

COMPLAINT/ARREST AFFIDAVIT

OBTS NUMBER	COMPLAINT/ARREST AFFIDAVIT	POLICE CASE NO. # 2000-10000
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SPECIAL OPERATION: <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD <input type="checkbox"/> TRAFFIC <input type="checkbox"/> JUV <input type="checkbox"/> DV <input type="checkbox"/> MOVES <input type="checkbox"/> CIV INF <input type="checkbox"/> WARRANT	JAIL NO.	PMHD <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	COURT CASE NO.
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IDS NO.	AGENCY CODE 01	MUNICIPAL P.D. DEF. ID NO.	MDPD RECORDS AND ID NO.	STUDENT ID NO.	GANG ACTIVITY RELATED ARREST <input checked="" type="checkbox"/>	FRAUD RELATED ARREST <input checked="" type="checkbox"/>
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) PEREZ, HUMBERTO FRANCISCO	ALIAS and / or STREET NAME	SIGNAL: <input type="checkbox"/> 100 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500
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DOB (MM/DD/YYYY) 02/13/1981	AGE 26	RACE W	SEX M	Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/>	HEIGHT 5'5"	WEIGHT 225	HAIR COLOR gray	HAIR LENGTH Sht	HAIR STYLE sty	EYES	GLASSES <input type="checkbox"/> Yes <input type="checkbox"/> No	FACIAL HAIR cin	TEETH vw
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SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) NU	PLACE OF BIRTH (City, State/Country) CUBAN
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LOCAL ADDRESS (Street, Apt. Number) 1039 SW 11 STREET	(City) Miami	(State) FL	(Zip) 33129	PHONE ()	CITIZENSHIP US
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PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN	(City)	(State/Country)	(Zip)	PHONE ()	OCCUPATION
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BUSINESS OR SCHOOL NAME AND ADDRESS (Street)	(City)	(State/Country)	(Zip)	PHONE ()	ADDRESS SOURCE: <input checked="" type="checkbox"/> DL <input type="checkbox"/> Verbal <input type="checkbox"/>
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DRIVER'S LICENSE NUMBER / STATE P620-326-31-053-0 / FL	SOCIAL SECURITY NO.	WEAPON SEIZED? Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Def. has Concealed Weapons Permit. PERMIT # W-	INDICATION OF: Y N UNK Alcohol influence: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug influence: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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ARREST DATE (MM/DD/YYYY) 09/12/2012	ARREST TIME (HHMM) 0719	ARREST LOCATION (include name of business) 1039 SW 11 ST	GRID
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CO-DEFENDANT NAME (Last, First, Middle) 1. PEREZ, MARIA A.	DOB (MM/DD/YYYY) 08/16/1943	<input checked="" type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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CO-DEFENDANT NAME (Last, First, Middle) 2. HERNANDEZ-PEREZ, ODALIS	DOB (MM/DD/YYYY) 01/10/1974	<input checked="" type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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CO-DEFENDANT NAME (Last, First, Middle) 3.	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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JUV only	Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/>	(Name)	(Street, Apt. Number)	(City)	(State/Country)	(Zip)	(Phone)	Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
1. Aggravated Child Abuse	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	2	827.03(1)(A)3.					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
2. Child Neglect	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	2	827.03(1)(E)1.					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
3. Unlicensed Practice of Health Care Profession	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	2	456.085(1)(2)(D)2					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
4. Unlicensed Practice of Dentistry	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	2	466.026(1)(a)					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:
 On the 1st day of February, 2012 at 1200 (HHMM) at 1039 SW 11 STREET (Location, include name of business) (Narrative, be specific)

Witness (2) L.A. made contact with Def. at location on or about above date and time, in reference to dental work needed for her granddaughter, Victim C.A., a 14 year old female. W2 took the victim with her for a consultation with Def., who represented himself as a dentist working from his home. Def. quoted W2 a total of \$500.00 for a repair to victim's tooth. Def. told W2 not to worry because he was going to take care of victim very well. W2, who was not alarmed by Def.'s in-home dentistry concept due to it being normal in the Dominican Republic where she is from, subsequently set up an appointment for the next day to have the procedure performed on victim. Witness (1) C.A., took victim to the appointment, and upon arriving at location, W1 was greeted by Co-Defendants.

HOLD FOR OTHER AGENCY Name:	VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).	<input type="checkbox"/> 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. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes.
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT. 		SWORN TO AND SUBSCRIBED BEFORE ME. THE UNDERSIGNED AUTHORITY THIS _____ DAY OF _____	
OFFICER'S / COMPLAINTANT'S SIGNATURE	COURT ID NUMBER AND CODE 27572 (02)	<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	



OBTS NUMBER	COMPLAINT/ARREST AFFIDAVIT CONTINUATION	POLICE CASE NO. 120831-250810
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JAIL NO.	COURT CASE NO.
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IDS NO.	AGENCY CODE 01	MUNICIPAL P.D. DEF. ID NO.	MDPD RECORDS AND ID NO.
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) PEREZ, HUMBERTO FRANCISCO	DOB (MM/DD/YYYY) 02/13/1931
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4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5. Proprietorship by non-dentist	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	466.0285(1)(b)					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
6.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWV <input type="checkbox"/> WRIT CASE #:

Co-Def. asked both victim and W1 to enter & asked them to wait in the living room while she notified def. of their arrival. Def. came out to the living room & greeted victim & her mother W1. Def. then escorted both victim & W1 to a room off to the side & rear of location. Victim described the room as being small with a reclining chair similar to that which would be found in a dental office. Victim recalled seeing pots and several medical instruments as well as teeth. Victim said the room did not look like other dental offices she had visited before. Def. instructed victim to sit in the chair, W1 in close proximity. "Victim" said def. took out several medical instruments, but did not put on latex gloves. Victim said def. took out a syringe and needle with an unknown substance inside, def. then proceeded to inject the substance into victim's mouth. Def. told victim & W1 the substance was going to numb her mouth so she would not feel pain. This officer asked victim if def. placed a suction tube in her mouth or if he checked to see if she had any sensation in the area he injected. Victim stated that def. did not have such an instrument nor did he check for tactile sensation. Victim said def. began to work on her mouth immediately after the injection. Victim said she began to feel severe pain instantly as def. used instruments to file down her teeth. W1, who was present for the procedure, recalls the victim crying, sobbing, writhing and screaming in pain. W1 recalls seeing a large amount of blood coming from the mouth of the victim. W1 asked def. why her daughter was crying so much and def. told W1 that the victim was crying because she was nervous and that was (cont)

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I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.	SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS _____ DAY OF _____	OFFICER'S / COMPLAINANT'S SIGNATURE 	

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY

OBTS NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION				POLICE CASE NO. 120831-250810		
JAIL NO.			COURT CASE NO.					
IDS NO.	AGENCY CODE 01	MUNICIPAL P.D. DEF. ID NO.	MOPD RECORDS AND ID NO.					
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) PEREZ, HUMBERTO FRANCISCO						DOB (MM/DD/YYYY) 02/13/1931		
4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)			DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)			DOB (MM/DD/YYYY)		<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR			
ADDITIONAL CHARGES	CHARGE / F.S. ORD	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION AC CAPIAS BW PW JUV PU DWW WRIT CASE #:
5. ... <i>W2</i>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	...					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWW <input type="checkbox"/> WRIT CASE #:
6.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWW <input type="checkbox"/> WRIT CASE #:
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWW <input type="checkbox"/> WRIT CASE #:
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DWW <input type="checkbox"/> WRIT CASE #:
<p>a common reaction besides being scared. Victim said she would move and def. would tell her to stop moving or he could not finish. Victim said co-def. (2), who is the daughter of def., entered the room. Victim recalls co-def. (2) watching her father work. Victim heard co-def. (2) tell Humberto in Spanish, "Papi por eso no me gusta cuando le haces trabajo a niños, siempre hacen un show, llorando" (Dad I hate when you work on children, they always put on a show with the crying). Co-def. (2) never did anything to stop the procedure even after seeing that victim was in pain and suffering. Victim pleaded with both def. and co-def.(2) to stop because she was in a lot of pain. Def. again ignored victim's plea and did not offer any help for her pain. Victim said co-def.(1), who is def.'s wife, entered the room to assist def. and recalls co-def.(1) told her that if she did not stop crying and moving, it would take too long to finish. After approximately two hours, def. placed a temporary 4-unit bridge in the mouth of the victim. Def. told W1 she would have to bring victim back for a second session, at which time he would install a permanent bridge. Victim said that when she went home, she felt great pain and did not want to eat. W2 took victim to her next appointment; victim said she was upset and scared to go and see def. Upon arriving at location, victim was again escorted to the same room and the same chair. With W1 in close proximity, def. again injected victim with an unknown substance. Victim reminded def. about her great pain the first time and def. assured her it was normal. Def. said it is common in many cases for patients not to respond to anesthetics. (cont)</p>								
HOLD FOR OTHER AGENCY Name:		VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).		<input type="checkbox"/> 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. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Juvenile Division) anytime that my address changes.			
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME,		<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.				
OFFICER'S / COMPLAINANT'S SIGNATURE <i>W2</i>		COURT ID NUMBER/LOC. CODE 27572		THE UNDERSIGNED AUTHORITY THIS _____				

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY

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OBTS NUMBER	COMPLAINT/ARREST AFFIDAVIT CONTINUATION	POLICE CASE NO. 120831-250810
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JAIL NO.	COURT CASE NO.
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IDS NO.	AGENCY CODE 01	MUNICIPAL P.D. DEF. ID NO.	MOPD RECORDS AND ID NO.
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DEFENDANT'S NAME (LAST, FIRST, MIDDLE) DEBEZ, HUMBERTO FRANCISCO	DOB (MM/DD/YYYY) 02/13/1931
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4. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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5. ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)	DOB (MM/DD/YYYY)	<input type="checkbox"/> IN CUSTODY <input type="checkbox"/> FELONY <input type="checkbox"/> JUVENILE <input type="checkbox"/> AT LARGE <input type="checkbox"/> DV <input type="checkbox"/> MISDEMEANOR
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ADDITIONAL CHARGES	CHARGE AS:	COUNTS	FL STATUTE NUMBER	VIOL. OF SECT	CODE OF	UCR	DV	WARRANT TYPE OR TRAFFIC CITATION
5. Proprietorship by non dentist 188	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD	1	4-188					<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
6. /	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD							<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> JUV PU <input type="checkbox"/> AW <input type="checkbox"/> DVW <input type="checkbox"/> WRIT CASE #:

Treatment was continued, and with Co-def.(1) as his assistant, def. proceeded in removing a temporary 4-unit bridge. Def. continued working on victim's upper teeth with no regard to her pain or discomfort. When procedure was complete, def. placed what he said was a permanent 4-unit bridge in the mouth of victim. W1 paid def. for his work and both her and victim left. For several weeks to follow victim had complaints of pain, discomfort, sensitivity to hot and cold. Witnesses say victim did not want to eat and would cry from pain she felt in the area worked on. W1 noticed victim's gums began to blacken and swell where she had the bridge. W1 took victim for emergency treatment, where it was discovered by doctors, victim had permanent disfigurement caused by the dental work def. performed. Victim was treated for multiple complications as a result of the dental work performed by def. and will have to continue treatment well beyond her adult years. Doctors say victim will never have her original teeth again. Def. arrested. **DEF. IS NOT A LICENSED DENTIST IN FLORIDA. A CERTIFICATE OF NON-LICENSURE WAS ISSUED BY BRADFORD JONES OF FDCH ON 6/27/2012.**

HOLD FOR OTHER AGENCY	VERIFIED BY	PAGE 1 OF 4
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Name: I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.	<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing). SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS _____ DAY OF _____	<input type="checkbox"/> 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. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juvenciles notify Juvenile Division) anytime that my address changes. <input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.
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188
OFFICER'S / COMPLAINANT'S SIGNATURE

27572
COURT ID NUMBER/LOC. CODE