

IN THE COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR ALACHUA COUNTY, FLORIDA

State of Florida

Case Number(s): 01-2025-MM-002200-A

-VS-

Division I

Name: Charles Bryant Cline

STAC Number: 01MM-2025-17435-A

Address: [REDACTED], High Springs, FL 32643

Phone: ([REDACTED])

Charge:

1) DOMESTIC BATTERY

**DEFERRED PROSECUTION**

It appearing that you have committed offenses(s) against the State of Florida referenced above and it further appearing after an investigation of those offense(s) and your background that the best interests of justice will be served by the following procedures:

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On the authority of Brian S. Kramer, as State Attorney for Alachua County, Florida, prosecution in this matter will be deferred for the period of **12 months** from the date hereof, PROVIDED you agree to fully abide by the following terms and conditions during said period:

(1) You shall refrain from violating any federal or state law or county or municipal ordinance. If arrested, you shall immediately inform the State Attorney's Office in writing of the charge, and promptly advise in writing of the final disposition of the charge (i.e., dismissed, plea of guilty, finding of guilty or not guilty by a judge or jury).

(2) Your execution of this instrument shall constitute a withdrawal of any demand for speedy trial previously filed by you pursuant to Florida Statute 918.015 and Fla.R.Cr.Pr. 3.191, and a stipulation that the periods of time established by said Rule for trial and any other rights conferred upon you by said Rule are waived.

(3) Your execution of this instrument shall constitute your consent to notification of any future proceedings herein, including revocation of this agreement upon any violation thereof, at the address indicated above, and the issuance of a capias for your arrest upon failure of notice at said address or your failure to appear at any future court hearings held herein.

(4) Upon the filing of this agreement with the Court, your bond, if any has been posted, may be returned to you.

(5) If represented by the Public Defender's Office, an Application for Criminal Indigent Status form must be filed and payment of the Indigency Application fee pursuant to Florida Statute 27.52 must be made to the Clerk of Court's Office.

(6) YOU MUST COMPLETE ALL OF THE FOLLOWING NUMBERED SPECIAL CONDITIONS:

1. Pay \$150 Cost of Prosecution - Make money order or cashier's check payable to "Office of the State Attorney," pursuant to Florida Statute 938.27. Mail or deliver payment to the Office of the State Attorney, Attn: Cost of Prosecution, 120 W. University Ave, Gainesville, FL 32601. To ensure proper credit for your payment, you MUST include the defendant's name and case number.
2. Donate \$150 to PACE, by mail 1010 S.E. 4th Ave, Gainesville, Florida 32601 or online <https://www.pacecenter.org/locations/florida/alachua?form=FUNUWPJKCPU> OR you may perform 12 hours of Community Service by contacting: Court Services, 35 N. Main Street, Gainesville, Florida (352) 338-7390.
2. You shall attend a 29 - week, State certified batterers intervention program of your choice  
A Time For Change, Michael Johnson (Choose from list provided and fill name in blank).
3. You shall have a mental health evaluation performed by a provider of your choice from the attached list, and follow any/all recommended treatment. Nancy Filer Please fill provider name in blank).
4. You shall attend the counseling sessions within thirty (30) days, and provide in writing to the State Attorney's Office, the name, address, and phone number of the counselor you are seeing, within forty (40) days.
5. You shall waive confidentiality so that progress reports may be sent to the Office of the State Attorney and so that the State Attorney may send information to your counselor or program of choice.
6. You certify by signing this agreement that your name, address, phone number, date of birth, and social security number listed on the first page of this agreement are accurate and correct. You agree further to provide, in writing, to the state attorney's office, any and all changes to any of the above mentioned information within 5 days. Failure to do so could result in the State revoking this deferred prosecution agreement and/or the State filing additional charges of obstruction of justice against you.
7. You shall take responsibility to ensure that the program or counselor of your choice provides evidence to the State Attorney regarding your participation and attendance.
8. You shall be responsible for all costs incurred for successful completion of this deferred prosecution agreement.
9. Pay \$ 50 cost of investigation to Alachua County Sheriff's Office. Mail or deliver payment to the Alachua County Sheriff's Office, Attn: Cost of Investigation, 2621 SE Hawthorne Rd, Gainesville, FL 32641. To ensure proper credit for your payment, you MUST include the defendant's name and case number.

**\* NO PERSONAL CHECKS OR CASH ACCEPTED - MONEY ORDERS OR CASHIER CHECKS ONLY. IF YOU WANT A RECEIPT PROVIDE A STAMPED, SELF-ADDRESSED ENVELOPE. IT IS YOUR RESPONSIBILITY TO PROVIDE RECEIPTS. COPIES OF MONEY ORDERS AND/OR MONEY ORDER STUBS WILL NOT BE ACCEPTED AS PROOF OF PAYMENT TO THE DESIGNATED CHARITY.**


SHOW PROOF OF COMPLIANCE/RECEIPT TO ASSISTANT STATE ATTORNEY Rachael O. Shaw, 120 W University Ave, Gainesville, FL 32601 THIRTY (30) DAYS BEFORE TIME PERIOD ENDS.

If you comply with these conditions during the period of deferred prosecution, the charge(s) referred to above will be dismissed.

The period of deferral may be extended by agreement of the parties if necessary in order to allow for completion of all special conditions. Upon violation of any condition herein, it may be terminated and prosecution re-initiated. A violation shall be deemed to have occurred when in the opinion of the State Attorney you have committed such violation, whether or not based upon sworn evidence, whether new charges have been dismissed or whether you have been acquitted at trial.

DATED at Gainesville, Florida, this 15<sup>th</sup> day of January, 2026.

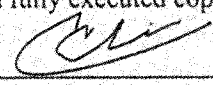
Brian S. Kramer  
State Attorney

  
BY: Rachael O. Shaw  
Assistant State Attorney

The above has been read to me and I understand the nature of the charge(s) against me, the consequences of prosecution and conviction and the conditions of this agreement. I agree to comply with all said conditions and acknowledge that all statements contained herein are true and correct. If represented, I have received advice from my attorney concerning this matter and I am fully satisfied with the services of my attorney. If unrepresented, I acknowledge my right to consult with an attorney of my choice and waive that right for purposes of entering this agreement. I acknowledge receipt by me or my attorney of a fully executed copy of this agreement.

  
Attorney:  
Matthew D Landsman

0010525

  
Deferred Defendant:  
Charles Bryant Cline

**\*\*After entering into this Agreement direct any questions regarding compliance to your attorney or to <https://www.sao8.org/deferred.html> before calling the State Attorney's Office.**