ADDED CHARGE FL0520000

COMPLAINT/ARREST A	AFFIDAVIT – CIRC	CUIT/C	OUNTY	CO	URT	$\mathbf{r} - \mathbf{P}\mathbf{D}$	NELLA	S COU	NTY, FL	ORIDA	1	
OBTS#			19-385983			1	ет# 182					
Person ID 311427472			SSN#									
Charge Description 🗶 Felony Misdemean	or Warrant Traffic	Ordinance	ce Traffic Citation # (if any)					Court Case #				
POSSESSION OF A CONTROLLED	SUBSTANCE (ALPRA	ZOLAM)						19-14458-CF-1				
Defendant's Name (Last, First, Middle) BESS, HEIDI COLLEEN		ов 01/10/	/1964	1 -			н _t 5'6	wt 170	Hair BLN	Eyes BLU	Skin MED	
Alias	DL # 5200-323-64-5	State Scars/Marks/Tat			ks/Tatto	os/Physical	s/Physical Features 1 "I'M ENOUGH"					
Local Address (Street, City, State, Zip Code) 565 MARINA ST. WAUCONTA IL 60084	te, Zip Code)			Telep	Telephone P			Place of Birth Citizenship				
Permanent Address (Street, City, State, Zip C 565 MARINA ST. WAUCONTA IL 60084	ddress (Street, City, State, Zip Code)			Telep	phone	-3808		d by / Schoo				
Weapon Seized Type		Indication o	ation of Y N UNK Indication of Mer Influence									
☐ Yes ☑ No Co-Defendant's Name (Last, First, Middle)		Drug Initue	DOB		Sex	Race		y TYes				
									☐Felony	Misdem	eanor	
Co-Defendant's Name (Last, First, Middle)					DOB		Sex	Race	In Custod	y T Yes	□No	
									□Felony	∐Misdem	eanor	
The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the												
at approximately 11:45 AM	, at14250 49TH ST. N	N. CLEAF	RWATER	FL 3	3762			i	in Pinellas C	ounty did:		
UNLAWFULLY HAVE IN HE	R ACTUAL OR CO	NSTRU	JCTIVE	POS	SSE	SSIO	N, A Sl	JBSTAN	ICE DE	FINED	BY	
FLORIDA STATE STATUTE HAVING LAWFULLY OBTAI	CHAPTER 893, TO	O WIT:	3 LOOS	SE A	LPR	AZO	LAM .25	5 MG PI	LLS, WI	ITHOU	Т	
THE PILLS WERE IDENTIFI	ED BY DRUGS.CO	OM AS	ALPRAZ	ZOLA	AM .	25 M	G. A S0	CHEDUI	LED IV	NARCO	OTIC.	
WHILE THE DEFENDANT V	VAS TAKEN INTO	CUSTO	DY ON	AN	UNF	RELA	TED W	ARRAN	T (19-18	8770-N	IM,	
19-18771-MM) FOR A VIOLATHREE ROUND WHITE PIL	ATION OF PRE-TR LS WITH IMPRINT	CIAL RE	ON THE	OE <i>F</i>	VICIO VICIO	EB DI	IRSE	THE DE	FENDA	NT MA	יובט ן	
SPONTANEOUS STATEME												
THEM.					, .			製	्र			
			•	•				SQA/	HE	COUR	ì	
903	1 1 2 6 A									TAS		
Contrary to Florida Statute/Ordinance 893	J. 13.0A								/ 	<u> </u>		
ARREST DATE: 12/2/2019Time	11:45 AM	. Aggrava	ating/Mitiga	ting Fa	actors_		-			E O		
Booking Officer: GOODRICH, LISHA	58205 Amount of	f Bond	2000		_Bond	Out Dat	te	- C1-	Time —	rri □a.n	ı. □p.m <u>.</u>	
Victim Notified of Advisory?Yes	No Injuries to	o Victim?	Yes	No		ľ	Medical Tre	eatment to V	ictim?]Yes 🔲 N	lo	
The Court reviewed this complaint and finds	there: \square is probable cause \square]is not prob	able cause t	o detai	in defe	ndant 🗌	Bond Action	on, if any:				
The probable cause determination is passed in	for: 24 Hrs 24 Hrs on sh	owing of ext	traordinary	circun	nstance	es Re	ceived by Bo	ooking: 12/2/2	2019 4:05:08 F	РМ		
Pursuant to F.S. 92.525 and under penalty o read the foregoing document and that the fa	f perjury, I declare that I hav cts in it are true.	DA'	TE (REQU OFFIC: AN BUI	ER			PAY RATE	s, F.S. 938.27 OR	'(1) COS' \$43.71	Т	
CarlanBar	PINELLAS COUNTY SHERIFF					-					- -	
Declarant Signature	Agency	- _			<u> </u>	-					-	
DEPUTY COREY VANBUREN 57834	03200379		HER – Desc	ribe		-		-			- <u>-</u>	
Printed Name	Declarant ID#	-	ntinuation sl	=	Y	es 🗀	□No	TO	TAL <u>\$</u> \$4	3.71	_	

_Court Case No:__

19-14458-CF-1

files

ADVISORY AND SOLVENCY HEARING

	I FURTHER CER	RTIFY THAT:	
☐ A. Defendant has advised the Court	t that he has retained cou	nsel or will retain counse	1.
☐ B. The Court investigated Defendar	nt's solvency and found	the Defendant financially	able to secure counsel.
☐ C. The Court investigated Defendar	-		
☐ D. The Defendant waived the right			
D. The Defendant warved the right	to country at the last ap	pourumo omj.	
		. 4	
DATE AND T	TIME		JUDGE
☐ I hereby waive the right to counse			
☐ I, having been found solvent and			
an appearance in this case or until	I file a written request fe	or a review of my solveno	y and ability to secure counse
	•	DEFEN	DANT'S SIGNATURE
	,	,	
Thumb Print			
I HEREBY acknowledge receipt of a	copy of the foregoing Co	omplaint and Advisory.	
DEFENDANT'S SIGNATURE	DEFENDANT'S AT	TORNEY'S SIGNATURE	DATE

ADDED CHARGE FL0520000

COMPLAINT/ARREST	AFFIDAVIT – CIRC	CUIT/C	DUNTY	CO	UR1	<u> </u>	NELLA	S COUN	NTY, FL	ORIDA	<u> </u>
OBTS#	REPORT	r# SO 1	19-38	598	3	_	DOCK	ет# 182	23042		
Person ID 311427472			SSN#								
Charge Description X Felony Misdemean	or Warrant Traffic	Ordinance	e Traffic Citation # (if any)					Court Case #			
Charge POSSESSION OF A CONTROLLED) SUBSTANCE (DIAZAP	PAM)						19-14458-CF-2			
Defendant's Name (Last, First, Middle)		DOB			Sex	Race	Ht	Wt	Hair	Eyes	Skin
BESS, HEIDI COLLEEN		01/10/	1964 State				5'6	170	BLN	BLU	MED
Alias	DL # 5200-323-64-510-0			RIG	rs/Mar HT F	'ks/Tatto OREAR	os/Physical M "I'M EN	sical Features ENOUGH"			
Local Address (Street, City, State, Zip Code 565 MARINA ST. WAUCONTA IL 6008) 34				phone 7-812	-3808	Place of 1		Citizens US	hip	
Permanent Address (Street, City, State, Zip 565 MARINA ST. WAUCONTA IL 60084	4		847-812-3808			AMER	Employed by / School AMERICAN TAXI				
Weapon Seized Type ☐Yes ☒No		Indication of Drug Influer		UNK		ation of th Issues	Mental Y		ndication of Acohol Influ		NUNK!
Co-Defendant's Name (Last, First, Middle)					DOB		Sex	Race	In Custody Yes No		
									Felony	∏ Misdem	eanor
Co-Defendant's Name (Last, First, Middle)					DOB	;	Sex	Race	In Custod	y Yes	□No
									Felony		T I
The undersigned swears that he/she has reas							y of D	DECEMBER	, 20	19,	
at approximately 11:45 AM	, at14250 49TH ST. N	N. CLEAF	RWATER	FL 3	3762			,i	n Pinellas C	ounty did:	
UNLAWFULLY HAVE IN HER	ACTUAL OR CONS	TRUCTI	VE POS	SES	SSIO	N, A	SUBSTA	ANCE DE	EFINED	BY	
FLORIDA STATE STATUTE (SAID SUBSTANCE FROM A ')IAZAPA	۱M, ۷	ΝIΤ⊦	TUOH	HAVING	G LAWF	ULLY OF	BTAINI	۷G
THE PILLS WERE IDENTIFIE											
IN HER PURSE THEREFORE AND IDENTITY. THIS IS A SC			FROM	IHE	PA	CKAG	ING TO	CONFI	KIVI I HE	CONTE	EN15
WHILE THE DEFENDANT WA	AS TAKEN INTO CU	STODY	ON AN	UNR	ELA	TED '	WARRA	NT (19-1	18770-M	M. 19-	
18771-MM) FOR A VIOLATIO	N OF PRE-TRIAL RE	ELEASE	SEARC	H IN	ICID	ENT.	TO ARR	ESTILO	CATED	TWEL	VE
BLUE PILLS WITH THE IMPR											=
THEM.	LIVILIATO TITAT OTT		INLOOF		0.40	J, 110	****	$-i\bar{n}$ h	20		_
	2 12 64							器/		COUR	i
Contrary to Florida Statute/Ordinance 89	3.13.0A		:					98 <u>9</u>	C	A TI	
ARREST DATE: 12/2/2019Time	11:45 AM	. Aggrava	ting/Mitiga	ting Fa	ctors_	•		全部	/ ယ	AS E	
Booking Officer: GOODRICH, LISHA	. 58205Amount of	f Bond	2000		_Bond	Out Da	te		Time		. □p.mj.
Victim Notified of Advisory?Yes	No Injuries to	Victim?	Yes	No		1	Medical Tre	eatment to V	ictim2 🗆	Kes □ N	0
The Court reviewed this complaint and find	s there: □is probable cause □	is not prob	able cause t	o detai	n defe	ndant [Bond Actio	on, if any:			 .
The probable cause determination is passed	for: 24 Hrs 24 Hrs on she	owing of ext	raordinary	circum	istance	es Re	ceived by Bo	ooking: 12/2/2	019 4:05:31 F	РМ	
Pursuant to F.S. 92.525 and under penalty read the foregoing document and that the fa		DAT	TE C	REQU PFFIC AN BUF	ER	FOR INV		IVE COSTS PAY RATE 29.14	, F.S. 938.27 OR	(1) COS	r
CarlanBar	PINELLAS COUNTY SHERIFF			501				20.17			
Declarant Signature	Agency	-									
DEPUTY COREY VANBUREN 57834	03200379	ОТІ	HER – Desc	ribe							<u>.</u>
Printed Name	Declarant ID#	-	tinuation sh	=	y	es 🗀	□No	TO	TAL \$ \$0	.00	- -

files

ADVISORY AND SOLVENCY HEARING

	I FURTHER CERTIFY THAT:	
☐ A. Defendant has advised the Court that I	he has retained counsel or will reta	in counsel.
☐ B. The Court investigated Defendant's so	olvency and found the Defendant fi	inancially able to secure counsel.
☐ C. The Court investigated Defendant's so	olvency and provisionally appointe	d the Public Defender.
☐ D. The Defendant waived the right to con		
D. The Defendant warves and right to det	and at the mot appearance only.	
		Λ
DATE AND TIME		JUDGE
		1
<u>_</u>		
☐ I hereby waive the right to counsel at th		
☐ I, having been found solvent and final	The state of the s	· ·
an appearance in this case or until I file	a written request for a review of m	y solvency and ability to secure counsel
	`	
		DEFENDANT'S SIGNATURE
Thumb Print		
I HEREBY acknowledge receipt of a copy	of the foregoing Complaint and Ad	lvisory.
DEFENDANT'S SIGNATURE	DEFENDANT'S ATTORNEY'S SIGN	ATURE DATE

ADDED CHARGE FL0520000

COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA												
OBTS#	REPOR	т# SO ′	SO19-385983			DOC	роскет# 1823042					
Person ID 311427472			SSN#									
Charge Description Felony Misdemeanor	Warrant Traffic	Ordinance	Traff	ic <u>C</u> ita	tion #	(if any)		Co	urt Case #			
Charge POSSESSION OF DRUGS WITHOUT PRE	SCRIPTION (HYDRO	XYZINE)						19-14458-CF-3				
Defendant's Name (Last, First, Middle)		DOB			Sex	Race	Ht	Wt	Hair	Eyes	Skin	
BESS, HEIDI COLLEEN	01/10				F	W	5'6	170	BLN	BLU	MED	
Alias 5200-323-64-510-0			State FL				oos/Physica RM "I'M Ei					
Local Address (Street, City, State, Zip Code) 565 MARINA ST. WAUCONTA IL 60084					phone 7-812	2-3808			Citizens US	hip		
Permanent Address (Street, City, State, Zip Cod 565 MARINA ST. WAUCONTA IL 60084	e)				phone 7-812	2-3808		ed by / Scho RICAN TA				
Weapon Seized Type ☐Yes ☑No		Indication o Drug Influe			Indi		Mental Y		Indication of Alcohol Influ		UNK	
Co-Defendant's Name (Last, First, Middle)			<u></u>		DOE	В	Sex	Race		y \BYes	□No	
									□Felony	Misdem	eanor	
Co-Defendant's Name (Last, First, Middle)						3	Sex	Race	In Custod	y 🔲 Yes	□No	
									□Felony	□Misdem	eanor	
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 , a	14250 49TH ST. I	N. CLEAF	RWATER	FL 3	3762	<u> </u>			jin Pinellas C	ounty did:		
DID UNLAWFULLY POSSESS	A HABIT-FORM	IING, H	ARMFU	L, C	R T	OXIC	DRUG	S, TO-W	VIT: 3			
HYDROXYZINE 25 MG PILLS	WITHOUT A VA	LID PRI	ESCRIP	TIO	N.			•				
THE PILLS WERE IDENTIFIED NARCOTIC BUT REQUIRES A				XYZ	INE	25 N	IG. A N	ON-SC	HEDULE	ED.		
WHILE THE DEFENDANT WA 19-18771-MM) FOR A VIOLAT 3 WHITE PILLS WITH K11 IMP SPONTANEOUS STATEMENT THEM.	ION OF PRE-TR PRINTED ON TH	RIAL REI	LEASE HER PU	SEA RSE	ARC E. TI	H INC	CIDENT EFEND	TO AF	RRÈST I IADE	LOCAT	ΈD	
								S. S	201			
Contrary to Florida Statute/Ordinance_499.03	3.1		<u>.</u>					33 308		COUR		
ARREST DATE: 12/2/2019 Time 11:45 AM .Aggravating/Mitigating Factors												
Booking Officer: GOODRICH, LISHA 58.		55	250	•		Out Dat	te	70'8 70'8	Time =	SIS		
Victim Notified of Advisory?Yes No	Injuries to	Victim?	Yes	No	=	ŗ	Medical Tr	eatment to	∰ <u>-</u>	YE ON	•	
The Court reviewed this complaint and finds the	re: ∐is probable cause □]is not prob	able cause to	detai	n defe	ndant 🗌	Bond Acti	on, if any:_	<u></u>			
The probable cause determination is passed for:	□24 Hrs □24 Hrs on she	owing of ext	raordinary o	ircum	stance	es Re	ceived by B	ooking: 12/2/	/2019 4:05:50 P	м	•	
Pursuant to F.S. 92.525 and under penalty of per read the foregoing document and that the facts i		DAT	E O	FFICE	ER		HOURS X	PAY RAT		1) COST		
Cy VauBar	ELLAS COUNTY SHERIFF	12/0)2/2019 VA	N BUF	KEN .		1.5	29.14				
Declarant Signature	Agency	·							-			
DEPUTY COREY VANBUREN 57834 032	200379		IER – Descr	ihe								
Printed Name	Declarant ID#	.	tinuation she			es 🚞	□No		OTAL \$ \$0.	00		

Court Case No:

19-14458-CF-3

files

ADVISORY AND SOLVENCY HEARING

	I FURTHER CER	TIFY THAT:	
☐ A. Defendant has advised the Cour	t that he has retained cou	nsel or will retain counsel	
☐ B. The Court investigated Defenda	nt's solvency and found	the Defendant financially	able to secure counsel.
☐ C. The Court investigated Defenda	•		
•	• •		ie Berender.
☐ D. The Defendant waived the right	to counsel at the linst ap	bearance only.	
		A	
DATE AND	TIME		JUDGE
		•	
☐ I hereby waive the right to counse	el at the first appearance	only.	
☐ I, having been found solvent and		•	ve counsel until my attorney
an appearance in this case or until	-	•	
	. I IIIO a WIIIIOII IOquosi I	n a leview of my borvene	y and admity to seeme course
			
		DEFENI	DANT'S SIGNATURE
Thumb Print	,		
I HEREBY acknowledge receipt of a	copy of the foregoing Co	omplaint and Advisory.	
			•
DEFENDANT'S SIGNATURE	DEFENDANT'S AT	TORNEY'S SIGNATURE	DATE

ADDED CHARGE FL0520000

COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA												
OBTS#	REPOR	r# SO	19-385	598	33		DOC	роскет # 1823042				
Person ID 311427472			SSN#									
Charge Description Felony X Misdemeanor	Warrant Traffic	Ordinance	Traffi	ic Cita	ation #	(if any)		Co	urt Case #			
Charge POSSESSION OF DRUGS WITHOUT PRE	ESCRIPTION (TRINTE	LLIZ)						19-	-14458-0	458-CF-4		
Defendant's Name (Last, First, Middle)	,	DOB	14004	- 1	Sex	Race	Ht	Wt	Hair	Eyes	Skin	
BESS, HEIDI COLLEEN	70.7 #	01/10/1964			F rs/Ma	W Ire/Tett	5'6	170	BLN	BLU	MED	
Alias	DL # 5200-323-64-510-0 Sta			RIG	ars/Marks/Tattoos/Phys GHT FOREARM "I'M			"I'M ENOUGH"				
Local Address (Street, City, State, Zip Code) 565 MARINA ST. WAUCONTA IL 60084					phone 7-812	2-3808	Place of	Birth	Citizenship US			
Permanent Address (Street, City, State, Zip Cod 565 MARINA ST. WAUCONTA IL 60084	le)					2-3808	AME	Employed by / School AMERICAN TAXI				
Weapon Seized Type ☐Yes 図No		Indication o Drug Influe	ation of Y N UNK Indication of Me Influence			N UNK	Indication of Alcohol Influ		UNK			
Co-Defendant's Name (Last, First, Middle)			DOB		Sex		1	ly Tes				
							Felony	Misdem	eanor			
Co-Defendant's Name (Last, First, Middle)			DOB		Sex	Race	In Custod	ly Y es	□No			
									□Felony	∐ Misdem	eanor	
		•				00	 		- 00	40		
The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the <u>02</u> day of <u>DECEMBER</u> , <u>2019</u> ,												
at approximately 11:45 AM	at 14250 49TH ST. N	N. CLEAF	RWATER	FL 3	3762	2			,in Pinellas C	County did:		
DID UNLAWFULLY POSSESS							DRUC	: TO-V	_	_	7 10	
MG. WITHOUT A VALID PRES			AI (WII O	L, C	<i>)</i> ()	OXIC	DIVO	J, 1 O-V	VIII. IIXII	* LLL 2	_ 10	
THE PILLS WERE IDENTIFIE	D BY DRUGS.CO	OM AS	TRINTE	LLIZ	Z 10	MG.	A NON	-SCHE	DULED I	NARCC	TIC.	
	O TAKEN INTO	CHETC		A N I	LINI		TED W	/ A D D A !	NT (40 4)	0770 NA	N 4	
WHILE THE DEFENDANT WA 19-18771-MM) FOR A VIOLAT												
BEIGE PILL WITH TL 10 IMPR												
STATEMENTS THAT SHE HA												
		•							201			
								35 E		00		
									DEC	COURT		
Contrary to Florida Statute/Ordinance 499.0	3.1							/S.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E	1 4	S		
								#2E	N -	SIS		
ARREST DATE: 12/2/2019Time 11:	45 AM	. Aggrava	ating/Mitigat	ting F	actors _.			n final line		E		
Booking Officer: GOODRICH, LISHA 58	Amount of	f Bond	250		_Bond	l Out Da	te	<u> </u>	Ţime	\circ	. □p.mj.	
Victim Notified of Advisory?YesNo	Injuries to	o Victim?	_ Yes _	No			Medical Tr	eatment to]Yes 🔲 N	0	
The Court reviewed this complaint and finds the	ere: 🔲 is probable cause 🗆]is not prob	able cause to	o deta	in defe	endant [Bond Act	ion, if any:_	<u> </u>		 .	
The probable cause determination is passed for:	□24 Hrs □24 Hrs on sh	owing of ex	traordinary	circun	nstanc	es Re	eceived by E	looking: 12/2	/2019 4:06:14	PM		
Pursuant to F.S. 92.525 and under penalty of peread the foregoing document and that the facts		DA'	TE C	REQU PFFIC AN BU	ER	FOR IN		PAY RAT		(1) COST	r	
Cy Van Bar	NELLAS COUNTY SHERIFF			., 50			1.5	. 23.11	·			
Declarant Signature	Agency	· —										
DEPUTY COREY VANBUREN 57834 03	200379	$\frac{1}{\text{ot}}$	HER – Desci	ribe							<u>.</u>	
Printed Name	Declarant ID#	- 1	ıtinuation sh	=		Yes 🗀	No		OTAL \$ \$0	.00	_	

. .

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

ADVISORY AND SOLVENCY HEARING

 A. Defendant has advised the Court that he has retained B. The Court investigated Defendant's solvency and four 	
☐ C. The Court investigated Defendant's solvency and pro	
☐ D. The Defendant waived the right to counsel at the first	
J. The Defendant warved the right to comiser at the inst	appation only
	11
DATE AND TIME	JUDGE
DATE AND TIME	JODGE
I I I having been found solvent and illiancially able to	ce only. secure counsel, hereby waive counsel until my attorney fil
an appearance in this case or until I file a written reque	
an appearance in this case or until I file a written reque	secure counsel, hereby waive counsel until my attorney fil
an appearance in this case or until I file a written reque	secure counsel, hereby waive counsel until my attorney fil st for a review of my solvency and ability to secure counsel.
an appearance in this case or until I file a written reque	secure counsel, hereby waive counsel until my attorney fil st for a review of my solvency and ability to secure counsel.
an appearance in this case or until I file a written reque	secure counsel, hereby waive counsel until my attorney filest for a review of my solvency and ability to secure counsel. DEFENDANT'S SIGNATURE
an appearance in this case or until I file a written reque	secure counsel, hereby waive counsel until my attorney fil st for a review of my solvency and ability to secure counsel. DEFENDANT'S SIGNATURE
an appearance in this case or until I file a written requestive. Thumb Print	secure counsel, hereby waive counsel until my attorney fil st for a review of my solvency and ability to secure counsel. DEFENDANT'S SIGNATURE

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

COMPLAINT/ARREST	AFFIDAVIT – CIR	CUIT/C	OUNTY	CO	UR1	Γ – PI	NELLA	S COU	NTY, FL	ORIDA	\	
OBTS#	4	r# SO					I	роскет # 1823042				
Person ID 311427472			SSN#									
Charge Description Felony X Misdemean	or Warrant Traffic	Ordinance	Traffi	ic Cita	tion #	(if any)		Court Case #				
Charge POSSESSION OF DRUGS WITHOUT I	PRESCRIPTION (NABUM	IETONE)						19-14458-CF-5				
Defendant's Name (Last, First, Middle)		DOB			Sex	Race	Ht	Wt	Hair	Eyes	Skin	
BESS, HEIDI COLLEEN	1 == "	01/10/1964 F			W	5'6	170	BLN	BLU	MED		
Alias	DL # 5200-323-64-	3-323-64-510-0 State FL Scars/Marks/Tattoos/RIGHT FOREARM				RM "I'M EN	M "I'M ENOUGH"					
Local Address (Street, City, State, Zip Code) 565 MARINA ST. WAUCONTA IL 6008					phone 7-812	2-3808	Place of IL	Birth _	Citizens US	hip 		
Permanent Address (Street, City, State, Zip 565 MARINA ST. WAUCONTA IL 60084				84		2-3808	AMER	d by / Scho	XI			
Weapon Seized Type □Yes ☑No		Indication o Drug Influe	ation of Y N UNK Indication of Mo Influence		Mental Y		Indication of Alcohol Influ		N UNK			
Co-Defendant's Name (Last, First, Middle)			 _	_	DOB		Sex	Race	In Custod	y 🔲 Yes	□No	
·									☐Felony ☐	Misdem	eanor	
Co-Defendant's Name (Last, First, Middle)					DOB	3	Sex	Race	In Custod	y T Yes	□No	
									□Felony	∐Misdem	eanor	
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	, at14250 49TH ST.	N. CLEAF	RWATER	FL 3	3762	<u></u>	<u> </u>		in Pinellas C	ounty did:		
DID UNLAWFULLY POSSE NABUMETONE 750 MG. PI							DRUG	i, TO-W	/IT: 4			
THE PILLS WERE IDENTIF				ETC	NE	750 l	MG. A N	NON-SC	CHEDUL	.ED		
WHILE THE DEFENDANT N MM,19-18771-MM) FOR A N LOCATED FOUR ORANGE DEFENDANT MADE SPON COULD NOT PROVIDE TH	/IOLATION OF PR PILLS WITH 16 AI TANEOUS STATE	E-TRIAI ND 93 II	L RELEA MPRINT	ASE ED	SE.	ARCH THE	H INCID M IN HE	ENT TO	O ARRE SE. THE S, HOWE	ST I		
Contrary to Florida Statute/Ordinance_49	9.03.1		•						2019 DEC	COURT	Contra	
ARREST DATE: 12/2/2019Time	11:45 AM	. Aggrav	ating/Mitiga	ting Fa	actors_			95 <u>6</u> 85 <u>6</u>	$\frac{1}{3}$. 634 - 634		
Booking Officer: GOODRICH, LISHA	. 58205Amount o	of Bond	250		_Bond	l Out Da	ıte	138	Time		."∏p.m.	
Victim Notified of Advisory?Yes	No Injuries	to Victim?	_ Yes _	No			Medical Tr	eatment to	0.33	C	F6	
The Court reviewed this complaint and find	s there: 🔲 is probable cause [☐is not prob	oable cause t	o deta	in defe	endant [∃Bond Acti	on, if any:_	~ ~	(77	 .	
The probable cause determination is passed	for: □24 Hrs □24 Hrs on sl	howing of ex	traordinary	circun	nstanc	es Re	eceived by B	ooking: 12/2/	2019 4:06:36	PM		
Pursuant to F.S. 92.525 and under penalty read the foregoing document and that the f	of perjury, I declare that I ha	DA	TE C	REQU OFFIC AN BU	ER	FOR IN		PAY RATI		(1) COS	r	
CarlanBar	PINELLAS COUNTY SHERIFF	. —						20.14		-	- -	
Declarant Signature	Agency	- —			_						-	
DEPUTY COREY VANBUREN 57834	03200379	 	HER - Desc	ribe			-	<u>-</u> _			- _•	
Printed Name	Declarant ID#	- 1	ntinuation sh	_		Yes 🗔	□ No	T	OTAL \$ \$0	.00	_ _	

files

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 CERTIEV THAT.

☐ A. Defendant has advised the Court	that he has retained counsel		
☐ B. The Court investigated Defendar			ale to secure counsel
☐ C. The Court investigated Defendar	•	•	
☐ D. The Defendant waived the right:		·	Defender.
D. The Detendant warved the right	to counsel at the first appeara	nee omy.	
DATE AND T	TIME	J	UDGE
☐ I hereby waive the right to counsel			
☐ I, having been found solvent and			
an appearance in this case or until	I file a written request for a re	eview of my solvency	and ability to secure counse
`			
		DEFENDA	ANT'S SIGNATURE
Thumb Print			

	somer of the town account Commele	int and Admin	
I HEREBY acknowledge receipt of a c	copy of the foregoing Compla	int and Advisory.	
I HEREBY acknowledge receipt of a c	copy of the foregoing Compla	int and Advisory.	
DEFENDANT'S SIGNATURE	DEFENDANT'S ATTORN		DATE

UCN: 522019CF014458XXXXCF ADDED CHARGE FL0520000

COMPLAINT/ARREST	AFFIDAVIT –	CIRCU	IT/CO	DUNTY	CO	URT	<u>– PD</u>	NELLA	S COUN	TY, FL	<u>ORIDA</u>	
OBTS#		REPORT #	SO1	9-385	598	3		DOCK	ет# 182	3042		_
Person ID 311427472			ŀ	SSN#								
Charge Description Felony X Misdemean	or Warrant Tr	affic Ord	linance	Traff	ic Cita	tion # (i	f any)		Cour	Case #		
Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION	N (NALTREXONE HYDRO	OCHLORIDE)								4458-C	-	
Defendant's Name (Last, First, Middle) BESS, HEIDI COLLEEN			ов 1/10/	1964	F		1	Ht 5'6	wt 170	Hair BLN	Eyes BLU	Skin MED
Alias	DL# 5200 22	3-64-510		State			s/Tatto	os/Physical			1	
Local Address (Street, City, State, Zip Code 565 MARINA ST. WAUCONTA IL 6008)	3-04-310-	-0	FL	Telep	hone 7-812-		M "I'M EN Place of I		Citizensl	hip	
Permanent Address (Street, City, State, Zip 565 MARINA ST. WAUCONTA IL 60084	Code)	·			Telep	hone 7-812-		Employe	d by / School	1		
Weapon Seized Type	<u> </u>		cation of	Y N	UNK	Indica		Mental Y		dication of cohol Influ		UNK
Yes No Co-Defendant's Name (Last, First, Middle)		Diu	g imiuen		رحا	DOB	1 ASSUES	Sex	Race		y TYes	
										☐Felony	_	
Co-Defendant's Name (Last, First, Middle)						DOB		Sex	Race	In Custod	y 🔲 Yes	
										☐Felony		
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	1 ST. N. C	CLEAR	WATER	FL 3	3762			,i1	n Pinellas C	ounty did:	
DID UNLAWFULLY POSSE HYDROCHLORIDE 50 MG.								DRUG	, TO-WI	T: 1 NA	LTREX	ONE
THE PILLS WERE IDENTIF SCHEDULED NARCOTIC B							IYDF	ROCHLO	ORIDE 5	50 MG.	A NON	-
WHILE THE DEFENDANT V 19-18771-MM) FOR A VIOL ONE BEIGE OVAL PILL WI MADE SPONTANEOUS ST PROVIDE THEM.	ATION OF PF TH 5 0 AND 1	RE-TRIA 170 IMP	L REI	LEASE ED ON	SEA THE	ARCH EM IN	N HE	IDENT R PUR	TO ARI	REST I DEFE OULD I	LOCAT NDANT	ED
Contrary to Florida Statute/Ordinance 499.03.1												
ARREST DATE: 12/2/2019 Time 11:45 AM .Aggravating/Mitigating Factors .S. I												
Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 250 Bond Out Date Time S alm. p.m.												
Victim Notified of Advisory?Yes No Medical Treatment to Victim? Yes No Medical Treatment to Victim? Yes No												
The Court reviewed this complaint and find	s there: □is probable	cause 🗌 is r	not prob	able cause t	o detai	n defen	dant 🗌	Bond Actio	on, 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												
Pursuant to F.S. 92.525 and under penalty cread the foregoing document and that the fa		at I have	DAT	E (REQU DFFIC! AN BUF	ER			IVE COSTS, PAY RATE 29.14	F.S. 938.27 OR	(1) COST	ſ
CarlanBar	PINELLAS COUNTY S	HERIFF										
Declarant Signature	Agency		—							,		
DEPUTY COREY VANBUREN 57834	03200379		OTI	ŒR – Desc	ribe							<u>.</u>
Printed Name	Declarant ID#			tinuation sl	_	Ye	s 🗀	□No	TO	TAL \$ \$0.	.00	_

ADVISORY AND SOLVENCY HEARING

DAT	E AND TIME	JUDGE
	•	
I, having been found sol	o counsel at the first appearance of vent and financially able to secue or until I file a written request for	only. ure counsel, hereby waive counsel until my attorney or a review of my solvency and ability to secure counse
I, having been found sol	vent and financially able to secu	ure counsel, hereby waive counsel until my attorney
I, having been found sol	vent and financially able to secu	ure counsel, hereby waive counsel until my attorney

ADDED CHARGE FL0520000

COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA DOCKET # 1823042 REPORT # SO19-385983 OBTS# SSN# Person ID 311427472 Charge Description Felony X Misdemeanor Warrant Traffic Ordinance Traffic Citation # (if any) Court Case # Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION (BUPROPHIN HYDROCHLORIDE) 19-14458-CF-7 Hair Defendant's Name (Last, First, Middle) Wt Eves Skin Sex Race Ht 01/10/1964 F BESS, HEIDI COLLEEN W 5'6 170 **BLN** BLU MED Scars/Marks/Tattoos/Physical Features Alias 5200-323-64-510-0 RIGHT FOREARM "I'M ENOUGH" Citizenship Local Address (Street, City, State, Zip Code) Telephone Place of Birth 847-812-3808 565 MARINA ST. WAUCONTA IL 60084 11 US Employed by / School Permanent Address (Street, City, State, Zip Code) Telephone 565 MARINA ST. WAUCONTA IL 60084 847-812-3808 AMERICAN TAXI

 Indication of Orug Influence
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 Indication of Mental Y
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 Indication of Mental Y

 Drug Influence
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 Alcohol Influence

 N UNK Weapon Seized Type Alcohol Influence ☐Yes ☑No Co-Defendant's Name (Last, First, Middle) DOR Sex Race In Custody Yes No Felony Misdemeanor DOR Co-Defendant's Name (Last, First, Middle) Sex Race In Custody ☐Yes ☐No Felony Misdemeanor 2019 The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of DECEMBER , at 14250 49TH ST. N. CLEARWATER FL 33762 at approximately 11:45 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 C □a.m. □p.m. Booking Officer: GOODRICH, LISHA 58205 Amount of Bond **Bond Out Date** 50<u>5</u> Medical Treatment to Victim? Yes No Victim Notified of Advisory? __Yes __ No Injuries 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[1 REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1); Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have HOURS X PAY RATE 1.5 29.14 OFFICER VAN BUREN --AR read the foregoing document and that the facts in it are true. COST 12/02/2019 PINELLAS COUNTY SHERIFF Declarant Signature Agency **DEPUTY COREY VANBUREN 57834** 03200379 OTHER - Describe Declarant ID# Continuation sheet ⊒Yes □ TOTAL \$ \$0.00 **Printed Name**

files

ADVISORY AND SOLVENCY HEARING

	I FURTHER C	ERTIFY THAT:	
☐ A. Defendant has advised the Cou	ırt that he has retained c	ounsel or will retain counsel	•
☐ B. The Court investigated Defend	lant's solvency and four	d the Defendant financially	able to secure counsel.
☐ C. The Court investigated Defend			
☐ D. The Defendant waived the righ			
7	TO CO		TITION
DATE AND	TIME		JUDGE
•			
☐ I hereby waive the right to couns	sel at the first appearance	e only.	
☐ I, having been found solvent as			e counsel until my attorney
an appearance in this case or unt			
	_		
<u> </u>		DEFENI	DANT'S SIGNATURE
Thumb Print			
XXIIIDEDXX - 1 1 - 1 int of	af the forcesing	Complaint and Advisory	
I HEREBY acknowledge receipt of	a copy of the foregoing	Compianti and Advisory.	
DAMAND A MARK CLOSE A TANKE	DESCRIPTION A BURISCI	TTODNEY!C CICNIA TUDE	DATE
DEFENDANT'S SIGNATURE	DEFENDANT'S A	TTORNEY'S SIGNATURE	DAIR

ADDED CHARGE FL0520000

COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA DOCKET # 1823042 REPORT # SO19-385983 OBTS# SSN# Person ID 311427472 Charge Description Felony X Misdemeanor Warrant Traffic Ordinance Traffic Citation # (if any) Court Case # Charge
POSSESSION OF DRUGS WITHOUT PRESCRIPTION (VALACYCLOUIR HYDROCHLORIDE) 19-14458-CF-8 Hair Defendant's Name (Last, First, Middle) Sex Race Ht Eves Skin 01/10/1964 F BESS, HEIDI COLLEEN W 5'6 170 **BLN** BLU MED Scars/Marks/Tattoos/Physical Features Alias 5200-323-64-510-0 RIGHT FOREARM "I'M ENOUGH" Local Address (Street, City, State, Zip Code) Telephone Place of Birth Citizenship 847-812-3808 US 565 MARINA ST. WAUCONTA IL 60084 H Employed by / School Permanent Address (Street, City, State, Zip Code) Telephone 565 MARINA ST. WAUCONTA IL 60084 847-812-3808 **AMERICAN TAXI** Indication of Mental Y N UNK
Health Issues N UNK Indication of N UNK Indication of Weapon Seized Type Drug Influence 🔲 🔲 🕱 ☐Yes ■No Alcohol Influence Co-Defendant's Name (Last, First, Middle) DOB Sex Race In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor DOB Co-Defendant's Name (Last, First, Middle) 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 day of 2019 , at 14250 49TH ST. N. CLEARWATER FL 33762 at approximately 11:45 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 \overline{c} Booking Officer: GOODRICH, LISHA 58205 ____a.m. □p.m. Amount of Bond **Bond Out Date** ... Medical Treatment to Victim? _____ Yes: ☐ No Victim Notified of Advisory? Yes No Injuries 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 **REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)** Pursuant to F.S. 92.525 and under penalty of perjury, I declare that I have OFFICER VAN BUREN HOURS X PAY RATE 1.5 29.14 COST read the foregoing document and that the facts in it are true. DATE 12/02/2019 PINELLAS COUNTY SHERIFF Declarant Signature Agency **DEPUTY COREY VANBUREN 57834** 03200379 OTHER - Describe **Printed Name** Declarant ID# Continuation sheet ⊒Yes □ TOTAL \$ \$0.00

Court Case No:

19-14458-CF-8

files

ADVISORY AND SOLVENCY HEARING

•	I FURTHER CER	TIFY THAT:	
☐ A. Defendant has advised the Court	that he has retained cour	sel or will retain counsel.	
☐ B. The Court investigated Defendant	nt's solvency and found the	ne Defendant financially able	e to secure counsel.
☐ C. The Court investigated Defendar			
☐ D. The Defendant waived the right			
D. The Detendant warved the right	to compet at the mast app		
DATE AND T	TIME	ĴŪ	DGE
☐ Therefore receives the night to covered	1 at the first appearance o	n1sz	•.
☐ I hereby waive the right to counse!☐ I, having been found solvent and			souncel until my attorney
an appearance in this case or until	I file a written request fo	r a review of my solvency a	nd ability to secure course
an appearance in this case of until	Time a without request to	a review of my solvency as	ia ability to secure country
į			
		DEFENDA	NT'S SIGNATURE
		DEFENDA	NI S SIGNATURE
Thumb Print			
I HEREBY acknowledge receipt of a	copy of the foregoing Co	mplaint and Advisory.	
-	_		•
DEFENDANT'S SIGNATURE	DEFENDANT'S ATT	ORNEY'S SIGNATURE	DATE