

RACHEL H. MITCHELL
MARICOPA COUNTY ATTORNEY

Neha Bhatia
Deputy County Attorney
Bar ID #: 025366
SP2-White Collar Cyber Crime
225 W Madison St, 6th Floor
Phoenix, AZ 85003
Telephone: (602) 506-8484
sp2div@mcao.maricopa.gov
MCAO Firm #: 00032000
Attorney for Plaintiff

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

THE STATE OF ARIZONA,

Plaintiff,

vs.

WALTER ALPHONSO JAMEL RINGFIELD,
aka WALTER A RINGFIELD

Defendant.

CR2023-144673-001

MOTION TO RESUME PROSECUTION AND
ORDER

(Assigned to the Honorable Annielaurie
Van Wie, Div. EDCT2)

The State of Arizona, pursuant to Rule 38.2(a), Arizona Rules of Criminal Procedure, gives notice that Defendant has not fulfilled the conditions of the Felony Diversion Program due to new charges. The State asks that this Court vacate its previous order suspending prosecution and order that the prosecution resume.

When Defendant signed the Consent for Diversion, Defendant agreed to keep their address current with the State, the Court and the diversion provider. Defendant's last known address is: 1633 W Charleston Ave, Phoenix, AZ 85023.

Submitted this 27th day of June, 2024.

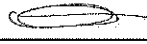
RACHEL H. MITCHELL
MARICOPA COUNTY ATTORNEY

BY: /s/ 
Neha Bhatia
Deputy County Attorney

Copy e-mailed/e-filed June 27, 2024, to:

The Honorable Annielaurie Van Wie
Judge of the Superior Court

Matthew Warren
620 W Jackson St Ste 4015
Phoenix, AZ 85003
Matthew.Warren@maricopa.gov
Attorney for Defendant

BY: /s/ 
Neha Bhatia
Deputy County Attorney

kah

INITIAL/SIGN & RETURN TO DIVERSION

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF MARICOPA

Clerk of the Superior Court
*** Electronically Filed ***
B. Dickson, Deputy
11/14/2023 12:31:03 PM
Filing ID 16897004

THE STATE OF ARIZONA,

Plaintiff,

vs.

WALTER ALPHONSO JAMEL RINGFIELD,
aka WALTER A RINGFIELD

Defendant,

CR2023-144673-001

DEFENDANT'S CONSENT TO PARTICIPATE
IN DEFERRED PROSECUTION PROGRAM
AND ACKNOWLEDGEMENT

I, WALTER ALPHONSO JAMEL RINGFIELD, the Defendant in this case, agree to participate in the Felony Diversion Program, a deferred prosecution program, and I give my consent to the Maricopa County Attorney's Office to apply to the Court for suspension of prosecution of this matter. I understand that my participation in the program is contingent upon my acceptance. If accepted, I will follow the regulations of the program and the directives of my case manager. Successful completion of the program will be determined by SAGE Counseling, Inc. and the Maricopa County Attorney's Office. If I successfully complete this program, I acknowledge that the criminal case currently pending against me in the above referenced cause number will be dismissed with prejudice.

By agreeing to participate in this deferred prosecution program, I acknowledge and agree that **(defendant MUST initial each paragraph and provide all information requested for each paragraph):**

- AS 1. I have been given a description of the Felony Diversion Program that I am agreeing to enter, and I understand and agree that it will consist of education and treatment as directed by the program provider, SAGE Counseling Inc. I understand and agree that successful completion of this program will require me to follow all the steps that will be outlined in my treatment plan that will be developed specifically for me following my initial intake session.

- AS 2. **Drug Testing Identification:** I understand that my individualized treatment plan may require that I submit to random drug testing during this diversion program. I understand and agree to provide an accepted identification card with my name and

photo to verify my identity when submitting to drug testing. Accepted identification includes a government issued driver's license or state ID card, passport, military ID, AHCCCS/Medicaid card, school ID, or employment ID. Other forms of identification may be acceptable and I will discuss alternative forms of ID with **SAGE Counseling** if drug testing is part of my treatment plan.

- AD 3. The Felony Diversion Program is administered by:
SAGE Counseling Inc.
1616 East Indian School Road, #160
Phoenix, Arizona
(480) 649-3352

I agree to contact SAGE Counseling three (3) days from today to schedule an appointment date and times. I will not contact SAGE Counseling sooner because time is needed to receive my referral and create my account.

I understand and agree that a failure to contact SAGE Counseling Inc. or to complete my assessment on the date and time scheduled will be considered unsuccessful completion of the program and criminal prosecution will be resumed. **I will not call any sooner than three days with the understanding that SAGE Counseling needs additional time to receive my referral.**

- AB 4. I understand and agree that this consent will, by necessity, cause a delay in the prosecution of this case, and I waive my right to a speedy trial as guaranteed by the United States Constitution and Rule 8 of the Arizona Rules of Criminal Procedure. Prosecution may be suspended for up to two years.

- AS 5. I promise to appear at any and all future court dates. If the prosecutor seeks to resume prosecution against me, I will be notified of my next court date by mail. Because the Court will issue a warrant for my arrest if I fail to appear at future court dates, I agree to notify SAGE Counseling, my attorney, the prosecutor and the Court of my current address until this case is completely resolved. My current correct best contact information is as follows:

Address: X 11633 W Charleston Ave
Street Address including Apt. number if applicable

X Phoenix Arizona 85073
City State Zip

Email Address: X walterringfield@yahoo.com

Cell phone number where I can receive text messages:

X 602 489 3081

- AS 6. I have signed and provided to the State a written factual basis regarding this case. I acknowledge and agree that this admission and factual basis may be used against me if I do not successfully complete the deferred prosecution program and I decide to have a trial in this matter. If any forfeiture proceedings are filed against any property or currency previously seized in this matter, I agree that I have abandoned that property or currency pursuant to the provisions of A.R.S. § 13-4304(F)(5).

- AS 7. I have reviewed the following statements with my attorney and the each of the following statements are true. I understand and agree that if any of these statements are not true, I am not eligible for this deferred prosecution program and the prosecution against me will be resumed:

- a. I have no prior conviction for a serious offense as defined in A.R.S. § 13-706.
- b. I have no prior conviction for any offenses under A.R.S. Title 13, Chapter 14.
- c. I have no prior conviction for any dangerous offense as defined in A.R.S. §13-105.
- d. I have no prior conviction for any dangerous crime against children as defined in A.R.S. § 13-705.
- e. I have no felony convictions within the last five years, and I have no historical prior felony convictions as defined in A.R.S. § 13-105
- f. I do not have any other felony charges pending against me in any other

jurisdiction.

- g. I was not on felony probation or any type of release for any felony matter at the time of the offense(s) charged in this case.
- h. I have not completed any deferred prosecution or diversion program for any felony offense within the last five years.

AS 8. I understand and agree that while the prosecution is suspended in this matter, I will be released on my own recognizance under the conditions set by the court. I further understand and agree that if I commit a new felony offense while released on my own recognizance, I may be held without bond on the new offense.

AS 9. **CIRCLE ONE:** I will / will not need the services of an interpreter. I understand that there may be additional fees associated with interpreter services and any such fees will be fully explained during my intake session with SAGE Counseling Inc.
Language: English

AS 10. I acknowledge and agree that to successfully complete this program, I must remain crime free. Therefore, I understand and agree that I will not be in compliance with the requirements of this Felony Diversion Program if I am subsequently arrested for or charged with an offense before a Motion and Order to Dismiss this case is filed and signed by the Court and, if that occurs, MCAO may reinstate prosecution in this case.

AS 11. I agree that the time period for my preliminary hearing under Rule 5.1 will begin on the date of my first court appearance after prosecution is resumed. I understand that this provision does not apply if I have signed a waiver of my right to a preliminary hearing.

AS 12. By signing this agreement, I authorize SAGE Counseling Inc., Avertest dba Averhealth (Averhealth), Genotox Laboratories (Genotox), RecoveryTrek, and any Third Party Provider used while in Diversion, to share confidential information with the Maricopa County Attorney's Office including but not limited to: information related to my assessment, treatment recommendations, drug testing compliance and results, and participation and compliance in the MCAO Felony Diversion Program. I further authorize and acknowledge that this confidential information may contain information related to alcohol and/or drug abuse (Federal Law references 42 U.S.C. 290 dd-3 – Federal Regulation reference CFR, Part 2) and the information may be disclosed for purposes of case prosecution to defense attorneys, the Court, and all other relevant parties.

FINANCIAL OBLIGATIONS

- AD 13. FOR DEFENDANTS OWING RESTITUTION:
I understand and agree that successful completion of this program requires me to pay full restitution to any and all victims in this matter in a total amount of \$0.00 and that I am required to pay 50% of that total, which is \$0.00, within 30 days following the first day of services as specified in my treatment plan. I understand and agree that if I fail to make restitution payments by required deadlines, MCAO will decide what additional action may be taken in respect to my program. This may include reinstatement of the prosecution against me. I also understand and agree that if I do not successfully complete the program that any restitution paid belongs to the victim(s) and will not be returned to me, but any amounts paid will be credited against any future restitution orders in this case. Restitution must be paid in full by the completion of my treatment, which may be as short as ten (10) to twelve (12) weeks depending upon the assigned treatment track. My treatment will not be extended for the purpose of meeting my restitution obligation. I have considered this prior to agreeing to this Diversion offer.
- AD 14. I understand and agree that I will be responsible for paying for the education and treatment program. These fees and costs will be fully explained to me when the treatment program is developed. I understand and agree that if I decide not to pay the fees and costs for the program, I may voluntarily end my participation in the program and the criminal prosecution in this matter will be resumed. In addition, I understand and agree that if I fail to pay agreed fees and costs for the program I may be terminated unsuccessfully from the program and criminal prosecution in this matter may be resumed. I understand and agree that any payments made for program fees and costs will not be returned to me.
- AD 15. Fees and costs for the program may be reduced through either Arizona Health Care Cost Containment System (AHCCCS) coverage for provided services or through a financial assessment and responsibility determination.

AHCCCS ELIGIBLE DEFENDANTS:

If I am eligible for AHCCCS coverage for program services, the fees and costs of the services may be covered. If needed, SAGE Counseling Inc. will assist me to help determine if I am AHCCCS eligible, verify my AHCCCS coverage, and assist me with AHCCCS registration if necessary. I understand and agree that some services may be required in this program that are not covered by AHCCCS and in that event, I will be responsible for the fees and costs of those services at a significantly reduced rate.

AS 16. SELECT: YES/NO. I am currently eligible to receive benefits as an AHCCCS/Medicaid insurance member.

AS 17. SELECT: YES/NO. I was previously an AHCCCS member and believe I would still qualify. I would like SAGE Counseling to assist me in re-enrolling.

DEFENDANTS NOT ELIGIBLE FOR AHCCCS COVERAGE:

If I am not eligible for AHCCCS coverage for program services, I will be given the opportunity to complete a financial assessment process to determine if I am eligible for reduced fees and costs for services. I acknowledge and agree that although I am not required to disclose any financial information unless I wish to do so, I am required to sign a Felony Diversion Program Attestation Form (Attestation Form) with my defense attorney to acknowledge I will be offered a financial assessment application and instructions by SAGE Counseling. On the Attestation Form I must also indicate if I am interested in a financial assessment for the purposes of determining a discount on program fees or if I am not interested in completing the financial assessment application. This choice must be indicated on the Attestation Form and signed by me. Failure to indicate my choice and sign the Attestation Form will result in my case being returned to the Maricopa County Attorney's Office for prosecution. If I indicate that I am interested in a financial assessment, I understand and agree that if I do not complete the financial assessment application and provide supporting documentation by the required due date, I will be required to pay for services at full cost.

THE FOLLOWING PERTAINS TO CURRENT AND ANY FUTURE OUT OF STATE DEFENDANTS (ALL DEFENDANTS MUST ACKNOWLEDGE ALL SECTIONS):

AS 18. I acknowledge that treatment services for the Felony Diversion Program through SAGE Counseling are delivered in Arizona. If I reside outside Arizona I have the option of attending treatment services in Maricopa County, Arizona without incurring additional fees.

AS 19. I acknowledge that if I choose to attend treatment services outside of Arizona, now or in the future, I will incur additional fees to SAGE Counseling for monthly case coordination with a third-party provider and, if drug testing is required there will be additional fees for drug testing.

AS 20. I acknowledge that if I elect to attend treatment services outside of Arizona, now or in the future, I am responsible for contacting SAGE Counseling as at (480) 649-

3352 to schedule my assessment appointment if not previously completed.

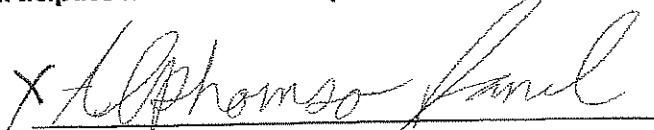
- AS 21. I understand that upon completion of my assessment through SAGE Counseling, I will be given my general assessment information. If I reside outside of Arizona and I choose to receive services outside of Arizona, I understand that I am responsible for locating a third-party provider that can provide treatment services comparable to those provided by SAGE Counseling. Before beginning treatment services outside of Arizona, SAGE Counseling must approve my selected provider and my treatment program and the provider must sign an agreement form provided by SAGE Counseling.
- AS 22. I understand that if I choose to use a provider outside of Arizona, I am responsible for all fees charged by that provider for treatment.
- AS 23. I understand that if I am required to submit to drug testing as determined by the assessment administered by SAGE Counseling, I will be subject to random testing at an Averhealth testing site if one is located with approximately 30 miles from my home or work address. I will pay Averhealth for the drug tests at the time of service.
- AS 24. I understand that if I am directed to submit to drug testing and there is no Averhealth testing site within 30 miles of my home or work address, I will be assigned to drug test through MCAO's approved drug testing provider: Genotox/RecoveryTrek. I will be required to make a prepayment for Genotox home drug tests kits within five (5) calendar days from my assessment appointment and will receive additional instructions from SAGE Counseling. Failure to pay within five (5) calendar days may result in no treatment services scheduled and an unsuccessful discharge from the Felony Diversion Program. I will be responsible for the cost of any additional drug testing as directed. (See Program Summary Form for specific fees).
- AS 25. If applicable, I authorize Genotox and RecoveryTrek to contact and assist me with my drug testing obligations. This authorization includes scheduling appointments as necessary, notification of future drug testing, and assistance with using their portal for the ordering and payment of drug testing kits as required.
- AS 26. **One Time Cost Reductions for Genotox/Recovery Trek Drug Testing:** I may be eligible to receive reduced costs for applicable Genotox/Recovery Trek drug testing fees, but I understand that any cost reduction for these fees is only available during my initial participation in the Felony Diversion Program. Failure to comply with the identity verification process as instructed will require that this process be repeated,

and I understand that I will be responsible for that cost. If additional drugs tests are required, I am responsible to prepay for each test. If I am unsuccessfully discharged from this program for any reason and received any reduced or discounted drug testing, and permitted to reenter the program a second time, I will be responsible for the cost of drug testing as directed.

My attorney has reviewed this entire agreement with me and has fully explained each and every paragraph of this agreement including each statement in paragraph 7. I understand that I am under no obligation to agree to this program. I freely and voluntarily agree to participate in this deferred prosecution program.

11/14/23

Date

X 

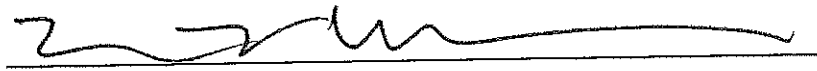
WALTER ALPHONSO JAMEL RINGFIELD

I have explained this Consent to Participate in Deferred Prosecution Program & Acknowledgement to the Defendant.

If this document is electronically signed on behalf of my client, I avow that my client has given me express permission to electronically sign this and other documents to enter into this diversion program. My client understands that doing so has the same effect as if my client personally signed all of the diversion related documents signed on this date.

11/14/23

Date



Matthew Warren, #037379
Defense Counsel

Revised: 08/07/2023

RACHEL H. MITCHELL
MARICOPA COUNTY ATTORNEY

Emily Fraser
Deputy County Attorney
Bar ID #: 034723
TRL-Northeast Valley
225 W Madison St, 2nd Floor
Phoenix, AZ 85003
Telephone: (602) 372-6069
ephxscot@mcao.maricopa.gov
MCAO Firm #: 00032000
Attorney for Plaintiff

DR 202300001487964 - Phoenix Police Department
Desert Ridge Justice Court
EDC-Trial
0132017117

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
COUNTY OF MARICOPA, EDC-DOWNTOWN

THE STATE OF ARIZONA,

Plaintiff,

vs.

WALTER ALPHONSO JAMEL RINGFIELD,
aka WALTER A RINGFIELD

Defendant.

CR2023-144673-001

DIRECT COMPLAINT

COUNT 1: THEFT, A CLASS 6 FELONY
(Walter Alphonso Jamel Ringfield)

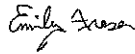
IN CUSTODY

The complainant herein personally appears and, being duly sworn, complains on information and belief against WALTER ALPHONSO JAMEL RINGFIELD, charging that in Maricopa County, Arizona:

DCO

COUNT 1:

WALTER ALPHONSO JAMEL RINGFIELD, on or about September 30, 2023, without lawful authority, knowingly did control cash belonging to Fry's Food, of a value of \$1,000 or more but less than \$2,000, with the intent to deprive Fry's Food of such property, in violation of A.R.S. §§13-1801, 13-1802, 13-701, 13-702, and 13-801.



/s/ Emily Fraser
Deputy County Attorney

IN CUSTODY

Cynthia A Martinez Agency: Phoenix Police Department
Complainant

I, Cynthia A Martinez, hereby swear under penalty of perjury that the information contained within the complaint being filed with this oath is true and correct to the best of my knowledge.



Subscribed and sworn upon information and belief this 3rd day of October, 2023.

nm