FCIC/NCIC CHECK YES ☐ NO ☐

6468

ARREST/NOTICE TO APPEAR PROBABLE CAUSE AFFIDAVIT/ JUVENILE REFERRAL

1. Arrest 2. Notice to Appear 3. Arrest Affidavit 4. Complaint Affidavit 5. Request for Capias 6. Juvenile Referral — Juvenile ☐

ADMINISTRATIVE

OBTS Number 0501[redacted]

Agency ORI Number	Agency Name	Agency Report Number
FLO050000	Brevard County Sheriff's Office	14-069190

Charge Type (Check as many as apply): ☒ 1. Felony ☐ 2. Traffic ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized/Type: 1. Yes 2. No [2]

Agency Arrest Number: CID: 124699

Location of Arrest (Include Name of Business): Jail Complex — City: Cocoa

Location of Offense (Business Name, Address) — City:

Date of Arrest	Time of Arrest	Transport Date	Transport Time	Jail Date	Jail Time	Fingerprinted	By:
03/04/14	0055			0314	0210	☐ Identification Only ☐ Criminal ☐ AFIS	

Date of Offense	FDLE Number	DOC Number	FBI Number
		E	

DEFENDANT/JUVENILE

Name (Last, First, Middle): MARKS, ROBERT, WILLIAM — Alias:

Race (W-White B-Black U-Unknown I-American Indian A-Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/28/1972	508	190	HAZEL	BROWN	LIGHT	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Indication of: Alcohol Influence ☐ Y ☐ N ☒ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1 City 2 County 3 Florida 4 Out of State)
1942 PINEWOOD RD.	MELBOURNE	FLORIDA	32935	( )	1

Permanent Address (Street, Apt. Number) or Parent's Name if Juv.	(City)	(State)	(Zip)	Phone	Parent Contacted Y ☐ N ☒
				( )	

Business Address (Name, Street) or Parent's Address if Juv.	(City)	(State)	(Zip)	Phone	Occupation
				( )	

Driver's License State/Number	*Social Security Number	INS Number	Place of Birth	Citizenship
M620779720680	[redacted]		FL	US

*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth or Age	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth or Age	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

CODE

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

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia-Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	F.S. / Ord.	Statute Violation Number	Violation of Section (ORD)
*ORDER TO TRANSPORT	1	☒ F.S. ☐ Ord.		

Activity	Drug Type	Amount/Unit	Bond Amount	Court Number	
N	N	N	NONE	2012CF035337A	JUDGE REINMAN

☐ PC ☐ Capias ☐ AC ☐ BW ☐ FW ☐ PW ☐ Juv. PU ☐ Citation — Date Issued — ☐ Writ. Att. ☐ Domestic Viol. Inj. ☒ Order of Arrest

CHARGE

Charge Description	Counts	F.S. / Ord.	Statute Violation Number	Violation of Section (ORD)
		☐ F.S. ☐ Ord.		

Activity	Drug Type	Amount/Unit	Bond Amount	Court Number

☐ PC ☐ Capias ☐ AC ☐ BW ☐ FW ☐ PW ☐ Juv. PU ☐ Citation — Date Issued — ☐ Writ. Att. ☐ Domestic Viol. Inj. ☐ Order of Arrest

PROBABLE CAUSE STATEMENT

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 ____ day of ____ at ☐ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

FOR TRIAL ON MARCH 6, 2014 0900 A.M.

Case # 05-2012-CF-035337-AXXX-XX
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22494242

In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of ____ hrs @ $____ per hr and/or ____ miles @ ____¢ per mile for a total of $____ Affidavit enclosed Y ____ N ____.

Continue for: Narrative ☐ Charges ☐

GANG INFO

In accordance with F.S.S. 874, two (2) or more characteristics constitutes gang member; one (1) characteristic constitutes gang associate.

☐ GANG MEMBER ☐ GANG ASSOCIATE ☐ ADMITS ☐ ID BY PARENT ☐ ID BY PHYSICAL EVIDENCE ☐ DOCUMENTED ☐ IN COMPANY OF MEMBERS ☐ STYLE OF DRESS ☐ HAND SIGNS ☐ AUTHORIZED COMMUNICATION ☐ TATTOO ☐ KNOWN ASSOCIATE ☐ ID BY INFORMANT

NOTICE TO APPEAR

Mandatory Appearance In Court

Location (Court Room Number, Address):

Time — Month: ____ Day: ____ Year: ____ Time: ____ ☐ A.M. ☐ 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	Release to: (Name)	Date	Time

ADMINISTRATIVE

☐ Miranda Warning — Help for Other Agency Name: — Verified By:

Adults Only: ☐ Hold for First Appearance ☐ Do Not Bond Out Reason:

I swear/affirm the above and attached statements are true and correct.

Officer's/Complainant's Signature: [signature]

ID. No./Dist. 1303 — 1206 / BCSO

Name (Printed): VICTOR SANTOS — Vizcardi

Sworn to subscribed before me, the undersigned authority this 4 day of MARCH 2013

Signature: [signature]

Print or Type Name: Santos 1303

Notary/Law Enforcement Officer in Performance of Official Duties — Personally Known ☒ To Produced ☐

BOND INFORMATION

Bonding Agency

Bond#	Amount
Bond#	Amount

Returnable Court Date — Returnable Court Time ☐ A.M. ☐ P.M.

Court Location — Page 1 of 1

COURT FILE — STATE ATTORNEY — SHERIFF'S RECORDS — JAIL — LAW ENFORCEMENT — DEFENDANT'S COPY

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