

**IN THE CIRCUIT COURT, SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO AND PINELLAS COUNTIES, FLORIDA**

ADMINISTRATIVE ORDER NO. 2019-006 PI-CIR

**RE: ORDER AUTHORIZING USE OF COMPLAINT/ARREST AFFIDAVIT AND
COUNTYWIDE MANDATED NOTICE TO APPEAR FORM**

In order to update the Administrative Order for Pinellas County Local Ordinance Violations, it has become necessary to update the Administrative Order mandating complaint/arrest affidavit and notice to appear forms.

In accordance with Article V, section 2, Florida Constitution, Rule of Judicial Administration 2.215, and § 43.26, Florida Statutes, it is

ORDERED:

1. **Notice to Appear:** The Notice to Appear/Ordinance Violation Form, which is Attachment A to this Administrative Order, has been approved by the Court as the official complaint instrument for the prosecution of county and municipal ordinance violations within the jurisdiction of Pinellas County. It has also been approved as the official complaint instrument for the prosecution of misdemeanor cases within the jurisdiction of Pinellas County where a notice to appear is appropriate.

- a. Effective immediately, all agencies in Pinellas County who are authorized to issue Notice to Appear forms for County Court are hereby authorized to use the form contained in Attachment A and must exclusively use the Notice to Appear/Ordinance Violation Form in Attachment A.
- b. These paragraphs do not apply to the Fish and Wildlife Conservation Commission who shall continue to issue citations on the required state forms issued by the agency.

2. **Complaint/Arrest Forms:** The Adult and Juvenile Complaint/Arrest Affidavit forms, which are contained as Attachment B to this Administrative Order, have been approved by the Court as the official complaint/arrest instruments within the jurisdiction of Pinellas County where an arrest is involved.

- a. Effective immediately, all agencies authorized to issue complaint/arrest affidavits in County or Circuit Court must exclusively use the Adult and Juvenile Complaint/Arrest Affidavit forms contained in Attachment B.
- b. A separate affidavit must be used for each charge for adult and juvenile arrests. Multiple charges may not be input on the same affidavit.

3. The Court may update the attachments to this Administrative Order without an amendment to this Administrative Order.

Administrative Order 2014-067 PI-CIR is hereby rescinded.

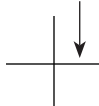
DONE AND ORDERED in Chambers at St. Petersburg, Pinellas County, Florida this _____ day of January 2019.

ORIGINAL SIGNED ON JANUARY 23, 2019
BY ANTHONY RONDOLINO, CHIEF JUDGE

Attachment A: Notice to Appear/Ordinance Violation Form
Attachment B: Adult Complaint/Arrest Affidavit Form
Juvenile Complaint/Arrest Affidavit Form

cc: All Pinellas Judges
The Honorable Bernie McCabe, State Attorney
The Honorable Bob Dillinger, Public Defender
The Honorable Ken Burke, Clerk of the Circuit Court, Pinellas County
The Honorable Bob Gualtieri, Sheriff, Pinellas County
Gay Inskeep, Trial Courts Administrator
Ita M. Neymotin, Regional Counsel, Second District
Ngozi Acholonu, Assistant Regional Counsel
Jewel White, County Attorney, Pinellas County
Mark Woodward, County Administrator, Pinellas County
Harold Vielhauer, Florida Fish and Wildlife Conservation Commission, General Counsel
Major Joseph Franza, Florida Highway Patrol, Troop Commander
Captain Maurice Hensley, Florida Highway Patrol, Pinellas Park District Commander
Tonya Rainwater, Justice CCMS Project Sponsor
Martin Rose, BTS Executive Director
Tim Staney, CJIS Coordinator
Local Law Enforcement Agencies
Local Code Enforcement Officers
Bar Associations, Pasco and Pinellas Counties
Law Libraries, Pasco and Pinellas Counties

Mark 1.375
From Edge
Of Sheet



COUNTY COURT, PINELLAS COUNTY, FLORIDA NOTICE TO APPEAR/ORDINANCE VIOLATION				
OBTS Number		Person ID		Court Case Number
Agency:			Report Number: (COMPLAINT)	
THE UNDERSIGNED SWEARS THAT HE/SHE HAS REASONABLE GROUNDS TO BELIEVE THAT THE BELOW NAMED DEFENDANT, AT THE TIME AND PLACE LISTED,				
Day of Week	Month	Day	Year	Time
Name First		Middle		Last
Street				
City		State	Zip Code	Race Sex
Telephone	Place of Birth	Citizenship		Soc Sec Number
Driver License Number		State	Employment	
Date of Birth	Height	Weight	Hair Color	Eye Color
LOCATION OF OFFENSE				
IN PINELLAS COUNTY FLORIDA, DID COMMIT THE FOLLOWING OFFENSE: ___ OF ___ CHARGES				
TO-WIT:				
CONTRARY TO <input type="checkbox"/> FLORIDA STATE STATUTE <input type="checkbox"/> ORDINANCE				
CITY/COUNTY OF:		SECTION	SUB-SECTION	
<input type="checkbox"/> THIS IS A MISDEMEANOR VIOLATION OF FLORIDA STATE STATUTES REQUIRING AN APPEARANCE IN COURT. <input type="checkbox"/> THIS IS A CRIMINAL ORDINANCE VIOLATION REQUIRING AN APPEARANCE IN COURT, THE PAYMENT OF THE LISTED FINE, OR A WRITTEN PLEA OF NOT GUILTY TO THE OFFENSE CHARGED IN PERSON OR BY MAIL WITHIN THIRTY (30) CALENDAR DAYS. <input type="checkbox"/> THIS IS AN ORDINANCE VIOLATION REQUIRING PAYMENT OF THE LISTED FINE OR A WRITTEN PLEA OF NOT GUILTY TO THE OFFENSE CHARGED IN PERSON OR BY MAIL WITHIN THIRTY (30) CALENDAR DAYS.				
COURT INFORMATION				
DATE	TIME	COURTROOM	FINE	
PINELLAS COUNTY JUSTICE CENTER 14250 49 TH STREET N CLEARWATER, FLORIDA 33762 I agree to (1) appear at the time and place designated above to answer to the offense charged; (2) enter a written plea of not guilty to the offense charged in person or by mail; or (3) pay the fine listed. I understand that should I willfully fail to appear, fail to enter a written plea of not guilty, or fail to pay the required fine within thirty (30) calendar days, a capias may be issued for my arrest. I certify by my signature the above listed address is correct.				
Defendant's Signature Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read this document and its attachments and that the facts in it are true and correct to the best of my knowledge and belief.				
Rank/Signature of Officer		Badge Number	Person ID	



Finished Size 4.5 x 11



Fill in the below listed information completely

Related Defendants

Defendant Name		
Race	Sex	DOB
Defendant Name		
Race	Sex	DOB

Related Law Enforcement Officers

Name

Law Enforcement Agency

Name

Law Enforcement Agency

Related Civilian Witnesses

Witness Name		
Race	Sex	DOB
Address		
City, State, Zip		
Home Telephone		Work Telephone
Witness Name		
Race	Sex	DOB
Address		
City, State, Zip		
Home Telephone		Work Telephone

Related Evidence

Evidence

Evidence

Evidence

I hereby certify the above list of witnesses and tangible evidence is true and correct to the best of my knowledge.

Signature of Officer

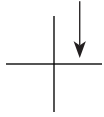
Date

Take right thumb print of defendant if not identified with proper photo identification.

Right Thumb Print

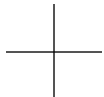
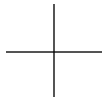
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COUNTY COURT, PINELLAS COUNTY, FLORIDA NOTICE TO APPEAR/ORDINANCE VIOLATION				
OBTS Number		Person ID		Court Case Number
Agency:			Report Number: (STATE ATTORNEY)	
THE UNDERSIGNED SWEARS THAT HE/SHE HAS REASONABLE GROUNDS TO BELIEVE THAT THE BELOW NAMED DEFENDANT, AT THE TIME AND PLACE LISTED,				
Day of Week	Month	Day	Year	Time
Name First		Middle		Last
Street				
City		State	Zip Code	Race Sex
Telephone	Place of Birth	Citizenship		Soc Sec Number
Driver License Number		State	Employment	
Date of Birth	Height	Weight	Hair Color	Eye Color
LOCATION OF OFFENSE				
IN PINELLAS COUNTY FLORIDA, DID COMMIT THE FOLLOWING OFFENSE: ___ OF ___ CHARGES				
TO-WIT:				
CONTRARY TO <input type="checkbox"/> FLORIDA STATE STATUTE <input type="checkbox"/> ORDINANCE				
CITY/COUNTY OF:		SECTION	SUB-SECTION	
<input type="checkbox"/> THIS IS A MISDEMEANOR VIOLATION OF FLORIDA STATE STATUTES REQUIRING AN APPEARANCE IN COURT. <input type="checkbox"/> THIS IS A CRIMINAL ORDINANCE VIOLATION REQUIRING AN APPEARANCE IN COURT, THE PAYMENT OF THE LISTED FINE, OR A WRITTEN PLEA OF NOT GUILTY TO THE OFFENSE CHARGED IN PERSON OR BY MAIL WITHIN THIRTY (30) CALENDAR DAYS. <input type="checkbox"/> THIS IS AN ORDINANCE VIOLATION REQUIRING PAYMENT OF THE LISTED FINE OR A WRITTEN PLEA OF NOT GUILTY TO THE OFFENSE CHARGED IN PERSON OR BY MAIL WITHIN THIRTY (30) CALENDAR DAYS.				
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Defendant's Signature Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read this document and its attachments and that the facts in it are true and correct to the best of my knowledge and belief.				
Rank/Signature of Officer		Badge Number	Person ID	

Finished Size 4.5 x 11



VICTIM NOTIFICATION INFORMATION

Defendant's Name: _____

Court Case# _____

Victim's Name: _____

Race: _____ Sex: _____ DOB: _____

Social Security # _____

Person ID: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Telephone: _____

Work Telephone: _____

Other Contact Telephone: _____

Is the victim a witness?

Was Victim Rights Brochure given?

Is the victim in the hospital?

Victim's Name: _____

Race: _____ Sex: _____ DOB: _____

Social Security # _____

Person ID: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Telephone: _____

Work Telephone: _____

Other Contact Telephone: _____

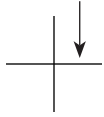
Is the victim a witness?

Was Victim Rights Brochure given?

Is the victim in the hospital?

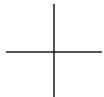
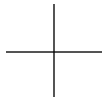
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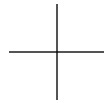
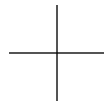
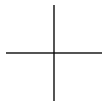
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COUNTY COURT, PINELLAS COUNTY, FLORIDA NOTICE TO APPEAR/ORDINANCE VIOLATION				
OBTS Number		Person ID		Court Case Number
Agency:			Report Number: (COUNTY ATTORNEY)	
THE UNDERSIGNED SWEARS THAT HE/SHE HAS REASONABLE GROUNDS TO BELIEVE THAT THE BELOW NAMED DEFENDANT, AT THE TIME AND PLACE LISTED,				
Day of Week	Month	Day	Year	Time
Name First		Middle		Last
Street				
City		State	Zip Code	Race Sex
Telephone	Place of Birth	Citizenship		Soc Sec Number
Driver License Number		State	Employment	
Date of Birth	Height	Weight	Hair Color	Eye Color
LOCATION OF OFFENSE				
IN PINELLAS COUNTY FLORIDA, DID COMMIT THE FOLLOWING OFFENSE: ___ OF ___ CHARGES				
TO-WIT:				
CONTRARY TO <input type="checkbox"/> FLORIDA STATE STATUTE <input type="checkbox"/> ORDINANCE				
CITY/COUNTY OF:		SECTION	SUB-SECTION	
<input type="checkbox"/> THIS IS A MISDEMEANOR VIOLATION OF FLORIDA STATE STATUTES REQUIRING AN APPEARANCE IN COURT. <input type="checkbox"/> THIS IS A CRIMINAL ORDINANCE VIOLATION REQUIRING AN APPEARANCE IN COURT, THE PAYMENT OF THE LISTED FINE, OR A WRITTEN PLEA OF NOT GUILTY TO THE OFFENSE CHARGED IN PERSON OR BY MAIL WITHIN THIRTY (30) CALENDAR DAYS. <input type="checkbox"/> THIS IS AN ORDINANCE VIOLATION REQUIRING PAYMENT OF THE LISTED FINE OR A WRITTEN PLEA OF NOT GUILTY TO THE OFFENSE CHARGED IN PERSON OR BY MAIL WITHIN THIRTY (30) CALENDAR DAYS.				
COURT INFORMATION				
DATE	TIME	COURTROOM	FINE	
PINELLAS COUNTY JUSTICE CENTER 14250 49 TH STREET N CLEARWATER, FLORIDA 33762 I agree to (1) appear at the time and place designated above to answer to the offense charged; (2) enter a written plea of not guilty to the offense charged in person or by mail; or (3) pay the fine listed. I understand that should I willfully fail to appear, fail to enter a written plea of not guilty, or fail to pay the required fine within thirty (30) calendar days, a capias may be issued for my arrest. I certify by my signature the above listed address is correct.				
Defendant's Signature Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read this document and its attachments and that the facts in it are true and correct to the best of my knowledge and belief.				
Rank/Signature of Officer		Badge Number	Person ID	

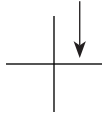
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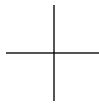


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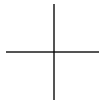
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COUNTY COURT, PINELLAS COUNTY, FLORIDA NOTICE TO APPEAR/ORDINANCE VIOLATION				
OBTS Number		Person ID		Court Case Number
Agency:			Report Number: (OFFICER)	
THE UNDERSIGNED SWEARS THAT HE/SHE HAS REASONABLE GROUNDS TO BELIEVE THAT THE BELOW NAMED DEFENDANT, AT THE TIME AND PLACE LISTED,				
Day of Week	Month	Day	Year	Time
Name First		Middle		Last
Street				
City		State	Zip Code	Race Sex
Telephone	Place of Birth	Citizenship		Soc Sec Number
Driver License Number		State	Employment	
Date of Birth	Height	Weight	Hair Color	Eye Color
LOCATION OF OFFENSE				
IN PINELLAS COUNTY FLORIDA, DID COMMIT THE FOLLOWING OFFENSE: ___ OF ___ CHARGES				
TO-WIT:				
CONTRARY TO <input type="checkbox"/> FLORIDA STATE STATUTE <input type="checkbox"/> ORDINANCE				
CITY/COUNTY OF:		SECTION	SUB-SECTION	
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COURT INFORMATION				
DATE	TIME	COURTROOM	FINE	
PINELLAS COUNTY JUSTICE CENTER 14250 49 TH STREET N CLEARWATER, FLORIDA 33762 I agree to (1) appear at the time and place designated above to answer to the offense charged; (2) enter a written plea of not guilty to the offense charged in person or by mail; or (3) pay the fine listed. I understand that should I willfully fail to appear, fail to enter a written plea of not guilty, or fail to pay the required fine within thirty (30) calendar days, a capias may be issued for my arrest. I certify by my signature the above listed address is correct.				
Defendant's Signature				
Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read this document and its attachments and that the facts in it are true and correct to the best of my knowledge and belief.				
Rank/Signature of Officer		Badge Number	Person ID	



Finished Size 4.5 x 11



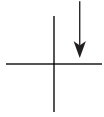
Obtain proper identifications from defendant and both defendant and officer must sign the citation. If the defendant has no photo identification, obtain right thumbprint of defendant on rear side of the complaint copy of the citation.

Provide the defendant his or her copy of the citation. **Complete the schedule of witnesses and evidence on the reverse side of the complaint copy. Misdemeanor cases also require the victim information be completed on the reverse side of the State Attorney copy.** Return complaint and State Attorney copy to the Clerk of the Court. A worksheet detailing investigative costs must be included on all criminal violations. Attach a copy of the offense report for misdemeanor offenses.

OFFICER'S NOTES:

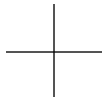
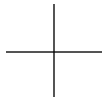
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COUNTY COURT, PINELLAS COUNTY, FLORIDA NOTICE TO APPEAR/ORDINANCE VIOLATION				
OBTS Number		Person ID	Court Case Number	
Agency:			Report Number: (DEFENDANT)	
THE UNDERSIGNED SWEARS THAT HE/SHE HAS REASONABLE GROUNDS TO BELIEVE THAT THE BELOW NAMED DEFENDANT, AT THE TIME AND PLACE LISTED,				
Day of Week		Month	Day	Year
Time	Name	First	Middle	Last
Street				
City		State	Zip Code	Race
Sex	Telephone	Place of Birth	Citizenship	Soc Sec Number
Driver License Number		State	Employment	
Date of Birth	Height	Weight	Hair Color	Eye Color
LOCATION OF OFFENSE				
IN PINELLAS COUNTY FLORIDA, DID COMMIT THE FOLLOWING OFFENSE: ___ OF ___ CHARGES				
TO-WIT:				
CONTRARY TO <input type="checkbox"/> FLORIDA STATE STATUTE <input type="checkbox"/> ORDINANCE				
CITY/COUNTY OF:		SECTION	SUB-SECTION	
<input type="checkbox"/> THIS IS A MISDEMEANOR VIOLATION OF FLORIDA STATE STATUTES REQUIRING AN APPEARANCE IN COURT. <input type="checkbox"/> THIS IS A CRIMINAL ORDINANCE VIOLATION REQUIRING AN APPEARANCE IN COURT, THE PAYMENT OF THE LISTED FINE, OR A WRITTEN PLEA OF NOT GUILTY TO THE OFFENSE CHARGED IN PERSON OR BY MAIL WITHIN THIRTY (30) CALENDAR DAYS. <input type="checkbox"/> THIS IS AN ORDINANCE VIOLATION REQUIRING PAYMENT OF THE LISTED FINE OR A WRITTEN PLEA OF NOT GUILTY TO THE OFFENSE CHARGED IN PERSON OR BY MAIL WITHIN THIRTY (30) CALENDAR DAYS.				
COURT INFORMATION				
DATE		TIME	COURTROOM	FINE
PINELLAS COUNTY JUSTICE CENTER 14250 49 TH STREET N CLEARWATER, FLORIDA 33762 I agree to (1) appear at the time and place designated above to answer to the offense charged; (2) enter a written plea of not guilty to the offense charged in person or by mail; or (3) pay the fine listed. I understand that should I willfully fail to appear, fail to enter a written plea of not guilty, or fail to pay the required fine within thirty (30) calendar days, a capias may be issued for my arrest. I certify by my signature the above listed address is correct.				
Defendant's Signature				
Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read this document and its attachments and that the facts in it are true and correct to the best of my knowledge and belief.				
Rank/Signature of Officer		Badge Number	Person ID	

Finished Size 4.5 x 11



WAIVER INFORMATION-ORDINANCE VIOLATIONS

IF THE FACE OF THIS NOTICE INDICATES THAT YOU HAVE THE OPTION OF PAYING A FINE OR APPEARING IN COURT, AND YOU CHOOSE TO PAY THE FINE, YOU MAY WITHIN **THIRTY (30) CALENDAR DAYS** OF THE DATE OF THE OFFENSE(S) PRESENT THIS NOTICE IN PERSON OR SEND A CHECK OR MONEY ORDER MADE PAYABLE TO THE CLERK OF THE CIRCUIT COURT TO:

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
County Criminal Court Records
14250 49th Street North
Clearwater, Florida 33762

VISA, MASTERCARD, AMERICAN EXPRESS OR ELECTRONIC CHECK ACCEPTED AT www.pinellasclerk.org OR, IN PERSON AT THE ABOVE LOCATION.

IF YOU DO NOT PAY THE FINE WITHIN **THIRTY (30) CALENDAR DAYS**, OR ENTER A WRITTEN PLEA OF NOT GUILTY IN PERSON OR BY MAIL, YOU MUST APPEAR IN COURT ON THE DATE INDICATED ON THE FACE SIDE OF THIS NOTICE. **IF YOU FAIL TO APPEAR, A CAPIAS WILL BE ISSUED FOR YOUR ARREST.**

THE WAIVER BELOW MUST BE COMPLETED AND ATTACHED READ CAREFULLY:

I HEREBY ENTER MY PLEA OF GUILTY OR NOLO CONTENDERE AND WAIVE MY RIGHT TO APPEAL OR OBTAIN JUDICIAL REVIEW.

I UNDERSTAND THE NATURE OF THE CHARGE AGAINST ME. I UNDERSTAND MY RIGHT TO HAVE COUNSEL AND WAIVE THIS RIGHT AND THE RIGHT TO A CONTINUANCE. I WAIVE MY RIGHT TO TRIAL BEFORE A JUDGE. I AM FULLY AWARE THAT MY SIGNATURE TO THIS PLEA WILL HAVE THE SAME EFFECT AS A JUDGMENT OF THIS COURT.

TOTAL FINE AND COST: _____

DEFENDANT'S SIGNATURE: _____

ADDRESS: _____

NON-CRIMINAL VIOLATION

IF YOU WISH TO ENTER A NOT GUILTY PLEA AND REQUEST A HEARING, PLEASE REPORT TO THE BELOW LISTED ADDRESS OF THE CLERK OF THE COURT WITHIN **THIRTY (30) CALENDAR DAYS**. **CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO THE CLERK OF THE CIRCUIT COURT.**

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
COUNTY CRIMINAL COURT RECORDS – SECOND FLOOR
14250 49TH STREET NORTH
CLEARWATER, FLORIDA 33762

VISA, MASTERCARD, AMERICAN EXPRESS OR ELECTRONIC CHECK ACCEPTED AT www.pinellasclerk.org OR AT THE ABOVE LOCATION.

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Human Rights Office, 400 S. Ft. Harrison Ave., Ste. 300, Clearwater, FL 33756, (727) 464-4062 (V/TDD) at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Finished Size 4.5 x 11

COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #		REPORT #	DOCKET #
Person ID		SSN#	
Charge Description <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance		Traffic Citation # (if any)	Court Case #
Charge			
Defendant's Name (Last, First, Middle)		DOB	Sex Race Ht Wt Hair Eyes Skin
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code)		Telephone	Place of Birth Citizenship
Permanent Address (Street, City, State, Zip Code)		Telephone	Employed by / School
Weapon Seized Type <input type="checkbox"/> Yes <input type="checkbox"/> No		Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
<p>The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the ____ day of _____, _____,</p> <p>at approximately _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m., at _____, in Pinellas County did:</p>			
<p>Contrary to Florida Statute/Ordinance _____.</p>			
<p>ARREST DATE: _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Aggravating/Mitigating Factors _____</p>			
<p>Booking Officer: _____ Amount of Bond _____ Bond Out Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p>			
<p>Victim Notified of Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>The Court reviewed this complaint and finds there: <input type="checkbox"/> is probable cause <input type="checkbox"/> is not probable cause to detain defendant <input type="checkbox"/> Bond Action, if any: _____.</p>			
<p>The probable cause determination is passed for: <input type="checkbox"/> 24 Hrs <input type="checkbox"/> 24 Hrs on showing of extraordinary circumstances</p>			
<p>Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.</p>		<p>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</p>	
		DATE	OFFICER
		HOURS X PAY RATE	OR COST
<p>_____ Declarant Signature</p>		<p>_____ Agency</p>	
<p>_____ Printed Name</p>		<p>_____ Declarant ID#</p>	
		<p>OTHER – Describe _____.</p>	
		<p>Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ _____.</p>	

Defendant _____ Court Case No: _____

ADVISORY AND SOLVENCY HEARING

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counsel, family or friends, and that reasonable implementation will be afforded him to contact the foregoing.

I FURTHER CERTIFY THAT:

- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

DATE AND TIME

JUDGE

- I hereby waive the right to counsel at the first appearance only.
- I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.



Thumb Print

DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE

DEFENDANT'S ATTORNEY'S SIGNATURE

DATE

JUVENILE COMPLAINT/ARREST AFFIDAVIT – CIRCUIT COURT – UNIFIED FAMILY COURT, IN AND FOR PINELLAS COUNTY, FLORIDA

OBTS #			Law Enforcement Report #					Docket #			
Date Arrested				Screen for Diversion							
Child: <input type="checkbox"/> Admits <input type="checkbox"/> Denies <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Ordinance			Court Case #								
Charge											
Child's Name (Last, First, Middle)				Person ID			SSN#				
Alias			DOB		Sex	Race	HT	WT	Hair	Eyes	Skin
DL # / State ID (if any)		State	School Attends						Grade		
Local Address (Street, City, State, Zip Code)							Home or Contact Telephone				
Father Name			Address (Street, City, Zip Code)								
Mother Name			Address (Street, City, Zip Code)								
Physical Custodian /Other - Name			Address (Street, City, Zip Code)								
Co-Defendant (Last, First, Middle)							Co-Defendant is: <input type="checkbox"/> Child <input type="checkbox"/> Adult				
<p>The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the ____ day of _____, _____, at approximately _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m., at _____, in Pinellas County did:</p>											
Contrary to Florida Statute/Ordinance _____.					If drug charge, Presumptive Test Positive <input type="checkbox"/>						
Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have read the foregoing document and that the facts in it are true.				Request for Investigative Costs, F.S. 938.27(1)							
_____ Declarant				_____ Agency				Date Officer Hours X Pay Rate or Cost			
								_____ _____			
								_____ _____			
_____ Printed Name				_____ Declarant ID#				Other – Describe _____:			
Continuation sheet ____ Yes ____ No Total \$ _____											

VICTIM NOTIFICATION INFORMATION

Defendant's Name _____ Court Case # _____

1. Victim's Name _____ Race _____ Sex _____ DOB _____

Social Security # _____ Party ID _____ Person ID _____

Address _____

City _____ State _____ Zip _____

Home Telephone-Work Telephone _____ Email _____

Other Contact Telephone _____

(Cell Phone, Relative, Neighbor)

Other Address for Victim _____

Is the victim a witness Was Victim Rights brochure given? Is the victim in a hospital?

Name of Hospital? _____

2. Victim's Name _____ Race _____ Sex _____ DOB _____

Social Security # _____ Party ID _____ Person ID _____

Address _____

City _____ State _____ Zip _____

Home Telephone-Work Telephone _____ Email _____

Other Contact Telephone _____

(Cell Phone, Relative, Neighbor)

Other Address for Victim _____

Is the victim a witness Was Victim Rights brochure given? Is the victim in a hospital?

Name of Hospital? _____

3. Victim's Name _____ Race _____ Sex _____ DOB _____

Social Security # _____ Party ID _____ Person ID _____

Address _____

City _____ State _____ Zip _____

Home Telephone-Work Telephone _____ Email _____

Other Contact Telephone _____

(Cell Phone, Relative, Neighbor)

Other Address for Victim _____

Is the victim a witness Was Victim Rights brochure given? Is the victim in a hospital?

Name of Hospital? _____

4. Victim's Name _____ Race _____ Sex _____ DOB _____

Social Security # _____ Party ID _____ Person ID _____

Address _____

City _____ State _____ Zip _____

Home Telephone-Work Telephone _____ Email _____

Other Contact Telephone _____

(Cell Phone, Relative, Neighbor)

Other Address for Victim _____

Is the victim a witness Was Victim Rights brochure given? Is the victim in a hospital?

Name of Hospital? _____