

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

ADMINISTRATIVE ORDER NO. 2014-058 PI-CIR

RE: AMENDED ORDER AUTHORIZING USE OF A REVISED COMPLAINT/ARREST AFFIDAVIT

Administrative Order 2014-013 revised the Adult and Juvenile Complaint/Arrest Affidavit forms that are the official complaint/arrest instruments within Pinellas County where an arrest is involved. Administrative Order 2014-039 directed all agencies authorized to issue complaint/arrest affidavits in County or Circuit Court to begin exclusively using the new forms at 9:00 p.m. on July 2, 2014, the date view only mode was initiated in Pinellas County's Consolidated Justice Information System (CJIS) for the transition to the new case management system, Odyssey.

It is necessary to amend Administrative Order 2014-013 to clarify that all law enforcement personnel are to complete a separate affidavit for each charge for both adult and juvenile arrests in the Virtual Inmate Processing and Reporting System (VIPAR). Amended Adult and Juvenile Complaint/Arrest Affidavit forms are forthcoming to comply with this directive.

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

IT IS ORDERED:

Paragraph 2 of Administrative Order 2014-013 is amended as follows:

2. Complaint/Arrest Form

- a. The Adult and Juvenile Complaint/Arrest Affidavit forms contained in Attachment B have been approved by the Court as the official complaint/arrest instruments within the jurisdiction of Pinellas County where an arrest is involved. All agencies in Pinellas County that are authorized to issue complaint/arrest affidavits must exclusively use the forms contained in Attachment B in the manner specified in subsection b.
- b. Beginning September 22, 2014, at 8:00 a.m., all authorized agencies must use a separate affidavit for each charge for adult and juvenile arrests. Law enforcement personnel may not input multiple charges on the same affidavit. On the same date and time, the Pinellas County Sheriff's Office is instructed to disable the feature in VIPAR that allows law enforcement personnel to input multiple charges in a single affidavit.

All other provisions of Administrative Order No. 2014-013 remain in full force and effect. Administrative Order 2014-039 is hereby rescinded.

DONE AND ORDERED in Chambers, Clearwater, Pinellas County, Florida this ____ day of September, 2014.

ORIGINAL SIGNED ON SEPTEMBER 19, 2014
BY J. THOMAS MCGRADY, CHIEF JUDGE

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 Inskip, Trial Courts Administrator
Ngozi Acholonu, Assitant Regional Counsel
Myriam Irizarry, Chief Deputy Director, Pinellas County Clerk's Office
Tonya Rainwater, Justice CCMS Project Sponsor
Ed Hansen, CJIS Coordinator
Law Enforcement Agencies, Pinellas County
Bar Associations, Pasco and Pinellas Counties
Law Libraries, Pasco and Pinellas Counties

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

PAGE ONE OF _____ Pages

See Supplemental for Additional Charges and/or Additional Co-Defendants

OBTS #	REPORT #	DOCKET #
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Person ID	SSN#
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Charge Description <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Seq #	Traffic Citation # (if any)	Court Case #
Main Charge (if multiple charges) or Charge	1		

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
--	-----	-----	------	----	----	------	------	------

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
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Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
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Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School
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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"/>	Indication of Alcohol Influence	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
---	-----	-----	------	---

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the ____ day of _____, at approximately ____ a.m. a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____:
ARREST DATE: _____ Time _____ a.m. p.m. Aggravating/Mitigating Factors _____
Booking Officer: _____ Amount of Bond _____ Bond Out Date _____ Time _____ a.m. p.m.
 Victim Notified of Advisory? Yes No Injuries to Victim? Yes No Medical Treatment to Victim? Yes No

The Court reviewed this complaint and finds there: is probable cause is not probable cause to detain defendant Bond Action, if any: _____
 The probable cause determination is passed for: 24 Hrs 24 Hrs on showing of extraordinary circumstances

If Additional Charge: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Sequence #	Traffic Citation # (if any)
Charge Description	2	

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the ____ day of _____, at approximately ____ a.m. a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____:
ARREST DATE: _____ Time _____ a.m. p.m. Aggravating/Mitigating Factors _____
Booking Officer: _____ Amount of Bond _____ Bond Out Date _____ Time _____ a.m. p.m.
 Victim Notified of Advisory? Yes No Injuries to Victim? Yes No Medical Treatment to Victim? Yes No

The Court reviewed this complaint and finds there: is probable cause is not probable cause to detain defendant Bond Action, if any: _____
 The probable cause determination is passed for: 24 Hrs 24 Hrs on showing of extraordinary circumstances

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.

Declarant Signature	Agency
Printed Name	Declarant ID#

DATE	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) OFFICER	HOURS X PAY RATE	OR	COST
OTHER – Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ _____				

**ADULT / JUVENILE COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT -PINELLAS COUNTY, FLORIDA
SUPPLEMENTAL COMPLAINT SHEET FOR ADDITIONAL CHARGES OR CO-DEFENDANTS**

PAGE _____ OF _____

Defendant/Child Name (Last, First, Middle)	Defendant/Child Person ID#	Court Case #
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ADDITIONAL CHARGE(S)

If Additional Charge: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance <input type="checkbox"/> JUVENILE	Sequence #	Traffic Citation # (if any)
Charge Description		

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the _____ day of _____, at approximately _____ a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____

ARREST DATE: _____ Time _____ a.m. p.m. Aggravating/Mitigating Factors _____

Booking Officer: _____ Amount of Bond _____ Bond Out Date _____ Time _____ a.m. p.m.

Victim Notified of Advisory? Yes No Injuries to Victim? Yes No Medical Treatment to Victim? Yes No

If Adult: The Court reviewed this complaint and finds there: is probable cause is not probable cause to detain defendant Bond Action, if any: _____

The probable cause determination is passed for: 24 Hrs 24 Hrs on showing of extraordinary circumstances

If Additional Charge: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance <input type="checkbox"/> JUVENILE	Sequence #	Traffic Citation # (if any)
Charge Description		

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the _____ day of _____, at approximately _____ a.m. p.m. at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____ See Supplemental for Additional Charges

ARREST DATE: _____ Time _____ a.m. p.m. Aggravating/Mitigating Factors _____

Booking Officer: _____ Amount of Bond _____ Bond Out Date _____ Time _____ a.m. p.m.

Victim Notified of Advisory? Yes No Injuries to Victim? Yes No Medical Treatment to Victim? Yes No

If Adult: The Court reviewed this complaint and finds there: is probable cause is not probable cause to detain defendant Bond Action, if any: _____

The probable cause determination is passed for: 24 Hrs 24 Hrs on showing of extraordinary circumstances

ADDITIONAL CO-DEFENDANTS

See Supplemental for Additional Co-Defendants

Co-Defendant's Name (Last, First, Middle)	Charge Sequence(s)	DOB	Sex	Race	CUSTODY STATUS
					In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
					In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
					In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

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.

Declarant

Agency

Printed Name

Declarant ID

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

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? _____

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

Page One of ____ Pages See Supplemental for Additional Charges and/or Additional Co-Defendants

OBTS #		Law Enforcement Report #	Docket #
Date Arrested		Date Referred	
Child: <input type="checkbox"/> Admits <input type="checkbox"/> Denies <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Ordinance		Seq#	Court Case #
Alleged Main Charge (if multiple charges) or Charge		1	
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	
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

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the ____ day of _____, _____, at approximately _____ a.m. a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____.

Additional Charge (if any)	SEQ #	Child: <input type="checkbox"/> Admits <input type="checkbox"/> Denies
Alleged Charge (if Multiple Charges)	2	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Ordinance

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the ____ day of _____, _____, at approximately _____ a.m. a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____.

<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>_____ Declarant</p> <p>_____ Agency</p> <p>_____ Printed Name</p> <p>_____ Declarant ID#</p>	<p align="center">Request for Investigative Costs, F.S. 938.27(1)</p> <table style="width:100%;"> <tr> <td>Date</td> <td>Officer</td> <td>Hours X Pay Rate</td> <td>or</td> <td>Cost</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> </table> <p>Other – Describe _____</p> <p>Continuation Sheet Y__ N__</p> <p align="right">Total \$ _____</p>	Date	Officer	Hours X Pay Rate	or	Cost	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____		_____
Date	Officer	Hours X Pay Rate	or	Cost																	
_____	_____	_____		_____																	
_____	_____	_____		_____																	
_____	_____	_____		_____																	

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

Page One of _____ Pages See Supplemental for Additional Charges and/or Additional Co-Defendants

OBTS #		Law Enforcement Report #	Docket #
Date Arrested		Date Referred	
Child: <input type="checkbox"/> Admits <input type="checkbox"/> Denies <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Ordinance		Seq#	Court Case #
Alleged Main Charge (if multiple charges) or Charge		1	
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	

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the _____ day of _____, at approximately _____ a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____

Additional Charge (if any)	SEQ #	Child: <input type="checkbox"/> Admits <input type="checkbox"/> Denies
Alleged Charge (if Multiple Charges)	2	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Ordinance

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the _____ day of _____, at approximately _____ a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____

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. _____ Declarant Agency _____ Printed Name Declarant ID#	<p align="center">Request for Investigative Costs, F.S. 938.27(1)</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%;">Date</td> <td style="width:20%;">Officer</td> <td style="width:30%;">Hours X Pay Rate</td> <td style="width:10%;">or</td> <td style="width:10%;">Cost</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> </table> <p>Other – Describe _____ Continuation Sheet Y_ N_ Total \$ _____</p>	Date	Officer	Hours X Pay Rate	or	Cost	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____		_____
Date	Officer	Hours X Pay Rate	or	Cost																	
_____	_____	_____		_____																	
_____	_____	_____		_____																	
_____	_____	_____		_____																	

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? _____

**JUVENILE COMPLAINT/ARREST AFFIDAVIT – CIRCUIT COURT – UNIFIED FAMILY COURT, IN AND FOR PINELLAS COUNTY, FLORIDA
DEPARTMENT OF JUVENILE JUSTICE COPY**

Page One of ____ Pages See Supplemental for Additional Charges and/or Additional Co-Defendants

OBTS #		Law Enforcement Report #	Docket #
Date Arrested		Date Referred	
Child: <input type="checkbox"/> Admits <input type="checkbox"/> Denies <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Ordinance		Seq#	Court Case #
Alleged Main Charge (if multiple charges) or Charge		1	
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	
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

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the ____ day of _____, _____, at approximately _____ a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____.

Additional Charge (if any)	SEQ #	Child: <input type="checkbox"/> Admits <input type="checkbox"/> Denies
Alleged Charge (if Multiple Charges)	2	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Ordinance

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the ____ day of _____, _____, at approximately _____ a.m. p.m., at _____, in Pinellas County did:

Contrary to Florida Statute/Ordinance _____.

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. _____ Declarant Agency _____ Printed Name Declarant ID#	Request for Investigative Costs, F.S. 938.27(1) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date</td> <td style="width:20%;">Officer</td> <td style="width:20%;">Hours X Pay Rate</td> <td style="width:20%;">or</td> <td style="width:20%;">Cost</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td>_____</td> </tr> </table> Other – Describe _____ Continuation Sheet Y__ N__ Total \$ _____	Date	Officer	Hours X Pay Rate	or	Cost	_____	_____	_____		_____	_____	_____	_____		_____	_____	_____	_____		_____
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_____	_____	_____		_____																	
_____	_____	_____		_____																	
_____	_____	_____		_____																	