

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
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) _____ PURPOSE Taken into Custody (Warrant/Capias Arrest) _____	Capias Request _____	Summoned/Cited (NTA) _____	JUVENILE YES _____ NO _____
		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 _____ Misdemeanor _____ Traffic _____ Ordinance _____		Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____
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: City _____ County _____ Florida _____ Out of State _____		Mark All that Apply (Y, N, Unk) Homeless _____ Sex Offender _____ Gang Affiliation _____		Suspected of Using (Y, N, Unk) Drugs _____ Alcohol _____ Computer/Handheld Device _____	
PARENT Driver's License State / Number / Type		PARENT Social Security Number	Juvenile Civil Citation Not Referred Explanation		Juvenile Facility _____
*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies.					

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
	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. 938.27, 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 _____
Hold for Other Agency Name: _____		Verified By: _____		Do Not Bond Out Reason _____ Hold 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 _____

AGENCY NAME: _____		BREVARD COUNTY, FLORIDA			Arresting Agency Case Number _____			
Continuation Page ____ of ____								
Defendant / Juvenile Name (Last, First, Middle) _____						OBTS Number _____		
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-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 _____		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 _____
	* If Applicable, provide information related to the vehicle involved in the crime.							
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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	Drug Activity _____		Drug Type _____	Amount / Unit _____		Bond Amount _____		Warrant / Citation / Court Number _____
	* If Applicable, provide information related to the vehicle involved in the crime.							
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) _____			

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

Defendant / Juvenile Name (Last, First, Middle) _____	OBTS Number _____
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CHARGE	PC _____ Capias _____ Warrant _____ Additional Charge _____	Date Issued _____	Writt Aff. _____ Domestic Violence _____ Order of Arrest _____		
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Officer's/Complainant's Signature _____	ID# _____	Officer's/Complainant's Name (Printed) _____
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NOTE: INFORMATION PAGE	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number
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Offense Name (Last, First, Middle)	OBTS Number
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INFORMATION	I have read 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
	<input type="checkbox"/> Business Individual Name (Last, First, Middle) or Business Name	Victim Relationship to Offender
	Business Point of Contact Name and Number	
	/ Type (include area code)	Victim Email Address

INFORMATION	I have read 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
	<input type="checkbox"/> Business Individual Name (Last, First, Middle) or Business Name	Victim Relationship to Offender
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	Business Point of Contact Name and Number	
	/ Type (include area code)	Victim Email Address

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	Business Point of Contact Name and Number	

/ Type (include area code)	Victim Email Address	
Complainant's Signature	ID#	Officer's/Complainant's Name (Printed)