7th. Judicial Circuit 707
Charging Affidavit - Volusia

Arrest # _____ Bk #_____ Pg #1 of 3

ARREST ☒ NOTICE TO APPEAR ☐ AFFIDAVIT ☐ C.C. ☐ ADULT ☒ JUVENILE ☐ Court Case Number: **2017 316924 MMDB**

(ORI) FL: FL0640100 | Agency Name: DAYTONA BEACH POLICE DEPARTMENT | Agency Case Number: 170025008

FCIC/NCIC Check? ☒ Yes ☐ No | OBTS # | U.C.R: | Date Arrested: 12-19-2017 | Time of Arrest: 2213

ADDRESS OF ARREST (Street, City, State, Zip): 600 Seabreeze Blvd DAYTONA BEACH FL 32118 | Arrested By: Mccarthy,Evan | ID Number: D20193

DEFENDANT

NAME (Last): BRITO (First): VANESSA (Middle): | A.K.A.: | Sex: F | Race: H

DOB: 03-18-1983 | Age: 34 | Driver's Lic./ ID No.: [redacted] | State: FL | Year Expires: 2019 | S.S.# - [redacted]

Height: 5' 03" | Weight: 135 | Hair: BLK | Eyes: BRO | P.O.B. (City, State, Country): FL | Statement: Yes ☐ No ☒

Scars, Marks, Tattoos: | Business & Occupation: | Citizenship: Yes ☒ No ☐

Probation: Yes ☐ No ☒ | Sexual Predator: Yes ☐ No ☒ | English: Yes ☒ No ☐ _____ | Deaf/Mute: Yes ☐ No ☒

	(STREET, APT. NUMBER)	(CITY)	(STATE)	ZIP CODE	
Address - Mailing/Permanent	15820 PALMETTO CLUB DRIVE	Miami	FL	33157	RESIDENCE PHONE
Address - Local					RESIDENCE PHONE
Address - Other (Employer/School)					BUS/SCHOOL PHONE

CHARGES

DOMESTIC VIOLENCE? Yes ☐ | Attachments: Affidavit(s)? ☐ Statement(s) ☐ NTA Schedule ☐ Report ☐ Traffic Infraction(s) ☐ DUI ☐ | Total Charges: 1

	Charge:		FS/ORD:	Citation No.:	Bond:
#1	Trespass Prop. Other than Structure/Convey	FEL ☐ MISD ☒ ORD ☐	810.09(2)(A)		500
#2		FEL ☐ MISD ☐ ORD ☐			
#3		FEL ☐ MISD ☐ ORD ☐			

CO-DEFENDANT

Co-Def #1. Arrested? Y ☐ N ☐ Fel. ☐ Misd. ☐ Traf. ☐ Ord. ☐ NTA ☐ | *Co-Def #2.* Arrested? Y ☐ N ☐ Fel. ☐ Misd. ☐ Traf. ☐ Ord. ☐ NTA ☐

	NAME (Last)	(First)	(Middle)	Race:	Sex:	DOB:	Age:
#1							
#2							

NARRATIVE

The undersigned certifies and swears that there is probable cause to believe the above-named defendant,

on the 19 day of December , 2017 , at approximately 1003 ☐ a.m. ☒ p.m.

at 600 Seabreeze Blvd BARBERVILLE within Volusia County, violated the law and did then and there:

1 Enter and remain on the above listed property for which she was previously trespassed from.
2
3 On 12/19/17 I was dispatched to 600 Seabreeze Blvd (Walgreens) in reference to a trespasser. Upon arrival I made contact with an employee at the
4 above location.
5
6 The employee stated that the defendant who was identified as (D-1) Vanessa Brito was previously trespassed from the property by Ofc. Onyski on
7 12/8/17.
8
9 Upon talking to the employee I observed the defendant inside the above location in isle 18. The defendant was placed into custody without incident.
10 The Trespass Warning was tagged into property and evidence at DBPD. This investigation was captured on my AXON body camera (#0417) and
11 submitted to evidence.com.

NOTICE TO APPEAR

MANDATORY APPEARANCE ☐ | YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY ☐ | FINE, AND COSTS AMOUNT:

I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.

SIGNATURE OF DEFENDANT Date | SIGNATURE OF JUVENILE PARENT OR CUSTODIAN | RELATIONSHIP TO JUVENILE | JUVE DISP. | CITATION No.

Sworn to and subscribed before me, the undersigned this 19 day of December , 2017 ,
Name: R Harris 95043

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

Notary Public ☐ Law Enforcement or Corrections Officer ☒
Personally Known ☒ *Produced Identification* ☐
Type of Identification: _____

OFFICER'S/COMPLAINANT'S SIGNATURE
MCCARTHY,EVAN D20193
NAME (PRINTED) | ID NUMBER

Rt Thumb

OFFICIAL USE ONLY

Inmate Number & Facility:

Volusia

Notice to Appear Instruction Sheet

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

☐ **Mandatory Court Appearance -- You MUST appear at COURT. You will receive a Notice of Arraignment from the County Clerk's Office at the mailing address you have given. Failure to appear at the time and place designated, will result in a warrant being issued for your arrest.**

☐ **Court Appearance Not Mandatory -- You MUST comply with EITHER A or B:**

PAYMENTS SHOULD BE MADE PAYABLE TO:

CLERK OF THE COURT.

A. Pay the Fine: You must complete the waiver information below and either mail or personally present this citation at the Clerk's Office checked below, from 8:00 a.m. to 4:30 p.m., Monday through Friday within 15 days of the issuance of this Notice to Appear. ***Fines may be paid in cash, personal check, money order or certified check made payable to: Clerk of the Court . (DO NOT MAIL CASH.)***

Total fine and costs you must pay: $ _____

B. Contest the Citation: You MUST request that a court date be set within 15 days of the issuance of this Notice to Appear (if the 15th day falls on a Saturday, Sunday or legal holiday, the period is extended to the next working day) by either appearing between the hours of 8:00 a.m. and 10:00 a.m. at the Clerk's Office checked below, or by mailing your written request to the Clerk of the Court at the address checked below.

COUNTY CLERK'S OFFICES:

☐ Volusia County Courthouse, room B155, 101 N. Alabama Avenue, Deland, FL, 32724

☐ Court House Annex, room 109, 125 E. Orange Avenue, Daytona Beach, FL, 32114

☐ Volusia County Courthouse, room 6, 124 N. Riverside Drive, New Smyrna Beach, FL, 32169

I agree to appear at the time and place as designated above to answer the listed charge(s) or pay the fine and costs. I understand that if I willfully fail to request a court date and/or fail to appear before the court as required by this Notice to Appear, or fail to pay the indicated fine and costs on or before the date set forth above, I may be held in contempt of court and a warrant for my arrest will be issued.

DEFENDANT'S SIGNATURE (MANDATORY): _____

ATTENTION: PERSONS WITH DISABILITIES
If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, Ste.300, Daytona Beach, FL 32114; Telephone: 386-257-6096 within two (2) working days of your receipt of this notice: If you are hearing or voice impaired, call 1-800-955-8771 or 1-800-955-8770. THIS IS NOT A COURT INFORMATION LINE.

Plea and Waiver Information

If this notice indicates that you have the option to pay a fine or appear in court and you choose to pay the fine, follow the instructions in paragraph A above. Read and sign this page. This page MUST be returned to the clerk's office with your fine payment.

1. In consideration of my not appearing in court, I enter my plea on the affidavit in this case, for the offense charged, waiving my right to be present and the reading of the affidavit. I understand the nature of the charge(s) against me and hereby enter my plea of guilty ☐ or nolo contendere (no contest) ☐.
2. In doing so, I understand the nature of the charge(s) against me, I understand that I waive my right to counsel, the right to a trial before a judge or jury, the right to a continuance, and the right to appeal. Payment of this fine will result in adjudication of guilt to this charge being withheld.
3. By my signature, I acknowledge that I understand the above statements. I am not under the influence of alcohol or drugs. I also certify that my address listed below is correct.

Defendant's Signature: _____ **Date:** _____

(First) (Middle) (Last)

Defendant's Name (print): _____

Defendant's Address: _____

Witness/Victim/Evidence Form 707-A

☒ Arrest
☐ Affidavit
☐ Notice to Appear

☒ Adult
☐ Juvenile

Court Case Number:

Defendant Name: (Last) BRITO	(First) VANESSA	(Middle)	**Agency Case Number:** 170025008

Name: (Last)	(First) DESIREE	(Middle)	Vic ☐ Wit ☐	Race: W	Sex: M ☐ F ☒	Age:	DOB:	SSN:
Address (#, Street, City, State):				Zip:		Home: Phone:		Statement: ☐ Yes ☐ No
Bus/School Address: 600 Seabreeze Blvd	DAYTONA BEACH	FL				Zip: 32118		Bus: Phone: (240) 850-5672
Relative/ Contact Name			Relative/Contact Address:					Phone:

Name: (Last)	(First)	(Middle)	Vic ☐ Wit ☐	Race:	Sex: M ☐ F ☐	Age:	DOB:	SSN:
Address (#, Street, City, State):				Zip:		Home: Phone:		Statement: ☐ Yes ☐ No
Bus/School Address:						Zip:		Bus: Phone:
Relative/ Contact Name			Relative/Contact Address:					Phone:

Name: (Last)	(First)	(Middle)	Vic ☐ Wit ☐	Race:	Sex: M ☐ F ☐	Age:	DOB:	SSN:
Address (#, Street, City, State):				Zip:		Home: Phone:		Statement: ☐ Yes ☐ No
Bus/School Address:						Zip:		Bus: Phone:
Relative/ Contact Name			Relative/Contact Address:					Phone:

Name: (Last)	(First)	(Middle)	Vic ☐ Wit ☐	Race:	Sex: M ☐ F ☐	Age:	DOB:	SSN:
Address (#, Street, City, State):				Zip:		Home: Phone:		Statement: ☐ Yes ☐ No
Bus/School Address:						Zip:		Bus: Phone:
Relative/ Contact Name			Relative/Contact Address:					Phone:

Name: (Last)	(First)	(Middle)	Vic ☐ Wit ☐	Race:	Sex: M ☐ F ☐	Age:	DOB:	SSN:
Address (#, Street, City, State):				Zip:		Home: Phone:		Statement: ☐ Yes ☐ No
Bus/School Address:						Zip:		Bus: Phone:
Relative/ Contact Name			Relative/Contact Address:					Phone:

Name: (Last)	(First)	(Middle)	Vic ☐ Wit ☐	Race:	Sex: M ☐ F ☐	Age:	DOB:	SSN:
Address (#, Street, City, State):				Zip:		Home: Phone:		Statement: ☐ Yes ☐ No
Bus/School Address:						Zip:		Bus: Phone:
Relative/ Contact Name			Relative/Contact Address:					Phone:

EVIDENCE COLLECTED

Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last)	(First)	(Address)	(Phone)	Value
Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last)	(First)	(Address)	(Phone)	Value
Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence		Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

MCCARTHY,EVAN	D20193	DBPD
Investigating Officer	ID Number	Agency