

FCIC CHECK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OBTS Number		<b>ARREST/NOTICE TO APPEAR          PROBABLE CAUSE AFFIDAVIT/          JUVENILE REFERRAL</b>			1. Arrest 2. Notice to Appear 3. Arrest Affidavit		4. Complaint Affidavit 5. Request for Capias 6. Juvenile Referral		<input type="checkbox"/> Juvenile			
Agency ORI Number <b>FL 005035 A</b>		Agency Name			Agency Report Number							
Check Type. Check as many as apply : <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Weapon Seized/Type <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Arrest Number						
Location of Arrest (Include Name of Business)			City		Location of Offense Business Name, Address			City				
Date of Arrest		Time of Arrest		BCSO Date		BCSO Time		Jail Date				
Date of Offense		FDLE Number			DOC Number			FBI Number				
Name (Last, First, Middle)								Alias				
Race: W-White I-American Indian B-Black O-Oriental/Asian		Sex	Date of Birth		Height	Weight	Eye Color		Hair Color	Complexion	Build	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.				
Local Address (Street, Apt, Number)				(City)		(State)		(Zip)		Phone		
Permanent Address (Street, Apt, Number) or Parent's Name if Juv.				(City)		(State)		(Zip)		Phone		
Business Address (Name, Street,) or Parent's Address if Juvenile				(City)		(State)		(Zip)		Phone		
Driver's License State/Number			Social Security Number			INS Number		Place of Birth		Citizenship		
Co-Defendant Name (Last, First, Middle)			Race		Sex		Date of Birth or Age		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile <input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor			
Co-Defendant Name (Last, First, Middle)			Race		Sex		Date of Birth or Age		<input type="checkbox"/> Arrested <input type="checkbox"/> Felony <input type="checkbox"/> Juvenile <input type="checkbox"/> At Large <input type="checkbox"/> Misdemeanor			
Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense / Distribute M. Manufacture / Produce / Cultivate Z. Other			Type N. N/A P. Possess	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium / Derivative	P. Paraphernalia / Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description					Counts		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord		Statute Violation Number		Violation of Section (ORD)	
Activity		Drug Type		Amount/Unit		Bond Amount		Court Number				
<input type="checkbox"/> PC <input checked="" type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation					Date Issued		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest					
Charge Description					Counts		<input type="checkbox"/> F.S. <input type="checkbox"/> Ord		Statute Violation Number		Violation of Section (ORD)	
Activity		Drug Type		Amount/Unit		Bond Amount		Court Number				
<input type="checkbox"/> PC <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation					Date Issued		<input type="checkbox"/> Writ. Att. <input type="checkbox"/> Domestic Viol. Inj. <input type="checkbox"/> Order of Arrest					
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law: <b>On the 1st day of May 2008 at <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</b> (Specifically include facts constituting cause for arrest.)												
<b>Pursuant to Florida Statute 938.27 the investigative cost incurred by this agency is</b> .												
Continued for <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Charges												
<b>Mandatory Appearance In Court</b>		<b>Location : Brevard County Courthouse, 2825 Judge Fran Jamieson Way, Viera, FL 32940</b>										
		Month		Day		Year		Time		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.												
Signature of Defendant/Juvenile				Signature of Juv. Parent/Custodian				Released to: (Name)		Date		Time
<input type="checkbox"/> Miranda Warning		Hold for Other Agency Name:				Verified By				Date		Bonding Agency
Adults Only: <input type="checkbox"/> Hold for First Appearance. <input type="checkbox"/> Do Not Bond Out								Bond #		Amount		
Reason: I swear/affirm the above and attached is true and correct. <input checked="" type="checkbox"/> Yes Investigator's/Complainant's				Sworn and subscribed before me, the undersigned authority this day of , 2008				Bond #		Amount		
Signature _____ ID. No./Dist.				Signature _____				Returnable Court Date		Returnable Court Date		
Name (Printed)				Type name Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> ID Produced <input type="checkbox"/>				Court Location:		Page 1 of		