

RACHEL M. SADOFF

2023 Sep 01 PM 1:24 KR

STATE OF FLORIDA
JUDICIAL ADMINISTRATION
TALLAHASSEE, FL

CFN 2023188385, OR BK 9878 PAGE 2144,
Recorded 09/01/2023 at 04:43 PM, Rachel M. Sadoff,
Clerk of Courts, Brevard County
Pgs:6

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

ADMINISTRATIVE ORDER NO.

23-32-B

SUPERSEDES 11-29-B ✓

IN RE: Criminal - Standardized Brevard County Probable Cause Affidavit

WHEREAS, Florida Rules of Judicial Administration 2.215 states that the chief judge “shall exercise administrative supervision over all judges and court personnel within the judicial circuit;” “the chief judge may enter and sign administrative orders;” and “the chief judge shall have the authority to require that all judges of the court, other court officers, and court personnel comply with all court and judicial branch policies, administrative orders, procedures and administrative plans;” and

WHEREAS, the Sheriff and municipal law enforcement agencies in Brevard County have historically used a standard probable cause affidavit which was at one time provided by the Clerk of the Court, but have now become the financial responsibility of each law enforcement agency; and

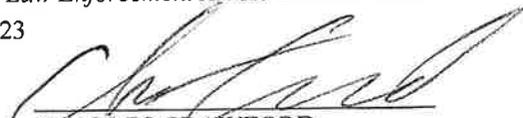
WHEREAS, Brevard County law enforcement agencies are generating forms through their computer systems; and

WHEREAS, standardization of Brevard County’s Probable Cause Affidavit will improve efficiency, effectiveness, statistical information and sharing of information among various state, county and municipal agencies; and

WHEREAS, standardization of Brevard County’s Probable Cause Affidavit will avoid inefficiency, court-related costs, labor hours, redundancy, data entry, booking, and clerical mistakes.

IT IS ORDERED AND ADJUDGED that the Standard Probable Cause Affidavit attached hereto as **Attachment “A,”** which shall include a designation of “Confidential Crime Victim Information” when required under Florida Rules of Judicial Administration 2.420 and 2.423, is hereby adopted for use by all law enforcement agencies within Brevard County. Said Probable Cause Affidavit, is required to maintain the same basic format in the inclusion and presentation of information to the court in all criminal cases and to the Brevard County Jail Complex in arrest cases; shall assign appropriate bail amounts pursuant to AO 18-21-B; and statutes derived from the *Florida Department of Law Enforcement Arrest Statute Table*.

DONE AND ORDERED, this 29th day of August, 2023


CHARLES CRAWFORD
CHIEF JUDGE

Distribution:

All Circuit and County Court Judges (Brevard County)

Court Administration (Brevard & Seminole County)

Clerk of Court (Brevard County)

State Attorney (Brevard County)

Public Defender (Brevard County)

Sheriff (Brevard County)

Bar Association (Brevard County)

Law Library (Brevard County)

All Law Enforcement Agencies (Brevard County)

Attachment A

PROBABLE CAUSE AFFIDAVIT		FORM On View (PC Arrest) _____ Capias Request _____ Summoned/Cited (NTA) _____	JUVENILE YES _____ NO _____						
		PURPOSE Taken into Custody (Warrant/Capias Arrest) _____	AMENDED _____ Referral _____ Civil Citation _____						
ADMINISTRATIVE	Arresting Agency ORI	Arresting Agency Name		Arresting Agency Case/Arrest Number	OBTS Number				
	FDLE (SID) Number	FBI Number	DOC Number	Transport Time	Jail Date / Time	Jail Booking Number	Booking Agency ORI		
	Location of Arrest (Include Name of Business)			City	Location of Offense (Business Name, Address)			City	
	Offense Date OR Date Range	Arrest Date / Time	Charge Type (Check as many as apply)		Felony _____	Evidence Confiscated (Check as many as apply)			
		Misdemeanor _____	Traffic _____	Ordinance _____	Vehicle _____	Firearm _____	Property _____		
DEFENDANT / JUVENILE	Name (Last, First, Middle)			Alias and Type		Date of Birth	Age	Jacket Number	
	Race	Ethnicity	Sex	Height	Weight	Eye Color	Hair Color		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								
	Local Address (Street, Apt. Number)			City, State, Zip		Phone/Type (include area code)	Primary Language English _____		
	Permanent Address (Street, Apt. Number) or Parent's Name if Juvenile			City, State, Zip		Phone/Type (include area code)	Complexion		
	Business Address (Name, Street) or School if Juvenile			City, State, Zip		Phone/Type (include area code)	Build		
	Driver's License State / Number / Type		Social Security Number*	INS Number	Place of Birth		Citizenship		
	Residence Type:		Mark All that Apply (Y, N, Unk)			Suspected of Using (Y, N, Unk)			Drugs _____
	City _____ County _____ Florida _____ Out of State _____		Homeless _____	Sex Offender _____	Gang Affiliation _____	Alcohol _____	Computer/Handheld Device _____		
	PARENT Driver's License State / Number / Type		PARENT Social Security Number	Juvenile Civil Citation Not Referred Explanation			Juvenile Facility		
<small>*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies.</small>									
CHARGE	PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued		Writ Aff. _____	Domestic Violence _____	Order of Arrest _____			
	Charge Description			Counts	F.S. _____	Statute / Ordinance Number	Reclassifier		
	Drug Activity			Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number		
PROBABLE CAUSE	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 _____ AM _____ PM				(Specifically include facts constituting cause for arrest)				
	Confidential Victim Information Included - YES _____ NO _____								
In accordance with F.S.S. 93B.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$_____ per hr and/or _____ miles @ _____ per mile for a total of \$_____.									
Affidavit Attached: Yes _____ No _____				Continue for: Narrative _____ Charges _____					
NOTICE TO APPEAR	Mandatory Appearance in Court		Location (Court and Address)			Division #			
			Date: Month _____ Day _____ Year _____ Time _____ AM _____ PM						
	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 Juvenile's Parent/Custodian			Release to: (Name)		Date	Time
ADMINISTRATIVE	Held for Other Agency Name:		Verified By:		Do Not Bond Out Reason				
					Held for 1st Appearance (Adults Only)				
	I swear/affirm the above and attached statements are true and correct _____ on _____		Officer's/Complainant's Signature		ID#	Officer's/Complainant's Name (Printed)			
	Sworn and Subscribed before me, the undersigned authority this _____ day of _____		Notary Signature		Notary Name (Printed)		Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known _____ ID _____		
Page _____ of _____									

AGENCY NAME: _____	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number _____
Continuation Page ____ of ____		

Defendant / Juvenile Name (Last, First, Middle) _____	OBTS Number _____
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CO-DEF	Co-Defendant Name (Last, First, Middle) _____	Race _____	Sex _____	Date of Birth/Age _____	Juvenile (Y or N) _____
	Arrested ____ At Large ____ Cited ____ Felony ____ Misdemeanor ____				
CO-DEF	Co-Defendant Name (Last, First, Middle) _____	Race _____	Sex _____	Date of Birth/Age _____	Juvenile (Y or N) _____
	Arrested ____ At Large ____ Cited ____ Felony ____ Misdemeanor ____				

CHARGE	PC ____ Capias ____ Warrant ____ Additional Charge ____	Date Issued _____	Writ Aff. ____	Domestic Violence ____	Order of Arrest ____
	Charge Description _____	Counts _____	F.S. ____ Ord. ____	Statute / Ordinance Number _____	Reclassifier _____
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	Drug Activity _____	Drug Type _____	Amount / Unit _____	Bond Amount _____	Warrant / Citation / Court Number _____

VEHICLE	Year _____	Make _____	Model _____	VIN _____	Tag / Tag State _____	Primary Color _____	Secondary Color _____
	* If Applicable, provide information related to the vehicle involved in the crime.						

Officer's/Complainant's Signature _____	ID# _____	Officer's/Complainant's Name (Printed) _____
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AGENCY NAME: _____	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number _____
Continuation Page ____ of ____		

Defendant / Juvenile Name (Last, First, Middle) _____	OBT5 Number _____
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CHARGE	PC ____ Capias ____ Warrant ____ Additional Charge ____	Date Issued _____	Writt Aff. ____ Domestic Violence ____ Order of Arrest ____	
	Charge Description _____	Counts _____	F.S. _____ Ord. _____	Statute / Ordinance Number _____ Reclassifier _____
	Drug Activity _____	Drug Type _____	Amount / Unit _____	Bond Amount _____ Warrant / Citation / Court Number _____

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Officer's/Complainant's Signature _____	ID# _____	Officer's/Complainant's Name (Printed) _____
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AGENCY NAME: _____		BREVARD COUNTY, FLORIDA	Arresting Agency Case Number
VICTIM INFORMATION PAGE			
Defendant / Juvenile Name (Last, First, Middle)			OBTS Number
VICTIM INFORMATION	Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO		Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO
	Victim Type <input type="checkbox"/> Business <input type="checkbox"/> Individual	Individual Name (Last, First, Middle) or Business Name	Victim Relationship to Offender
	Victim Address		Business Point of Contact Name and Number
	Contact Number / Type (include area code)		Victim Email Address
VICTIM INFORMATION	Victim was notified of their Marsy's Law rights - <input type="checkbox"/> YES <input type="checkbox"/> NO		Victim requests their personal information remain confidential - <input type="checkbox"/> YES <input type="checkbox"/> NO
	Victim Type <input type="checkbox"/> Business <input type="checkbox"/> Individual	Individual Name (Last, First, Middle) or Business Name	Victim Relationship to Offender
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	Victim Address		Business Point of Contact Name and Number
	Contact Number / Type (include area code)		Victim Email Address
Officer's/Complainant's Signature		ID#	Officer's/Complainant's Name (Printed)