

IN THE CIRCUIT COURT OF THE  
EIGHTEENTH JUDICIAL CIRCUIT  
IN AND FOR SEMINOLE COUNTY,  
FLORIDA

**ADMINISTRATIVE ORDER NO.:**  
**04-08-S**

**IN RE: Criminal - Standardized Seminole County Arrest Affidavit**

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WHEREAS, in November 1998, Florida voters approved an amendment to Article V of the Florida Constitution, which relates to funding for the Judicial Branch of government. The amendment, referred to as Revision 7, changes how our courts will be funded. Revision 7 transfers financial responsibility from 67 counties to the State. The State of Florida largely now requires uniformity of statistical information for court related expenses and other matters.

WHEREAS, Florida Rules of Court (Rule 2.050) states that the chief judge "*shall exercise administrative supervision over all courts within the judicial circuit in the exercise of judicial power and over the judges and officers of the court*" and "*shall develop an administrative plan for the efficient and proper administration of all courts within that circuit*", which includes a "*mandatory periodic review of the status of the inmates of the county jail*;" and

WHEREAS, standardization of Seminole County's Arrest Affidavit will increase efficiency, effectiveness, statistical information and sharing of information among various state, county and municipal agencies; and

WHEREAS, standardization of Seminole County's Arrest Affidavit will decrease inefficiency, court-related costs, labor hours, redundancy, data entry and clerical mistakes; and

WHEREAS, presently eighty percent (80%) of all arrests booked into the Seminole County John E. Polk Facility utilize the same standardized arrest affidavit form.

THEREFORE, AFTER DUE CONSIDERATION, IT IS ORDERED AND ADJUDGED that the Standard Affidavit of Arrest attached hereto as Exhibit "A" is hereby adopted for use by all law enforcement agencies within Seminole County, starting April 15, 2004.

DONE AND ORDERED this 12TH day of FEBRUARY, 2004.

JAMES E.C. PERRY  
JAMES E. C. PERRY  
Chief Judge

Distribution:

All Circuit and County Judges (Seminole County)  
Court Administration (Brevard and Seminole Counties)  
Sheriff (Seminole County)  
Clerk of Court (Seminole County)  
State Attorney (Seminole County)  
Public Defender (Seminole County)  
Bar Association (Seminole County)  
Law Library (Seminole County)  
All Law Enforcement Agencies (Seminole County)

# EXHIBIT "A"

ARREST REPORT								
C.S.A.:	GRID:					For The Public :		
Agency ORI #:	OBTS #:					Juvenile:		
Weapon Seized:	Weapon Type:					Agency Report #:		
Arrest Location:								
Offense Location:								
Arrest Date/Time:	Booked Date/Time:	Jail Date/Time:	Fingerprinted:					
Jail #:	Local #:	FDLE #:	DOC #:					
DEFENDANT								
Name:		Race:	Sex:	DOB:	Or Age:			
Height:	Weight:	Eyes:	Hair:	Alcohol Related:	Drug Related:	Court Translator:	Language:	
Local Address:				Relationship:	Phone:	Residence:	Religion:	
Next of Kin:				Business Address:	NOK Phone:			
Business Name:				Business Phone:				
Job:				Marital:	Place of Birth:			
DL #:	DL State:	SSN:						
Citizenship:	If not a U.S. citizen, contact embassy consulate							
Alias Name(s):				Person Identifier(s):				
Co-Defendant(s):								
Name		Race	Sex	DOB	or Age			
CHARGE(S)								
Counts	Charge Description	Statute#	Ordinance	UCB	Reason #	Type		
Drug Activity:								
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named defendant committed the following violation of law:								
P.C.	On the of at (Specifically include facts constituting cause for arrest.)   BOND:							
	P.C. Exists for Charge(s)	Judge's Signature					Date	
ADMINISTRATIVE SECTION								
Miranda Warning <input type="checkbox"/>	HOLD FOR OTHER AGENCY Name:			Verified By:		Date	Bond Charge #	Bond Charge #
<input type="checkbox"/> ADULTS ONLY !! 1644 For First Appearance DO NOT BOND	Reason:			Sworn to and subscribed before me, the undersigned		Bond Type:	3. Surety	5. Cert. Type: Type:
I certify that the above and reversed and attached statements are true and correct. Officer's/Complainant's Signature				authority, this ____ day of _____		1. R.O.R.	4. Bail Bond	6. Other
Name(Printed) and Employee #				in the year _____		Returnable Court Date:		Returnable Court Time:
						Release Date:		Release Time:
				Name/Title of Person Authorized to Administer Oath.		Releasing Officer		

Printed On:

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**ARREST REPORT**

C.S.A.: 52 GRID: 01AS2

**Seminole County Sheriff's Office**

For The Public : Yes  
 Juvenile: No  
 Agency Report #: 19550000TEST

Agency ORI #: FL0590000 OBTS #: UNKNOWN

Weapon Seized: Yes Weapon Type: DRUGS  
 Arrest Location: 1234 SOUTH SECOND ST., SANFORD, FL 32773  
 Offense Location: 1234 SOUTH SECOND ST., SANFORD, FL 32773  
 Arrest Date/Time: 10/20/2003 10:11 Booked Date/Time: 10/20/2003 10:11  
 Jail #: 200300018952 Local #: 12564

Jail Date/Time: 10/20/2003 10:11 Fingerprinted: Y  
 FDLE #: UNKNOWN DOC #: NONE

**DEFENDANT**

Name: DOE, JOHN JAMES III Race: W Sex: M DOB: 01/01/1950 Or Age:  
 Height: 602 Weight: 185 Eyes: GRN Hair: GRY Alcohol Related: N Drug Related: N Court Translator: Y Language: SPANISH  
 Local Address: 1234 SOUTH SECOND ST., SANFORD, FL 32773 Phone: 407-665-6600 Residence: Foreign National  
 Next of Kin: JANE DOE Relationship: SPOUSE NOK Phone: 407-665-6600 Religion: CATHOLIC  
 Business Name: JOE'S CRAB SHACK Business Address: SEMINOLE TOWNE CENTER MALL, SANFORD, FL 32772  
 Job: ASSISTANT MANAGER Business Phone: 407-123-1234  
 DL #: D1234567890123 DL State: FL SSN: 123-45-6789 Marital: S Place of Birth: MEXICO CITY, MEXICO  
 Citizenship: MEXICO If not a U.S. citizen, contact embassy consulate

Alias Name(s): DOE, JIM DOE, JIMMY	Person Identifier(s): SCAR SC FHD SEMI-CIRCULAR SCAR ON FOREHEARD SCAR SC L CHK LONG SCAR ON LEFT CHEEK
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Name	Race	Sex	DOB	or Age
MOUSE, MICKEY	B	M	01/01/1950	

**CHARGE(S)**

Counts	Charge Description	Statute#	Ordinance	UCR	Reason#	Type
1	TRAFFIC OFFENSE-DUI ALCOHOL OR DRUGS 1ST OFFENSE	316.193 1	No	9500	NONE	Probable Cause
	Drug Activity: Use Drug Type: Marijuana Drug Unit: Gram Drug Qty: 4.00					
1	NARCOTIC EQUIP-POSSESS-POSSESS NARCOTIC EQUIP DRUG PARAPHERNALIA ADVERTISE	893.147 5	No	350A	200325311MMA	Misdemeanor Warrant
	Drug Activity: Possession Drug Type: Paraphernalia/Equipment Drug Unit: Dose/Unit Drug Qty: 24.00					

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named defendant committed the following violation of law:

On the 20 of October, 2003 at 10:11AM (Specifically include facts constituting cause for arrest.) | BOND: 250.00

P.C. Exists for Charge(s)	Judge's Signature	Date
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On 10/20/2003 at 10:11 hours, I responded to 1234 South Second Street. I observed Mr. Doe driving in erratically in the parking lot of Circle K. I stopped Mr. Doe and asked him to exit his vehicle. I performed a field sobriety test on Mr. Doe. The results were positive for marijuana. An FCIC/NCIC check of Mr. Doe produced an outstanding warrant for possession of narcotics equipment. I verified the warrant via Teletype and took Mr. Doe into custody. Cancellation # - 12345

**ADMINISTRATIVE SECTION**

Miranda Warning <input type="checkbox"/>	HOLD FOR OTHER AGENCY Name:	Verified By:	Date	Bond: Charge #	Bond: Charge #
<input type="checkbox"/> ADULTS ONLY !! HOLD For First Appearance DO NOT BOND	Reason:	Sworn to and subscribed before me, the undersigned authority, this ____ day of _____ in the year _____.	<b>BOND INFO</b>	Bond Type: 3. Surety 5. Cert. Type: Type 1. R.O.R. 4. Bail/ 6. Other	
I consent/affirm the above and attached statements are true and correct. Officer's/Complainant's Signature		Name/Title of Person Authorized to Administer Oath.		Returnable Court Date:	Returnable Court Time:
Fahlstrom, Mary 397047 Name(Printed) and Employee #				Release Date:	Release Time:
				Releasing Officer:	