

## DISTRICT COURT OF MARYLAND

[Go Back Now](#)**Case Information**Court System: **DISTRICT COURT FOR MONTGOMERY COUNTY - CRIMINAL SYSTEM**Case Number: **00609578D4** Tracking No: **0000609578D4**Case Type: **CRIMINAL**District Code: **06** Location Code: **01**Document Type: **SUMMONS** Issued Date: **01/26/1985**Case Status: **CLOSED** Case Disposition: **TRIAL****Defendant Information**Defendant Name: **ROSS, ALAN JASON MD**Race: **WHITE, CAUCASIAN, ASIATIC INDIAN, ARAB**Sex: **M** Height: **507** Weight: **170** DOB: **11/11/1943**Address: **6404 WILSON LANE**City: **BETHESDA** State: **MD** Zip Code: **20817 - 0000****Charge and Disposition Information***(Each Charge is listed separately. The disposition is listed below the Charge)*Charge No: **001** Description: **BATTERY**

Statute: Description:

Amended Date: CJIS Code: **2 1313** MO/PLL: Probable Cause:

Incident Date From: To: Victim Age:

**Disposition**

Plea:

Disposition: **PBJ SUPERVISED** Disposition Date: **04/03/1986**Fine: **\$0.00** Court Costs: **\$5.00** CICF: **\$15.00**Amt Suspended: Fine: **\$0.00** Court Costs: **\$0.00** CICF: **\$0.00**PBJ EndDate: **08/26/1986** Probation End Date: Restitution Amount: **\$0.00**

Jail Term: Yrs: Mos: Days:

Suspended Term: Yrs: Mos: Days:

Credit Time Served:

Charge No: **002** Description: **DEADLY WEAPON-INT/INJURE**Statute: **CR.4.101.(c)(2)** Description: **DANGEROUS WEAPON-INT/INJURE**Amended Date: CJIS Code: **1 5200** MO/PLL: Probable Cause:

Incident Date From: To: Victim Age:

**Disposition**

Plea:

Disposition: **PBJ SUPERVISED** Disposition Date: **04/03/1986**Fine: **\$0.00** Court Costs: **\$5.00** CICF: **\$15.00**Amt Suspended: Fine: **\$0.00** Court Costs: **\$0.00** CICF: **\$0.00**PBJ EndDate: **08/26/1986** Probation End Date: Restitution Amount: **\$0.00**

Jail Term: Yrs: Mos: Days:

Suspended Term: Yrs: Mos: Days:

Credit Time Served:

**Related Person Information**

*(Each Person related to the case other than the Defendant is shown)*

Name: **DELOZIER, JOHN F**

Connection: **COMPLAINANT**

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Name: **OFFICE, STATES ATTORNEY**

Connection: **ASSISTANT STATES ATTORNEY**

Address: **50 COURTHOUSE SQ**

City: **ROCKVILLE** State: **MD** Zip Code: **20850 - 0000**

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Name: **HELFAND, BARRY H**

Connection: **PRIVATE ATTORNEY FOR DEFENSE**

Address: **22 WEST JEFFERSON ST STE #101**

City: **ROCKVILLE** State: **MD** Zip Code: **20850 - 0000**

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#### Event History Information

Event	Date	Comment
<b>SUMI</b>	<b>01/30/1985</b>	<b>SUM ISSUED 850126</b>
<b>SUMS</b>	<b>03/19/1985</b>	<b>SUM SERVED 850130</b>
<b>MOTN</b>	<b>04/02/1986</b>	<b>TO SET RECON. HEARING</b>

*This is an electronic case record. Full case information cannot be made available either because of legal restrictions on access to case records found in Maryland Rules, or because of the practical difficulties inherent in reducing a case record into an electronic format.*