UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO19-385983	DOCKET # 1823042
Person ID 311427472		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF A CONTROLLED SUBSTANCE (ALPRAZOLAM)			19-14458-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN	01/10/1964	F	W	5'6	170	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	5200-323-64-510-0	FL	RIGHT FOREARM "I'M ENOUGH"

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	IL	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	AMERICAN TAXI	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☐ ☒	☐ ☒ ☐	☐ ☐ ☒

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor**

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2019,

at approximately 11:45 AM, at 14250 49TH ST. N. CLEARWATER FL 33762, in Pinellas County did:

UNLAWFULLY HAVE IN HER ACTUAL OR CONSTRUCTIVE POSSESSION, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: 3 LOOSE ALPRAZOLAM .25 MG PILLS, WITHOUT HAVING LAWFULLY OBTAINING SAID SUBSTANCE FROM A VALID PRACTITIONER.

THE PILLS WERE IDENTIFIED BY DRUGS.COM AS ALPRAZOLAM .25 MG. A SCHEDULED IV NARCOTIC.

WHILE THE DEFENDANT WAS TAKEN INTO CUSTODY ON AN UNRELATED WARRANT (19-18770-MM, 19-18771-MM) FOR A VIOLATION OF PRE-TRIAL RELEASE SEARCH INCIDENT TO ARREST I LOCATED THREE ROUND WHITE PILLS WITH IMPRINT S 900 ON THEM IN HER PURSE. THE DEFENDANT MADE SPONTANEOUS STATEMENTS THAT SHE HAD PRESCRIPTIONS, HOWEVER COULD NOT PROVIDE THEM.

FILED
KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER
2019 DEC -3 PM 4:18
COURT ASSISTANCE

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 12/2/2019 Time 11:45 AM . Aggravating/Mitigating Factors

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 2000 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 Received by Booking: 12/2/2019 4:05:08 PM

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.

C. VanBuren

Declarant Signature — PINELLAS COUNTY SHERIFF — Agency

DEPUTY COREY VANBUREN 57834 — Printed Name — 03200379 — Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/02/2019	VAN BUREN	1.5 29.14		$43.71

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $43.71

COCR59 (Revised 10/2014)
815948 Copies to:

Court

Defendant BESS, HEIDI COLLEEN **Court Case No:** 19-14458-CF-1

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**

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO19-385983	DOCKET # 1823042
Person ID 311427472		SSN# [redacted]	
Charge Description [X] Felony [ ] Misdemeanor [ ] Warrant [ ] Traffic [ ] Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF A CONTROLLED SUBSTANCE (DIAZAPAM)			19-14458-CF-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN	01/10/1964	F	W	5'6	170	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	5200-323-64-510-0	FL	RIGHT FOREARM "I'M ENOUGH"

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	IL	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	AMERICAN TAXI	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
[ ] Yes [X] No	[ ] [ ] [X]	[ ] [X] [ ]	[ ] [ ] [X]

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody / Felony / Misdemeanor
				[ ] Yes [ ] No [ ] Felony [ ] Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody / Felony / Misdemeanor**
				[ ] Yes [ ] No [ ] Felony [ ] Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2019,

at approximately 11:45 AM, at 14250 49TH ST. N. CLEARWATER FL 33762, in Pinellas County did:

UNLAWFULLY HAVE IN HER ACTUAL OR CONSTRUCTIVE POSSESSION, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: 12 DIAZAPAM, WITHOUT HAVING LAWFULLY OBTAINING SAID SUBSTANCE FROM A VALID PRACTITIONER.

THE PILLS WERE IDENTIFIED BY THE FOIL PACKAGING AS DIAZAPAM 10 MG. ONE PILL WAS FOUND LOOSE IN HER PURSE THEREFORE ONE PILL WAS REMOVED FROM THE PACKAGING TO CONFIRM THE CONTENTS AND IDENTITY. THIS IS A SCHEDULE IV NARCOTIC.

WHILE THE DEFENDANT WAS TAKEN INTO CUSTODY ON AN UNRELATED WARRANT (19-18770-MM, 19-18771-MM) FOR A VIOLATION OF PRE-TRIAL RELEASE SEARCH INCIDENT TO ARREST I LOCATED TWELVE BLUE PILLS WITH THE IMPRINT OF A K INSIDE A TRIANGLE ON THEM IN HER PURSE. THE DEFENDANT MADE SPONTANEOUS STATEMENTS THAT SHE HAD PRESCRIPTIONS, HOWEVER COULD NOT PROVIDE THEM.

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 12/2/2019 Time 11:45 AM . Aggravating/Mitigating Factors

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 2000 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 Received by Booking: 12/2/2019 4:05:31 PM

FILED
KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER
2019 DEC -3 PM 4:18
COURT ASSISTANCE

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.

Cpl VanBuren

Declarant Signature

PINELLAS COUNTY SHERIFF
Agency

DEPUTY COREY VANBUREN 57834
Printed Name

03200379
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/02/2019	VAN BUREN	1.5 29.14		

OTHER – Describe

Continuation sheet [ ] Yes [ ] No TOTAL $ $0.00

COCR59 (Revised 10/2014)
815951 Copies to:

Court

Defendant BESS, HEIDI COLLEEN **Court Case No:** 19-14458-CF-2

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**

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO19-385983	DOCKET # 1823042
Person ID 311427472		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION (HYDROXYZINE)			19-14458-CF-3

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN	01/10/1964	F	W	5'6	170	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	5200-323-64-510-0	FL	RIGHT FOREARM "I'M ENOUGH"

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	IL	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	AMERICAN TAXI	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☐ ☒	☐ ☒ ☐	☐ ☐ ☒

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor**

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2019,

at approximately 11:45 AM, at 14250 49TH ST. N. CLEARWATER FL 33762, in Pinellas County did:

DID UNLAWFULLY POSSESS A HABIT-FORMING, HARMFUL, OR TOXIC DRUG, TO-WIT: 3 HYDROXYZINE 25 MG PILLS WITHOUT A VALID PRESCRIPTION.

THE PILLS WERE IDENTIFIED BY DRUGS.COM AS HYDROXYZINE 25 MG. A NON-SCHEDULED NARCOTIC BUT REQUIRES A VALID PRESCRIPTION.

WHILE THE DEFENDANT WAS TAKEN INTO CUSTODY ON AN UNRELATED WARRANT (19-18770-MM, 19-18771-MM) FOR A VIOLATION OF PRE-TRIAL RELEASE SEARCH INCIDENT TO ARREST I LOCATED 3 WHITE PILLS WITH K11 IMPRINTED ON THEM IN HER PURSE. THE DEFENDANT MADE SPONTANEOUS STATEMENTS THAT SHE HAD PRESCRIPTIONS, HOWEVER COULD NOT PROVIDE THEM.

Contrary to Florida Statute/Ordinance 499.03.1.

ARREST DATE: 12/2/2019 Time 11:45 AM . Aggravating/Mitigating Factors

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 250 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 Received by Booking: 12/2/2019 4:05:50 PM

KEN BURKE CLERK OF CIRCUIT COURT AND COMPTROLLER PINELLAS COUNTY, FL

FILED 2019 DEC -3 PM 4:18 COURT ASSISTANCE

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.

Cpt VanBuren

Declarant Signature — PINELLAS COUNTY SHERIFF (Agency)

DEPUTY COREY VANBUREN 57834 (Printed Name) — 03200379 (Declarant ID#)

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/02/2019	VAN BUREN	1.5 29.14		

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

COCR59 (Revised 10/2014)
815953 Copies to:

Court

Defendant BESS, HEIDI COLLEEN **Court Case No:** 19-14458-CF-3

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**

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO19-385983	DOCKET # 1823042
Person ID 311427472		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION (TRINTELLIZ)			19-14458-CF-4

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN	01/10/1964	F	W	5'6	170	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	5200-323-64-510-0	FL	RIGHT FOREARM "I'M ENOUGH"

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	IL	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	AMERICAN TAXI	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☐ ☒	☐ ☒ ☐	☐ ☐ ☒

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor**

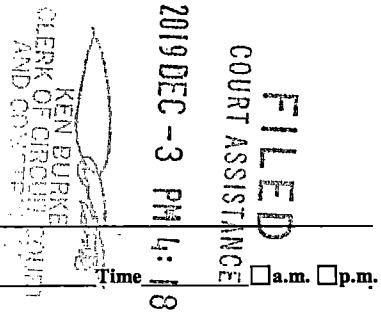
The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2019,

at approximately 11:45 AM, at 14250 49TH ST. N. CLEARWATER FL 33762, in Pinellas County did:

DID UNLAWFULLY POSSESS A HABIT-FORMING, HARMFUL, OR TOXIC DRUG, TO-WIT: TRINTELLIZ 10 MG. WITHOUT A VALID PRESCRIPTION.

THE PILLS WERE IDENTIFIED BY DRUGS.COM AS TRINTELLIZ 10 MG. A NON-SCHEDULED NARCOTIC.

WHILE THE DEFENDANT WAS TAKEN INTO CUSTODY ON AN UNRELATED WARRANT (19-18770-MM, 19-18771-MM) FOR A VIOLATION OF PRE-TRIAL RELEASE SEARCH INCIDENT TO ARREST I LOCATED BEIGE PILL WITH TL 10 IMPRINTED ON THEM IN HER PURSE. THE DEFENDANT MADE SPONTANEOUS STATEMENTS THAT SHE HAD PRESCRIPTIONS, HOWEVER COULD NOT PROVIDE THEM.



Contrary to Florida Statute/Ordinance 499.03.1.

ARREST DATE: 12/2/2019 Time 11:45 AM . Aggravating/Mitigating Factors

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 250 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 Received by Booking: 12/2/2019 4:06:14 PM

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.

Cpl VanBuren

Declarant Signature

PINELLAS COUNTY SHERIFF
Agency

DEPUTY COREY VANBUREN 57834
Printed Name

03200379
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/02/2019	VAN BUREN	1.5 29.14		

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

COCR59 (Revised 10/2014)
815956 Copies to:

Court

Defendant BESS, HEIDI COLLEEN **Court Case No:** 19-14458-CF-4

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**

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO19-385983	DOCKET # 1823042
Person ID 311427472		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION (NABUMETONE)			19-14458-CF-5

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN	01/10/1964	F	W	5'6	170	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	5200-323-64-510-0	FL	RIGHT FOREARM "I'M ENOUGH"

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	IL	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	AMERICAN TAXI	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☐ ☒	☐ ☒ ☐	☐ ☐ ☒

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor**

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2019,

at approximately 11:45 AM, at 14250 49TH ST. N. CLEARWATER FL 33762, in Pinellas County did:

DID UNLAWFULLY POSSESS A HABIT-FORMING, HARMFUL, OR TOXIC DRUG, TO-WIT: 4 NABUMETONE 750 MG. PILLS WITHOUT A VALID PRESCRIPTION.

THE PILLS WERE IDENTIFIED BY DRUGS.COM AS NABUMETONE 750 MG. A NON-SCHEDULED NARCOTIC BUT REQUIRES A VALID PRESCRIPTION.

WHILE THE DEFENDANT WAS TAKEN INTO CUSTODY ON AN UNRELATED WARRANT (19-18770-MM,19-18771-MM) FOR A VIOLATION OF PRE-TRIAL RELEASE SEARCH INCIDENT TO ARREST I LOCATED FOUR ORANGE PILLS WITH 16 AND 93 IMPRINTED ON THEM IN HER PURSE. THE DEFENDANT MADE SPONTANEOUS STATEMENTS THAT SHE HAD PRESCRIPTIONS, HOWEVER COULD NOT PROVIDE THEM.

Contrary to Florida Statute/Ordinance 499.03.1.

ARREST DATE: 12/2/2019 Time 11:45 AM . Aggravating/Mitigating Factors

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 250 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 Received by Booking: 12/2/2019 4:06:36 PM

FILED
2019 DEC -3 PM 1:18
KEN BURKE
CLERK OF CIRCUIT COURT AND COMPTROLLER
PINELLAS COUNTY, FLORIDA
COURT ASSISTANCE

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.

Cpl VanBuren

Declarant Signature

PINELLAS COUNTY SHERIFF
Agency

DEPUTY COREY VANBUREN 57834
Printed Name

03200379
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/02/2019	VAN BUREN	1.5 29.14		

OTHER – Describe .

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

COCR59 (Revised 10/2014)
815957 Copies to:

Court

Defendant BESS, HEIDI COLLEEN **Court Case No:** 19-14458-CF-5

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**

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO19-385983	DOCKET # 1823042
Person ID 311427472		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION (NALTREXONE HYDROCHLORIDE)			19-14458-CF-6

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN	01/10/1964	F	W	5'6	170	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	5200-323-64-510-0	FL	RIGHT FOREARM "I'M ENOUGH"

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	IL	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	AMERICAN TAXI	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☐ ☒	☐ ☒ ☐	☐ ☐ ☒

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor**

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2019,

at approximately 11:45 AM, at 14250 49TH ST. N. CLEARWATER FL 33762, in Pinellas County did:

DID UNLAWFULLY POSSESS A HABIT-FORMING, HARMFUL, OR TOXIC DRUG, TO-WIT: 1 NALTREXONE HYDROCHLORIDE 50 MG. PILLS WITHOUT A VALID PRESCRIPTION.

THE PILLS WERE IDENTIFIED BY DRUGS.COM AS NALTREXONE HYDROCHLORIDE 50 MG. A NON-SCHEDULED NARCOTIC BUT REQUIRES A VALID PRESCRIPTION.

WHILE THE DEFENDANT WAS TAKEN INTO CUSTODY ON AN UNRELATED WARRANT (19-18770-MM, 19-18771-MM) FOR A VIOLATION OF PRE-TRIAL RELEASE SEARCH INCIDENT TO ARREST I LOCATED ONE BEIGE OVAL PILL WITH 5 0 AND 1170 IMPRINTED ON THEM IN HER PURSE. THE DEFENDANT MADE SPONTANEOUS STATEMENTS THAT SHE HAD PRESCRIPTIONS, HOWEVER COULD NOT PROVIDE THEM.

Contrary to Florida Statute/Ordinance 499.03.1.

ARREST DATE: 12/2/2019 Time 11:45 AM . Aggravating/Mitigating Factors

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 250 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 Received by Booking: 12/2/2019 4:06:55 PM

FILED
2019 DEC -3 PM 1:18
KEN BURKE CLERK OF CIRCUIT COURT AND COMPTROLLER
COURT ASSISTANCE

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.

Cpl VanBuren

Declarant Signature — PINELLAS COUNTY SHERIFF (Agency)

DEPUTY COREY VANBUREN 57834 (Printed Name) — 03200379 (Declarant ID#)

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/02/2019	VAN BUREN	1.5 29.14		

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

COCR59 (Revised 10/2014)
815958 Copies to:

Court

Defendant BESS, HEIDI COLLEEN **Court Case No:** 19-14458-CF-6

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**

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO19-385983	DOCKET # 1823042
Person ID 311427472		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION (BUPROPHIN HYDROCHLORIDE)			19-14458-CF-7

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN	01/10/1964	F	W	5'6	170	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	5200-323-64-510-0	FL	RIGHT FOREARM "I'M ENOUGH"

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	IL	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	AMERICAN TAXI	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☐ ☒	☐ ☒ ☐	☐ ☐ ☒

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2019,

at approximately 11:45 AM, at 14250 49TH ST. N. CLEARWATER FL 33762, in Pinellas County did:

DID UNLAWFULLY POSSESS A HABIT-FORMING, HARMFUL, OR TOXIC DRUG, TO-WIT: 1 BUPROPHIN HYDROCHLORIDE XL 300 MG. PILLS WITHOUT A VALID PRESCRIPTION.

THE PILLS WERE IDENTIFIED BY DRUGS.COM AS BUPROPHIN HYDROCHLORIDE 300 XL MG. A NON-SCHEDULED NARCOTIC BUT REQUIRES A VALID PRESCRIPTION.

WHILE THE DEFENDANT WAS TAKEN INTO CUSTODY ON AN UNRELATED WARRANT (19-18770-MM, 19-18771-MM) FOR A VIOLATION OF PRE-TRIAL RELEASE SEARCH INCIDENT TO ARREST I LOCATED ONE WHITE PILL WITH T 102 MARKED ON IT IN HER PURSE. THE DEFENDANT MADE SPONTANEOUS STATEMENTS THAT SHE HAD PRESCRIPTIONS, HOWEVER COULD NOT PROVIDE THEM.

Contrary to Florida Statute/Ordinance 499.03.1.

ARREST DATE: 12/2/2019 Time 11:45 AM . Aggravating/Mitigating Factors

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 250 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 Received by Booking: 12/2/2019 4:07:15 PM

FILED 2019 DEC 3 PM 1:08 KEN BURKE CLERK OF COURT PINELLAS COUNTY, FL

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.

Cpl VanBuren

Declarant Signature — Agency: PINELLAS COUNTY SHERIFF

DEPUTY COREY VANBUREN 57834 — Printed Name — Declarant ID#: 03200379

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/02/2019	VAN BUREN	1.5 29.14		

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

Defendant BESS, HEIDI COLLEEN **Court Case No:** 19-14458-CF-7

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**

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO19-385983	DOCKET # 1823042
Person ID 311427472		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION (VALACYCLOUIR HYDROCHLORIDE)			19-14458-CF-8

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN	01/10/1964	F	W	5'6	170	BLN	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	5200-323-64-510-0	FL	RIGHT FOREARM "I'M ENOUGH"

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	IL	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
565 MARINA ST. WAUCONTA IL 60084	847-812-3808	AMERICAN TAXI	

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☐ ☒	☐ ☒ ☐	☐ ☐ ☒

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor**

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER, 2019,

at approximately 11:45 AM, at 14250 49TH ST. N. CLEARWATER FL 33762, in Pinellas County did:

DID UNLAWFULLY POSSESS A HABIT-FORMING, HARMFUL, OR TOXIC DRUG, TO-WIT: 4 VALACYCLOUIR HYDROCHLORIDE 500 MG. PILL WITHOUT A VALID PRESCRIPTION.

THE PILL WAS IDENTIFIED BY DRUGS.COM AS VALACYCLOUIR HYDROCHLORIDE 500 MG. A NON-SCHEDULED NARCOTIC BUT REQUIRES A VALID PRESCRIPTION.

WHILE THE DEFENDANT WAS TAKEN INTO CUSTODY ON AN UNRELATED WARRANT (19-18770-MM, 19-18771-MM) FOR A VIOLATION OF PRE-TRIAL RELEASE SEARCH INCIDENT TO ARREST I LOCATED ONE BLUE PILLS WITH F 82 IMPRINTED ON IT IN HER PURSE. THE DEFENDANT MADE SPONTANEOUS STATEMENTS THAT SHE HAD PRESCRIPTIONS, HOWEVER COULD NOT PROVIDE THEM.

Contrary to Florida Statute/Ordinance 499.03.1.

ARREST DATE: 12/2/2019 Time 11:45 AM . Aggravating/Mitigating Factors

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 250 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 Received by Booking: 12/2/2019 4:07:38 PM

FILED
2019 DEC -3 PM 4:18
KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER
COURT ASSISTANCE

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.

Cy VanBuren

Declarant Signature

PINELLAS COUNTY SHERIFF
Agency

DEPUTY COREY VANBUREN 57834
Printed Name

03200379
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/02/2019	VAN BUREN	1.5 29.14		

OTHER – Describe .

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

COCR59 (Revised 10/2014)
815962 Copies to:

Court

Defendant BESS, HEIDI COLLEEN **Court Case No:** 19-14458-CF-8

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**