one)

CASE NO. SMAK 267847 DATE 09.20.04

STATE

VS.

LAW _____ EQUITY _____ DIVORCE _____ CRIMINAL X

JERRETT SINGLETON

The defendant is found guilty of interference with official Acts at trial, in violation of Iowa Code 719.1

The defendant is fined \$250 plus a \$75.00 surcharge plus the costs of this action to be paid within 90 days.

FILED
POLK COUNTY, IA
09 SEP 20 PM 2:07
CLERK DISTRICT COURT

J. E. Smith
JUDGE

cc: def ✓
C.A. ✓

MB

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

STATE OF IOWA,
Plaintiff,

Criminal No. AG 108975

vs. Garnett C. Singleton
Defendant.

GUILTY PLEA & SENTENCING ORDER

Date of Offense: Dec. 17, 1996

Now on 11/20/97 defendant appears in person on the charge(s) of: Operating Motor Vehicle While Banned

in violation of Iowa Code Section(s): 321.521

ALL PARAGRAPHS CHECKED BELOW APPLY.

Defendant appears with attorney: Robert Powers [] Defendant waives his/her right to an attorney.
[] Defendant appears with his/her interpreter: _____

Defendant PLEADS GUILTY to the above offense(s). The Court has reviewed defendant's signed petition to plead guilty, is satisfied defendant understands the charge, its penal consequences, and the constitutional rights being waived. There is a factual basis for the plea and the plea is voluntary. Defendant waives time before sentencing, the presentence investigation, and seeks immediate sentencing. DEFENDANT'S PLEA IS ACCEPTED. On inquiry, no legal cause has been shown to prevent sentencing on this date.

[] JUDGMENT IS DEFERRED. The Court shall order the Clerk of Court to expunge the defendant's record in this matter upon defendant's successful completion of all terms of this sentencing order.

DEFENDANT IS ADJUDGED GUILTY of the above charge(s) in violation of the above code sections. Defendant shall be incarcerated for 45 days [X] Sentence is Suspended. [] Defendant shall be incarcerated for _____; credit defendant with _____ days served; mittimus to issue _____

INFORMAL PROBATION FOR A PERIOD ENDING 12 MONTHS FROM THE DATE OF THIS ORDER. Defendant shall sign-up for probation with bench coordinator Melodie Barkely (286-3531) immediately following sentencing and notify her of any change in address or circumstances. The Court has determined that probation will provide reasonable protection of the public and maximum opportunity for rehabilitation of the defendant. Defendant to pay \$100,000 probation fee.

[] COMMUNITY SERVICE PROGRAM (CSP) Defendant is ordered to complete _____ HOURS OF COMMUNITY SERVICE within _____ days of the date of this order. Defendant must register with CSP within three working days by calling 286-3734, (Mon - Fri, 8:00 a.m. to 4:00 p.m.) Defendant is ordered to pay a \$30 fee for each placement granted through CSP.

FINE. See attached supplemental order. [] CHARITABLE CONTRIBUTION. See attached supplemental order.

[] VICTIM OFFENDER RECONCILIATION (VORP). Defendant is ordered to participate in and cooperate with a VORP session to allow the victim to inform the Defendant of the results of the crime, to determine the amount of restitution due and to set out a payment plan. If restitution cannot be resolved in the VORP session, the County Attorney is ordered to file a statement of damages and Defendant shall have 30 days from the filing to contest the amount of damages claimed, both shall be incorporated in a supplemental restitution order. Defendant shall call 286-3057 within three working days.

COURT COSTS. Defendant is ordered to pay within 90 days all Court Costs and, if applicable, court-appointed attorney's fees. Payment for fines, charitable contributions, and court costs shall be made to: Clerk of Court, Room 201, Polk County Courthouse, 500 Mulberry, Des Moines, Iowa 50309. Defendant shall call the Clerk of Court at 286-3765 to verify all costs.

Failure to comply with the terms of this sentencing order may result in a finding of Contempt of Court for which Defendant could receive up to six months in jail, a \$500 fine, or both. If judgment was not deferred, the defendant has a right to appeal this judgment to the Iowa Supreme Court. To perfect an appeal, the defendant must file a written Notice of Appeal with the Clerk of Court no later than 30 days from the date of this Order. If the defendant fails to file the Notice of Appeal, the defendant waives and gives up his/her right ever to appeal this judgment. A copy of the defendant's Notice of Appeal must be delivered to the Iowa Attorney General with proof of service. If the defendant cannot afford an attorney or the cost of an appeal, an attorney and all transcripts and papers necessary for the appeal will be furnished to the defendant at State expense. Bond on appeal is set at \$1000.

11-20
W. J. Burdick
JUDGE FIFTH JUDICIAL DISTRICT

I certify that I will fully cooperate with this order.
Defendant: Garnett C. Singleton SS# [redacted] DOB [redacted]
Address: 2711 University Ave Work Phone [redacted] Home Phone [redacted]

[] County Attorney [] Defense Attorney [] Defendant [] Polk County Jail [] Carol Moore [] Supreme Court

IN THE IOWA DISTRICT COURT IN AND FOR POLK COUNTY

STATE OF IOWA
Plaintiff,

CASE NO. FE 233035

vs.

Jerrett Singleton,

SENTENCING ORDER (Deferred
Judgment)

Defendant.

NOW, on this 3rd day of November, 2010, the defendant appears in open Court in person and with his/her attorney, Kim Smith. The State is present and represented by Assistant Polk County Attorney, Jake Livingston. This is the time and date for sentencing.

The record shows the defendant pled guilty on the 13th day of September 2010, to the charge(s) of: Fraudulent Practice 2nd Degree

in violation of Iowa Code Sections: 96.16(1), 714.8(3), 714.8(10), 714.10

The Court has received and studied the pre-sentence report and offered Counsel an opportunity to examine the report.

On inquiry made, no legal cause has been shown why sentence should not be pronounced.

IT IS ORDERED THAT JUDGMENT IN THIS CASE IS DEFERRED and the defendant is granted probation. The Court has determined that probation will provide maximum opportunity for rehabilitation of the defendant and protection of the community from further offenses by the defendant. The Court has considered all factors as set out in Iowa Code Section 907.5, in making this determination and in determining the length of probation.

Defendant is placed on probation for a period of 5 (five) years to be supervised by the Fifth Judicial District Department of Correctional Services on terms and conditions of probation as required by the Department under the Intermediate Criminal Sanctions Program. D

The defendant shall immediately report to the Fifth Judicial District Department of Correctional Services, Room B-40 of the Polk County Courthouse to sign a probation agreement and to otherwise submit to the supervision of the Department. A violation of this paragraph is a violation of probation.

FILED
POLK COUNTY IOWA
2010 NOV - 3 AM 9:00
CLERK DISTRICT COURT

Defendant is ordered to make restitution. The amounts of restitution are not available at this time. At such time as the amounts are available, a supplemental order will follow.

If defendant was represented by court-appointed counsel, the defendant must pay restitution for attorney fees, to the extent defendant is reasonably able to do so, pursuant to section 815.9, and judgment is entered for the same.

The Clerk of Court shall assess the DARE surcharge pursuant to Iowa Code section 911.2, and the Law Enforcement Initiative surcharge pursuant to Iowa Code section 911.3, to each applicable offense.

Defendant's deferred judgment for a felony mandates that the Defendant submit a DNA sample to the judicial/district Department of Correctional Services, pursuant to Iowa Code sections 81.2 (1) and (5). Failure to comply with this order may constitute contempt, pursuant to Iowa Code section 81.4(3).

The Defendant will pay a civil penalty of \$ 750⁰⁰ by the _____ day of _____, 20____. Said penalty may not be less than the minimum fine for the offense charged. Defendant shall complete 103 hours of community service work in lieu of the civil penalty.

Further, as added conditions of probation, Defendant shall: comply with any other conditions of probation imposed by DOC


This probation is subject to revocation by the Court under Chapter 908, The Code, on notice and opportunity for hearing and a finding that the defendant has fairly failed to live within the terms of such probation and the law.

Upon revocation of the defendant's probation, the defendant's term of incarceration may be reduced from the maximum sentence because of statutory earned time, work credits and program credits. The defendant may be eligible for parole before the sentence is discharged, subject to statutory restrictions or sentence reductions.

IT IS FURTHER ORDERED that: Defendant is eligible for early discharge from probation so long as he meets requirements

Costs are taxed to the defendant.

SO ORDERED this 3rd day of Nov. 2010.


Arthur E. Gamble, JUDGE
Fifth Judicial District of IOWA

- Copies to: KN 11-3-10
- ✓ County Attorney - Swingski
 - ✓ Defense Attorney - Swinski
 - ✓ Defendant
 - ✓ Department of Correctional Services
Iowa Supreme Court
 - ✓ Criminal Case Coordinator
Polk County Jail
 - ✓ B40/Probation

Clerk J C U X

*JS-11-3
Comm
Sew*