

Jail Management System

Contacts - 867423 BURKE, MICHAEL

<u>Next of Kin</u>	Relationship: <input type="text"/>	Last Name: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>Emergency contact</u>	Relationship: OTHER	Last Name: MCGHEE	First: CAITLIN	Middle: <input type="text"/>	Phone: (386) 405-5892
		Address: P.O. BOX 229248 1646 SALVADOR S	City: DELAND	State: FL	Zip: -
<u>Mother</u>	Relationship: <input type="text"/>	Last Name: HARRINGTON	First: ROBYN	Middle: <input type="text"/>	Phone: (386) 337-2993
		Address: 935 WODDSITE DR	City: DELAND	State: FL	Zip: -
<u>Father</u>	Relationship: <input type="text"/>	Last Name: BURKE	First: GREG	Middle: <input type="text"/>	Phone: (386) 734-9057
		Address: 1670 S SPRINGGARDEN AVE	City: DELAND	State: FL	Zip: -
<u>Daughter</u>	Relationship: <input type="text"/>	Last Name: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>Son</u>	Relationship: <input type="text"/>	Last Name: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>Sister</u>	Relationship: <input type="text"/>	Last Name: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>Brother</u>	Relationship: <input type="text"/>	Last Name: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>EMPLOYER</u>	Relationship: <input type="text"/>	Company Name: <input type="text"/>	Yrs. Employed: <input type="text" value="0"/>	Mnths. Employed: <input type="text" value="0"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>Guardian</u>	Relationship: <input type="text"/>	Last Name: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>Grandmother</u>	Relationship: <input type="text"/>	Last Name: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>Family (other)</u>	Relationship: <input type="text"/>	Last Name: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>	Phone: () - <input type="text"/>
		Address: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
<u>Step-Mother</u>	Relationship: <input type="text"/>	Last Name: BURKE	First: TANYA	Middle: <input type="text"/>	Phone: (386) 747-2589
		Address: 1670 S. SPRING GARDEN	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>

Jail Management System

Contacts - 867423 BURKE, MICHAEL

	Relationship: <input type="text"/>			
Last Name:	<input type="text"/>	First:	<input type="text"/>	Middle: <input type="text"/> Phone: () -
Address:	<input type="text"/>	City:	<input type="text"/>	State: <input type="text"/> Zip: -
<u>Step-Father</u>	Relationship: <input type="text"/>			
Last Name:	SCHMIDT	First:	ROBERT	Middle: <input type="text"/> Phone: (386) 337-2993
Address:	935 WOODSITE DR	City:	<input type="text"/>	State: <input type="text"/> Zip: -
<u>Aunt</u>	Relationship: <input type="text"/>			
Last Name:	<input type="text"/>	First:	<input type="text"/>	Middle: <input type="text"/> Phone: () -
Address:	<input type="text"/>	City:	<input type="text"/>	State: <input type="text"/> Zip: -
<u>Spouse</u>	Relationship: <input type="text"/>			
Last Name:	<input type="text"/>	First:	<input type="text"/>	Middle: <input type="text"/> Phone: () -
Address:	<input type="text"/>	City:	<input type="text"/>	State: <input type="text"/> Zip: -
<u>Grandfather</u>	Relationship: <input type="text"/>			
Last Name:	<input type="text"/>	First:	<input type="text"/>	Middle: <input type="text"/> Phone: () -
Address:	<input type="text"/>	City:	<input type="text"/>	State: <input type="text"/> Zip: -
<u>Uncle</u>	Relationship: <input type="text"/>			
Last Name:	<input type="text"/>	First:	<input type="text"/>	Middle: <input type="text"/> Phone: () -
Address:	<input type="text"/>	City:	<input type="text"/>	State: <input type="text"/> Zip: -

VOLUSIA COUNTY DIVISION OF CORRECTIONS POLICY AND PROCEDURE MANUAL	POLICY NO. 700.15 Page 1 of 6
SUBJECT: MEDICAL AND HEALTH SERVICES Hospital/Transport Duty	DATE: December 15, 2011 SUPERSEDES: November 19, 2010

It is the policy of the Volusia County Division of Corrections to provide security, when required, for inmates hospitalized during their incarceration with the Division.

NCCHC J-E-08, J-E-10

It shall be the responsibility of all staff to ensure compliance with this Policy and Procedure.

A. Determination of hospitalization

1. The need for hospitalization shall be determined by the Medical Supervisor (MS) on duty, the Medical Director (MD) or the emergency room doctor.
2. The Medical Supervisor shall notify the Shift Commander (SC) of the need to hospitalize the inmate, giving the inmate's name and reason for hospitalization.
3. The Medical Supervisor on duty shall notify the hospital of the inmate's medical condition and shall provide the hospital with all necessary information.

B. Transportation (Corrections)

1. The SC shall notify the OS who shall check with the Booking Office for the inmate's charges, criminal history and classification to determine the level of security required for the inmate.
2. The SC or OS shall ensure that only certified Officers who are weapons qualified (.38 cal. Revolver or 9 mm) are used for transport, and also, that only certified Officers with at least one (1) year of experience with our Division are used for hospital duty.
3. The OS shall instruct the Transporting Officer (TO) on the travel route and hospital entrance to be used, except when transported by EVAC.
4. The OS will contact HHMC security and advise them of the transport.
5. The TO shall ensure that the following equipment is utilized for hospital duty. This equipment may be obtained from the OS at VCBJ or the Receiving/Discharge Officer at VCCF.
 - a) 2 pair of handcuffs
 - b) 2 pair of leg irons
 - c) 1 belly chain
 - d) 1 cuff key
 - e) 1 Inmate/Patient Hospital folder with VCDC-214

- f) 3 pair of plastic handcuff
- g) 1 carry bag
- h) 1 vest for one officer escort and 2 vests for two officer escort.
- i) 1 weapon belt & weapon key
- j) 1 weapon – pick up from weapons locker in VCBJ/VCCF sallyport

C. Notifications

1. During normal working hours the SC or OS shall notify the Warden of the need for hospitalization, providing the inmate name, booking number, charges, reason for the hospitalization and estimated length of stay, if known.
2. After normal working hours, the SC or OS shall notify the on duty Captain or Staff Duty Officer (SDO) of the need for transport to the hospital and provide all pertinent information and further instructions reference transport/hospitalization. If notification is for information only, and the Captain is not on duty, the SDO shall be contacted after 0700 hours.
3. The SC or OS shall file an Incident Report (VCDC-401) to include a VCDC 402 from medical personnel and forward it to the Warden.
4. The OS shall schedule the transport in JMS.
5. When the inmate is admitted and a room assignment made, the TO shall notify the SC or OS.
6. The SC or OS shall notify the Medical Supervisor.

D. Staff assignments

1. The SC on duty at the time of admission shall ensure that hospital coverage is made for all shifts for the first twenty-four (24) hours until such time as the respective SC can schedule staffing for their own shifts or until Staff Scheduling is notified.
2. The SC shall ensure that only certified personnel who are weapons qualified, when needed, with at least one (1) year of correctional experience with our Division shall be assigned to hospital duty.
3. It shall be the responsibility of each officer assigned to hospital duty to contact the SC at the Branch Jail at least two (2) hours prior to reporting for duty. The SC shall advise the officer where to report or, if applicable, that the overtime has been canceled.

E. Restraints

1. All inmates shall be in some form of restraint at all times. These restraints may consist of handcuffs, belly chains, leg irons, leather restraints or a combination of these. Under normal circumstances, leg irons shall be the minimum restraint used.
2. Type and amount of restraints shall be determined by:
 - a) Security classification of the inmate
 - b) Type of injury or illness
 - c) Mental stability of the inmate
 - d) Type of medical procedure to be performed

3. Any question by the officer as to the type or amount of restraints to be used shall be brought to the attention of the OS or SC for resolution.
4. All inmates housed in a medical facility shall have a set of leg irons attached to one of their legs and to the bed rail. If this is medically unfavorable, contact the OS for instructions.
5. When it is necessary to restrain an inmate to a bed or chair for his/her own protection or behavior control, leather restraints should be used. The Officer shall notify the OS when this is necessary.
6. Leather restraints shall generally be provided by the hospital and shall be placed on the inmate prior to the removal of the handcuffs or leg irons.
7. Hospital staff shall place the inmate into leather restraints, and ensure proper application.
8. Relief Officers shall inspect all restraints for accountability and proper application prior to assuming control of the inmate.
9. Plastic handcuffs are to be used in place of metal handcuffs when the inmate is undergoing treatments such as an x-ray or MRI. The plastic handcuff is to be applied prior to the removal of the metal handcuff. The metal handcuff shall then be reapplied prior to the removal of the plastic handcuff. The plastic handcuff can be removed by using bandage scissors to cut them off. Bandage scissors can be obtained from medical staff present at the hospital.

F. Inmate/patient hospital folder

1. The OS shall ensure that ten (10) folders are maintained in the OS office and are ready for use.
2. The OS shall inventory the folders during each shift and ensure that all are accounted for. Any discrepancies or need for replacement due to wear shall be corrected by the OS.
3. Each folder shall contain the following:
 - a) 1 copy Hospital Policy and Procedure 700.15
 - b) 1 copy Hospital Post Orders
 - c) 1 pad of VCDC-732
 - d) 6 VCDC-401s
 - e) 6 VCDC-402s
4. The OS shall ensure that a folder is delivered to the officer assigned to hospital duty as soon as possible after the admission.
5. The OS shall ensure that a copy of the inmate's VCDC-214 is placed into the folder prior to delivery.
6. The Officer assigned to hospital duty shall properly maintain the VCDC-732 by documenting relief information, equipment checks, pass-ons, meals, showers, visits, security checks, unusual incidents and any other relevant information.

G. Headcount

1. Headcounts shall be conducted at the specified times as per Policy 400.18.
2. The officer shall contact the Control Room at the institution where the inmate is assigned.
3. An entry shall be made on the inmate's VCDC-732.

H. Visitation

1. Visitors must be approved by the Warden or SDO in advance.
2. Visits shall be in accordance with hospital and Division visiting regulations.
3. Any questions as to the appropriateness of a visit, the officer shall contact the SC for clarification.
4. All visits shall be documented on the VCDC-732. Documentation shall contain who visited, purpose of visit, length of visit and who approved the visit.

I. Telephone

1. Inmates shall not be allowed telephone privileges unless approved by the SC or OS. As per policy 700.30 all approved phone calls shall be documented on the VCDC-732.
2. The documentation shall contain the person calling or called, the purpose, length of call and who approved the call. All long distance calls shall be collect when the telephone call is outgoing (i.e., placed by the inmate); the officer shall dial the telephone.

J. Mail

1. Inmates shall be afforded the same mail privileges as general population inmates.
2. The OS shall coordinate pick up and delivery of mail on the 0800-2000 shift.

K. Commissary

1. Commissary privileges will not be provided as items purchased may be contrary to the therapeutic needs of the inmate.
2. The hospital provides needed hygiene items and the Division will provide writing paper and envelopes.

L. Smoking

1. Smoking shall not be permitted.

M. Meals/Staff Relief

1. Meals shall be served to staff on the same schedule as patients.
2. Inmates may order their own meals in accordance with hospital instructions.
3. The SC at the Branch Jail shall be responsible for providing a relief for the staff member assigned to hospital duty.

N. Weapon

1. Weapons shall only be used when approved by the on-duty Captain, Warden or SDO.
2. The Division-authorized Smith and Wesson .38 caliber revolver/Glock semi-automatic/9mm shall be used as the hospital weapon whenever required.
3. The Officer shall be knowledgeable of Division Policy and Procedure 400.10.
4. The Officer shall maintain weapon safety at all times.
5. No weapon shall be carried while assigned to the psychiatric unit.

O. Security

Policy 700.15

Page 5 of 6

1. The Officer shall remain with the inmate at all times.
2. The Officer shall notify the OS any time it is necessary to leave the assigned room for tests, x-rays, etc. The OS shall be notified upon their return to the room.
3. The Officer on duty shall station himself/herself at the door maintaining visibility of the inmate at all times. Unnecessary conversation between the inmate and the Officer on duty and the hospital staff shall be avoided. When two officers are assigned, the officer with the weapon shall be posted outside of the room. The unarmed officer shall be posted inside the room. In the event isolation is required, staff positions will be determined on a case-by-case basis.
4. The Officer on duty shall inspect all items brought into the room to ensure no contraband is introduced. The Officer shall ensure the accountability of all eating utensils and other equipment brought into the room.
5. Upon assuming hospital coverage from local law enforcement, the SC or designee shall go to the hospital and determine the security level needed for this inmate based on charges, physical condition, known history and complete a VCDC-401.

P. High security inmates

1. The OS shall assign two (2) Officers (only one of which shall be armed) to any high security inmate unless otherwise directed by the Warden.
2. The OS shall ensure that one Officer is assigned to inside security and his/her responsibilities shall include:
 - a) Inside room security
 - b) Search of area and inmate
 - c) Applying or removing restraints
 - d) Monitor inmate activities
 - e) Maintaining VCDC-732
 - f) Escorting inmate when out of room
3. The OS shall ensure that the armed Officer is assigned outside the room and his/her responsibilities shall include:
 - a) Room entrance security
 - b) Search of all items entering the room
 - c) Identification of all staff and visitors entering the room
 - d) Position himself/herself to observe the inside Officer and inmate at all times
 - e) Remain at a safe distance to monitor activities
 - f) Assist in escorting inmate when out of room

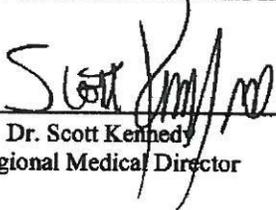
Q. Inmate discharge

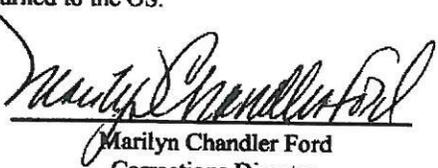
1. When the officer on duty receives confirmation that an inmate is to be released from the hospital, he/she shall immediately notify the OS to arrange transportation. The OS shall then notify Medical of the inmate's return.
2. The officer on duty shall contact the nurse reference any paperwork to accompany the inmate back to the institution.
3. The officer and inmate shall remain in the room until the TO arrives. The two (2) Officers shall then escort the inmate to the vehicle. The TO shall then return the inmate to the appropriate institution's Medical for assessment.

4. When the inmate is discharged from the hospital, the TO returning the inmate to the institution shall ensure that the Inmate/Patient Hospital folder (VCDC-732) and any hospital paperwork is delivered to the medical staff.
5. The officer being relieved of hospital duty at the time the inmate is discharged shall contact the SC for further instructions or assignments and deliver the hospital weapon, and ammunition (when applicable) and restraints to the TO, who shall return them to the institution.
6. The OS shall schedule the move back to the jail in JMS.
7. The OS shall ensure that the VCDC-214 is forwarded with the inmate to the appropriate housing unit. The VCDC-732 and any medical paperwork shall be forwarded to Medical for disposition.
8. The OS shall then file the Inmate/Patient Hospital folder in the OS office.

R. Inmate release from custody

1. When the OS has been appropriately advised that an inmate is being released from our custody at the hospital, the OS shall:
 - a) Notify the SC
 - b) Notify the Hospital Duty Officer (HDO) and Medical at the appropriate institution.
 - c) Arrange for an officer to go to the hospital and out process the inmate.
 - d) Ensure that the inmate's personal property along with the VCDC-213, ink pad, scissors and any monies due are taken to the hospital with the TO.
 - e) Ensure that the original VCDC-214 is obtained from the Control Room at VCCF or Receiving/Discharge at VCBJ for completion.
2. Upon arrival at the hospital, the TO shall:
 - a) Ensure that a positive identification is obtained of the inmate being released by utilizing the VCDC-214 per Policy & Procedure 200.07. Call the Booking Office for a final hold check.
 - b) Obtain the right thumbprint of the inmate and compare it against the thumbprint already on the VCDC-214.
 - c) Check the wristband of the inmate for identification and booking number to ensure they match the VCDC-214 and remove the wristband.
 - d) Ensure all personal property and monies belonging to the inmate are returned to the inmate.
 - e) Ensure the Property Inventory form (VCDC-213) is signed by the inmate.
 - f) Obtain all issued Division property.
 - g) Ensure the VCDC-214 and VCDC-213 are returned to the appropriate Control Room.
 - h) Ensure that all restraints and weapons (when applicable) are returned to the OS.


Dr. Scott Kennedy
Regional Medical Director


Marilyn Chandler Ford
Corrections Director

7th. Judicial Circuit 707
Charging Affidavit - Volusia

Arrest # _____ Bk # _____ Pg # 1 of 3

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: _____	
(ORI) FL: FL0640200		Agency Name: DELAND POLICE DEPARTMENT	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Agency Case Number: 120000841	
ADDRESS OF ARREST (Street, City, State, Zip): 718 W PLYMOUTH AV DELAND FL 32720		Arrested: By: Walter, Craig	
DEFENDANT		Date Arrested: 02-07-2012	
NAME (Last): BURKE (First): MICHAEL (Middle): LEE		Time of Arrest: 1255	
DOB: 04-09-1988 Age: 23 Driver's Lic./ID No.: B620-552-88-129-0		A.K.A.: _____ Sex: M Race: W	
Height: 5' 09" Weight: 150 Hair: BRO Eyes: BLU		State: FL Year Expires: _____ S.S.#: [REDACTED]	
Scars, Marks, Tattoos: _____		P.O.B. (City, State, Country): FL	
Business & Occupation: _____		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Probation: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Address - Mailing/Permanent: 1670 S SPRING GARDEN AV		RESIDENCE PHONE: _____	
Address - Local: _____		RESIDENCE PHONE: _____	
Address - Other (Employer/School): _____		BUS/SCHOOL PHONE: _____	
CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/> Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/> Total Charges: 2	
#1 Charge: Prisoner Escape	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 944.40	Citation No.: _____ Bond: _____
#2 Charge: Armed Burglary - Dwelling/Structure/Convey	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 810.02(2)(B)	Citation No.: _____ Bond: _____
#3 Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No.: _____ Bond: _____
CO-DEFENDANT			
Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	
#1 NAME (Last): _____ (First): _____ (Middle): _____	Race: _____ Sex: _____	DOB: _____	Age: _____
#2 NAME (Last): _____ (First): _____ (Middle): _____	Race: _____ Sex: _____	DOB: _____	Age: _____
NARRATIVE			
The undersigned certifies and swears that there is probable cause to believe the above-named defendant,			
on the 07 day of February, 2012, at approximately 1245 a.m. <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.			
at 701 W PLYMOUTH AV DELAND within Volusia County, violated the law and did then and there:			
1 UNLAWFULLY AND WILLFULLY ESCAPED FROM THE CUSTODY OF OFFICER WILLIAM STRIDIRON, A CORRECTIONS OFFICER FOR THE			
2 VOLUSIA COUNTY DEPARTMENT OF CORRECTIONS, WHILE BEING TREATED AT FLORIDA HOSPITAL DELAND, A PLACE OF			
3 CONFINEMENT, ~AND AFTER DOING SO~			
4 KNOWINGLY ENTERED AND REMAINED IN A VACANT DWELLING, THE PROPERTY OF WILLIAM BREHME 748-8079, AND BECAME ARMED			
5 WITHIN SUCH DWELLING WITH A KNIFE, A DANGEROUS WEAPON WITH THE INTENT TO COMMIT AN OFFENSE THEREIN;			
6 BOTH CONTRARY TO F.S. 944.40 AND 810.02.			
7			
8 THE DEFENDANT, MICHAEL BURKE, WAS IN CUSTODY UNDER C/O W. STRIDIRON (VDCD) AT FLORIDA HOSPITAL DELAND. AFTER			
9 GOING TO THE RESTROOM INSIDE HIS HOSPITAL ROOM, BURKE LEFT THE ROOM WITHOUT C/O STRIDIRON'S KNOWLEDGE AND LEFT			
10 THE HOSPITAL ON FOOT. BURKE WAS WEARING ONLY A HOSPITAL GOWN AND ANKLE SHACKLES. BURKE THEN RAN PAST DR.			
11 PITTMAN'S OFFICE (730 W. PLYMOUTH AV) TO WHERE HE WAS SPOTTED BY RECEPTIONIST JOCELYN PITTMAN AND MELODY			
12 LEAVELL, WHO CALLED POLICE. BURKE THEN ENTERED INTO AN OPEN GARAGE OF A VACANT RESIDENCE AT 718 W PLYMOUTH AVE			
13 AND ARMED HIMSELF WITH A KNIFE. AS HOSPITAL SECURITY AND OFFICER C. WALTER (DPD) ENTERED THE AREA, BURKE FLED			
14 THROUGH A BACK DOOR AND RAN INTO AN EMPTY RETENTION POND. HE WAS ORDERED BY OFC WALTER (DPD) TO STOP AND LAY			
15 DOWN; IN WHICH HE STOPPED AND SAT DOWN. BURKE ALSO HELD THE KNIFE TO HIS LEFT WRIST, BUT LATER DROPPED IT AFTER			
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/> YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/> 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 _____ CITATION No. _____	
Sworn to and subscribed before me, the undersigned this 07 day of February, 2012		I swear/affirm the above statements are correct and true	
Name: [Signature]		OFFICER'S/COMPLAINANT'S SIGNATURE [Signature]	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		NAME (PRINTED) WALTER, CRAIG	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		ID NUMBER DL679	
Type of Identification: _____		Inmate Number & Facility: _____	
OFFICIAL USE ONLY			

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Page # 2 of 3

Defendant Name: (Last) BURKE	(First) MICHAEL	(Middle) LEE	Agency Case Number: 120000841
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CHARGES		DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/>	Statement(s) <input checked="" type="checkbox"/>	NTA Schedule <input type="checkbox"/>	Report <input checked="" type="checkbox"/>	Traffic Infraction(s) <input type="checkbox"/>	Total Charges.2
#	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:	
#	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:	
#	Charge:	FEL <input type="checkbox"/>	MISD <input type="checkbox"/>	ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:	

16 OFC WALTER'S COMMANDS. BURKE WAS HANDCUFFED AND LATER TURNED BACK OVER TO THE VOLUSIA COUNTY DEPARTMENT OF
 17 CORRECTIONS.
 18
 19 THIS AFFIDAVIT ALONG WITH THE POLICE INCIDENT REPORT WAS DELIVERED TO VCBJ BOOKING FOR PROCESSING AS A NEW
 20 ARREST.
 21
 22 SEE INCIDENT REPORT FOR MORE DETAILS.

Sworn to and subscribed before me, the undersigned this 07 day of February, 2012	I swear/affirm the above statements are correct and true	Right Thumb
Name: <i>Craig Walter</i>	<i>[Signature]</i>	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	WALTER, CRAIG DL679	
Type of Identification:	NAME (PRINTED) ID NUMBER	