

NOTICE OF ARRAIGNMENT AND HEARING TO DETERMINE ELIGIBILITY FOR PUBLIC DEFENDER OR CONFLICT ATTORNEY

0799072239

LOCATION:

STATE OF FLORIDA VS [REDACTED] DEFENDANT

CASE NUMBER BERTILA SOTO DIVISION JUDGE

NOTICE OF \$40 PUBLIC DEFENDER APPLICATION FEE / APPLICATION FOR PUBLIC DEFENDER PURSUANT TO FS ss 27.52 AND 938.29

CLOCK IN [Signature]

(1) I have hired a private attorney. His/her name is [NO] (2) Receiving public assistance or Medicaid? [] Yes [] No, if yes, my identification number is

IF THE DEFENDANT IS A MINOR OR IS FINANCIALLY DEPENDENT FOR TAX PURPOSES, THE FOLLOWING MUST INCLUDE DATA OF A PARENT OR LEGAL GUARDIAN

A. EMPLOYMENT [] Self employed [] Employed [X] Unemployed

Unemployed Poland 1/16

B. INCOME From Job(after taxes) \$ [0] /week From investments \$ [0] /week From unemployment \$ [0] /week Other \$ [0] /week

D. ASSETS In the bank \$ [0] Investments \$ [0] Home value \$ [0] Motor vehicle value \$ [0] Year [0] Make [0] Other \$ [0]

C. DEPENDENTS [] Self [X] Spouse Number of other dependents [2] Court ordered child support/alimony \$ [0] /Month

E. EXPENSES & OBLIGATIONS Food, clothing, shelter \$ [0] /Month Other debts or financial responsibilities from illness or family misfortune \$ [0] /Month

I, [REDACTED], agree to report any change in my financial situation to the Court or to the Indigency Examiner. I understand that the Judge will use the information in this application in deciding whether to appoint the Public Defender or Conflict Attorney to represent me in this case.

By signing this application I authorize court representatives to investigate my income and assets. If the Court determines at any point that I can afford, without substantial hardship, to hire a private attorney, I understand that the Public Defender will be discharged, and I will be responsible for the reasonable value of costs and services provided to me.

Under penalty of perjury, I declare that I have read this application, that I understand its terms, and that the facts herein stated are true.

Defendant's Signature [REDACTED] Defendant's Address [REDACTED] Defendant's SS# [REDACTED] Defendant's Date of Birth [REDACTED]

Parent / Legal Guardian Signature [REDACTED] Parent / Legal Guardian Address [REDACTED] Parent / Legal Guardian SS # [REDACTED] Parent / Legal Guardian Date of Birth [REDACTED] Deputy Clerk [Signature]

In accordance with the American with Disabilities Act of 1990, persons needing a special accomodation to participate in this proceeding should contact the Court ADA COORDINATOR no later than 7 days prior to the proceeding at (305) 375-2006 or (305) 375-2007 (TTD).

ORDER DETERMINING DEFENDANT'S RIGHT TO COURT APPOINTED COUNSEL AND FOR PAYMENT OF THE APPLICATION FEE After considering the foregoing application and other relevant information before the Court, the defendant is adjudged: [X] INDIGENT AND THE COURT HEREBY APPOINTS THE PUBLIC DEFENDER OR CONFLICT ATTORNEY AS COUNSEL [] NOT INDIGENT DONE AND ORDERED THIS 1 day of JAN 2000 FURTHER, the \$40 application fee is hereby TO BE PAID IN FULL AT THE TIME THE FINANCIAL AFFIDAVIT IS FILED OR WITHIN 7 DAYS (IF NOT PAID WITHIN 7 DAYS) TO BE ASSESSED AT SENTENCING OR AT THE FINAL DISPOSITION [Signature] MANUELA CRESPO Circuit / County Court Judge

Upon my arrival, I made contact with Mrs. [REDACTED] (V1), who advised me that her husband, Mr. [REDACTED] (A1), grabbed her by her neck and threw her to the ground. She advised that they had a brief argument before the incident and then he went back across the street where he was sitting in his vehicle. Ms. [REDACTED] (W1) and Mr. [REDACTED] (W2) stated they saw the entire incident and confirmed [REDACTED]'s report. Off. Freiberger made contact with [REDACTED] who was sitting in his vehicle on the west side of Harding Ave. There was a strong odor of an alcoholic beverage emitting from both the Victim and the Defendant and they both stated they had been drinking, but did not state exactly how much. [REDACTED] declined medical assistance several times when I offered it to her. Mr. [REDACTED] was placed under arrest and transported to Surfside Police Department for processing. [REDACTED] was too transported to Surfside Police Department for pictures, interview, and she received a Domestic Violence pamphlet. She declined to go to Safe Space. She was transported to the Bay Mar Hotel for the evening.

While at the station for processing, [REDACTED] stated that he was a [REDACTED]. I contacted the United States State Dept and spoke with Special Agent Kevin Golden of Diplomatic Security who connected me with Deputy Patrol Officer Daffney Martinez. Ms. Martinez stated that [REDACTED] was not a Diplomat.

While I was finishing processing the defendant, [REDACTED] briefly passed out becoming unconscious. Rescue 21, Lt. Peterson, responded to Surfside Police Department and attended to [REDACTED]. He was cleared at the scene.

[REDACTED] was transported to Dade County Jail. A copy of this report is being faxed to Safe Space. No further information at this time.

COMPLAINT/ARREST AFFIDAVIT

DOMESTIC VIOLENCE

Felony Misdemeanor Traffic Juvenile Warrant

108852 9904076

Police Case No.

Agency Code 14 99004076 Municipal P.D. Def. ID No. MDPD Records and ID No. Court Case No. H99720

DEFENDANT'S NAME Last First Middle [Redacted] DOB mo/day/yr 02/08/1956 Sex M Race W Ethnic [Redacted] Height 6'11" Weight 200 Hair Grey Eyes B

LOCAL ADDRESS Street City State Zip Phone 305 868-2673 Alias N/A

PERMANENT ADDRESS Street City State Zip Phone 0048426406163 Address Source Verbal Voter's I.D. Driver's License Other

BUSINESS ADDRESS Street City State Zip Phone Occupation uK Place of Birth Poland

DRIVER'S LICENSE NO. State Social Security No. Scars, Tattoos, Unique Physical Features None visible

Passport ID # 19993419880001 NIA

Weapon Seized? Type Yes No Arrest Date 12/31/1999 Arrest Time 9:50 P.M. Arrest Location 9400 Hrdg Ave + Herdng way GRID

If Def. has Concealed Weapons Permit. No. Cases Cleared 1 Influence of Drugs Yes No Unk. Influence of Alcohol Yes No Unk. Citizenship Poland Resid. Type City Dad Florida Other

CO-DEFENDANTS 1. Last First Middle DOB mo/day/yr 2. Last First Middle DOB mo/day/yr

DRUG ACTIVITY S. Sell R. Struggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate DRUG TYPE N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Derv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

SIGNAL: 100 150 200 250 300 400

Table with columns: CHARGES, Activity, Type, Counts, STATUTE, D.V., VIOLATION OF SECT. Row 1: Battery (Domestic), N N, 784.03, 13-26

The undersigned certifies and swears that he has just and reasonable grounds to believe, and does believe that the above named Defendant On the 31 day of Dec 1999 At 9:50 P.M. 9400 Herdng Ave. (Location, include name of business)

committed the following violation of law: Narrative: (Be specific) Defendant was seen by witnesses grabbing his wife in the neck area and throwing her to the ground. [Redacted] was arrested and taken to Surlside P.D. and later transferred to Duval County Jail / Station 6.

Officer's Name (Print) [Redacted] Officer's Signature [Signature] Surlside Department Name Court ID Number/Sec. Code 0052 14

Sworn to and subscribed before me, the undersigned authority, this 31 day of Dec 1999 [Signature] Deputy of the Court or Notary Public

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 shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Family Division Juvenile Section) anytime that my address changes. You need not appear in court, but must comply with the instructions on the reverse side hereof.

COURT COPY