

0516981

20CT7492 SB [unclear] 7322

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20078723	
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
	Location of Arrest (Including Name of Business) 16130 S JOG RD DELRAY BEACH FL 33446		Location of Offense (Business Name, Address) 16130 S JOG RD DELRAY BEACH FL 33446		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 01	
DEFENDANT	Date of Arrest 06/16/2020	Time of Arrest 1845	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 16130 S JOG RD DELRAY BEACH FL 33446	
	Name (Last, First, Middle) DESANTIS STEVEN				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 11/24/1955	Height 6'0	Weight 190	Eye Color Brown	Hair Color Brown	Complexion light
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO ON LEFT ARM				Marital Status Married	Religion CATHOLIC	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		
Local Address (Street, Apt. Number) 365 BRITTANY H DELRAY BEACH FL 33446		(City)	(State)	(Zip)	Phone (401) 258-1002	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation DRY CLEANER		
D/L Number, State 7316229		Soc. Sec. Number		INS Number N/A		Place of Birth (City, State) PROVIDENCE RHODE ISLAND	Citizenship US	
CO-DEF	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone () Business Phone ()
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
	Released To: (Name)		Relationship		Date	Time		
CHARGE	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin
Charge Description DRIVING UNDER THE INFLUENCE		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)A		Violation of ORD #		
Drug Activity N/A	Drug Type N/A	Amount / Unit	Offense # 20078723	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Location (Court Room Number, Address) SOUTH COUNTY COURTHOUSE, COURTROOM #1, 200 W. ATLANTIC AVE., DELRAY BEACH, FL 33444 - PH: (561)-355-2996								
Court Date and Time Month JULY Day 16 Year 2020 Time 8:30 AM PM								
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED								
Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed 06/16/2020								
HOLD for other Agency Name:		Signature of Arresting Officer			Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Restricted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) S. SANDERSON			I.D. #			
Intake Officer		Transferring Officer			Agency			
Witness here if subject signed with an "X" _____								

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF JUNE 2020 AT 6:20PM AM PM

SUBJECT: DESANTIS STEVEN CASE NUMBER: 20078723

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: S.ANDERSON

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

Per David Solmor: he had finished shopping at publix when he walked to his vehicle. Solmor said that a car passed him and he began to reverse, while he was backing out of his parking space the car that had passed began to reverse striking his car.

OBSERVATION OF DRIVER:

While speaking to Steven he would not follow instructions. Steven kept pacing back and fourth. I asked Steven to stay by his car and he could not stay

DRIVER'S STATEMENTS:

STATES THAT HE HAD WENT TO NINOS AND HE HAD THREE CLASS OF WINE. HE THEN CHANGED HIS STATEMENT TO HE HAD THREE BOTTLES OF WINE.

ODORS:

SMELL OF UNKNOWN ALCOHOLIC BEVERAGE

GENERAL OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL/OTHER: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

S.ANDERSON

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of June 2020 by S.ANDERSON

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT DESANTIS

STEVEN

CASE NUMBER 20078723

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

The overhead blue police lights were turned off prior to the tasks. _____ both eyes tracked equally, the pupils were the same size, were appropriate for the lighting conditions, and no resting nystagmus was observed. Vertical gaze nystagmus was administered and was/not observed.

WALK & TURN:

I explained and demonstrated the instructions for the walk and turn task to Steven who stated that he understood. During the task I observed that Steven had the following cues: couldn't keep balance while listening to instructions; started too soon; stops walking to steady self/regain balance; missed heel-to-toe on steps stepped off the line several time during task .Used arms for balance (raises arms over six inches; improper turn (loses balance, turns other way); took incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the one leg stand task to Steven who stated that he understood. During the task I observed that Steven had the following cues: swayed while balancing; used arms for balance (raises arms over six inches); hopped while balancing; put foot down (before 30 seconds); could not do task (puts foot down three times)

FINGER TO NOSE:

I attempted to explain and demonstrated the instructions to Steven for the finger to nose, and during my instructions I was interrupted several times by Steven. Who then proceeded to attempt to do the task without proper instructions. During the task I observed that Steven did not keep his eyes close

ROMBERG ALPHABET:

Due to Steven inability to following instructions on the previous task, A Romberg alphabet was not performed.

BREATH TEST RESULTS: 1) Refused 2) _____ 3) _____ 4) _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

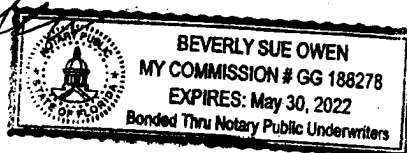
S. ANDERSON

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of June 2020 by S. ANDERSON

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, S.ANDERSON, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

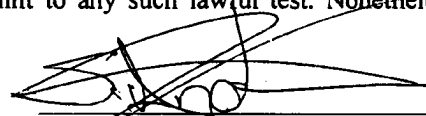
or affirm that on or about the 16 day of June, 20 20, at 1845 P.M. A.M.

DRIVER STEVEN DESANTIS
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 7316229, state of RHODE ISLAND, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by S.ANDERSON and
issued Citation # A26D93P (Name of Arresting Officer)

That on or about the 16 day of June, 20 20, at 2103 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

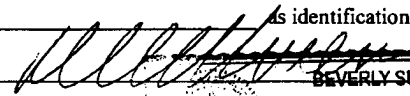
The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 16th day of June, 20 20,
by S.ANDERSON,
who is personally known to me or who has produced

Title

Date

Notary Public 
BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT: DeSANTIS, STEVEN CASE NUMBER: 20078723

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am D/S Anderson of the PBSO

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Lead on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Lead on Camera

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: DeSantis, Steven CASE NUMBER: 20078723

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 2040 HRS.

A/O OBSERVED 20 MINUTES. DEFENDANT REFUSED. A/O READ I/C, DEFENDANT YELLED "LAWYER" THRU THE WHOLE I/C AND AGAIN AT END REFUSED.

A/O READ C/W, DEFENDANT UNDERSTOOD. DUE TO ASKING FOR LAWYER NO Q & A DONE

DEFENDANT ADMITTED HE'S HAD 2 BOTTLES OF WINE SHARING WITH FRIENDS.



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020014928	Date: 06/17/2020
	Specialist Name/ID: T Howard/7185

WITNESS LIST

CASE NUMBER: 20078723

ARRESTING OFFICER: S.ANDERSON

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: _____

NAME: DAVID SOLMOR

ADDRESS: 744 MONACO P DELRY BEACH FL 33446

PHONE NUMBERS (HOME) 954-540-5989 (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY