

OBTs NUMBER		COMPLAINT/ARREST AFFIDAVIT				POLICE CASE NO. 0120831-250810								
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		JAIL NO.		PMHD <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		COURT CASE NO.								
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"/>			
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) HERNANDEZ-PEREZ, ODALIS						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					
DOB (MM/DD/YYYY) 01/10/1974		AGE 37	RACE W	SEX F	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic ETHNICITY: CUBAN	HEIGHT 5'1"	WEIGHT 130	HAIR COLOR BRO	HAIR LENGTH med	HAIR STYLE sty	EYES brw	GLASSES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	FACIAL HAIR cln	TEETH vw
SCARS, TATTOOS, UNIQUE PHYSICAL FEATURES (Location, Type, Description) NV										PLACE OF BIRTH (City, State/Country) Florida				
LOCAL ADDRESS (Street, Apt. Number) 1039 SW 11 STREET				(City) Miami		(State) FL		(Zip) 33129		PHONE () ()		CITIZENSHIP US		
PERMANENT ADDRESS (Street, Apt. Number) <input type="checkbox"/> HOMELESS <input type="checkbox"/> UNKNOWN				(City)		(State/Country)		(Zip)		PHONE () ()		OCCUPATION		
<input type="checkbox"/> BUSINESS OR <input type="checkbox"/> SCHOOL NAME AND ADDRESS (Street)				(City)		(State/Country)		(Zip)		PHONE () ()		ADDRESS SOURCE: <input type="checkbox"/> DL <input type="checkbox"/> Verbal <input type="checkbox"/>		
DRIVER'S LICENSE NUMBER / STATE P620-640-74-510-1 / FL				SOCIAL SECURITY NO.		WEAPON SEIZED? Type <input type="checkbox"/> Yes <input 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"/>				
ARREST DATE (MM/DD/YYYY) 09/12/2012		ARREST TIME (HHMM) 0719		ARREST LOCATION (include name of business) 1039 SW 11 ST				GRID						
CO-DEFENDANT NAME (Last, First, Middle) 1. PEREZ, HUMBERTO FRANCISCO				DOB (MM/DD/YYYY) 02/13/1931		<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						
CO-DEFENDANT NAME (Last, First, Middle) 2. PEREZ, MARIA A.				DOB (MM/DD/YYYY) 08/16/1943		<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						
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						
JUV only <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care		(Name)		(Street, Apt. Number)		(City)		(State/Country)		(Zip)		(Phone)		Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

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**, 20**12**, at **1200** (HHMM) at **1039 SW 11 STREET** (Location, include name of business) (Narrative, be specific)

Defendant failed to make a reasonable effort to protect victim from abuse by her father co-def.(1), who in the presence of defendant performed dental work on victim. The dental procedure caused victim to have permanent disfigurement in her mouth. Victim who is a 14 year old female juvenile cried out to defendant when she was being treated by co-def.(1). Defendant ignored the victim and instead said 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.(1) is not a licensed dentist in the State of Florida. Def. arrested.

HOLD FOR OTHER AGENCY		VERIFIED BY		<input type="checkbox"/> HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing).		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 (Juviles notify Juvenile Division) anytime that my address changes.	
Name:						<input type="checkbox"/> You need not appear in court, but must comply with the instructions on the reverse side hereof.	
I SWEAR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT.		SWORN TO AND SUBSCRIBED BEFORE ME,		THE UNDERSIGNED AUTHORITY THIS		Signature of Defendant / Juvenile and Parent or Guardian	
OFFICER'S / COMPLAINTANT'S SIGNATURE L. Bremer		COURT NUMBER, LOC. CODE 21574 (02) 01/MPD		DATE OF 09/12/2012		Deputy of the Court or Notary Public	
NAME (Printed)		AGENCY NAME					

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