

7th Judicial Circuit 707
Charging Affidavit - Flagler

Arrest # _____

Bk # _____

Pg #1 of 2

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input checked="" type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: <u>09-757 CFFA</u>	
(ORI) FL: <u>1 8 0 0 0 0</u>		Agency Name: FLAGLER COUNTY SHERIFF'S OFFICE		Agency Case Number: <u>50937-09</u>	
FCIC/NCIC Check? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		OBTS # _____		UCR: _____	Date Arrested: _____
ADDRESS OF ARREST: _____		Arrested By: _____		Time of Arrest: _____	
DEFENDANT NAME (L,F,M): <u>Rubin, Richard</u>		A.K.A.: _____		Sex: <u>Male</u>	Race: <u>White</u>
DOB: <u>8-15-59</u>	Age: <u>50</u>	Driver's Lic. ID No: <u>R150-744-59-295-0</u>	State: <u>FL</u>	Year Expires: <u>2011</u>	S.S.#: _____
Height: <u>511</u>	Weight: <u>180</u>	Hair: <u>Brown</u>	Eyes: <u>Brown</u>	P.O.B. (City, State, Country): <u>New Jersey</u>	
Scars, Marks, Tattoos: _____		Business & Occupation: _____		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Probation: Yes <input type="checkbox"/> No <input type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input type="checkbox"/>	
English: Yes <input type="checkbox"/> No <input type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input type="checkbox"/>		Address - Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENT PHONE	
<u>101 Palm Harbor Parkway Suite #117</u>		<u>Palm Bch, FL</u>		<u>32137 321-441-9253</u>	
Address - Local (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE RESIDENT PHONE		Address - Other (Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIP CODE BUS/SCHOOL PHONE			
<u>2624 S. Oceanshore Blvd</u>		<u>Flagler Beach FL</u>		<u>32136</u>	
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/> Total Charges: <u>1</u>	
#1	Charge: <u>GRAND THEFT AUTO</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>812.04 (a)(1)(6)</u>	Citation No: _____	Bond: _____
#2	Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No: _____	Bond: _____
#3	Charge: _____	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: _____	Citation No: _____	Bond: _____
CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	
#1 NAME (L,F,M): _____		Race: _____		Sex: _____	DOB: _____
#2 NAME (L,F,M): _____		Race: _____		Sex: _____	DOB: _____
NARRATIVE		The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>15</u> day of <u>AUGUST</u> , <u>2009</u> , at approximately <u>11:30</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. at <u>101 PALM HARBOR PARKWAY</u> within <u>FLAGLER</u> County, violated the law and did then and there: <u>Grand Theft Auto is to temporarily or permanently deprive someone of their vehicle. To wit: Defendant without proper authority and with Malicious intent had the victims vehicle towed from the property located at 101 Palm Harbor Parkway. The Defendant had made prior statements to a witness who provided a written and verbal statement that he had a personal Vendetta against the Victim. The witness also stated that he received a call at 1155 hours on Aug 15, 2009 that he had towed the victims vehicle. This temporarily deprived the victim of his vehicle and the property inside. No Further.</u>			
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.		FINE, AND COSTS AMOUNT: _____		APPERM: _____	
SIGNATURE OF DEFENDANT: _____		DATE: _____		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN: _____	
Sworn to and Subscribed before me the undersigned this <u>15</u> day of <u>August</u> , <u>2009</u>		I swear/affirm the above statements are correct and true.		Rt thumb _____	
Name: <u>Dep ERLANDSON #339</u>		Name (PRINTED): <u>Larry McCubbin</u>		OFFICER'S/COMPLAINANT'S SIGNATURE: _____	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		NAME (PRINTED): _____		Case: <u>2009 CF 000757</u>	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		Inmate Number & Facility: _____		Dkt: <u>707</u>	
Type of Identification: _____		OFFICIAL USE ONLY		DISTRIBUTION - WHITE: COURT COPY YELLOW: STATE ATTORNEY'S COPY PINK: LAW ENFORCEMENT COPY	

STATE VS. _____

Name (L,F,M): _____

DOB: _____

FIRST APPEARANCE DATE: _____

The defendant was advised of his/her rights and furnished a copy of the complaint.

Defendant () requested and was appointed a Public Defender after being found indigent.

Defendant () not indigent, has or will retain _____ as council.

The court has examined the sworn complaint and finds:

CHARGE			
Probable Cause Found			
PC Undet. - 72 hours			
PC Undet. - 96 hours			
Insufficient PC			
BOND SET AT			
ROR			
PTR			
Other			

ASA: _____ PD _____

Plea: _____

Sentence: _____

Notes: _____

Type of Supervision

- () Supervised Release
- () Electronic Monitoring - May require Defendant to pay for use of monitoring equipment

Special; Conditions:

- () No contact with the alleged victim(s), witness (es) & co-defendant(s)
- () No violent contact with alleged victim(s) _____
- () Do not consume illegal drugs
- () Do not consume alcohol
- () Submit to urinalysis test for illegal drugs and/or alcohol
- () Substance abuse assessment
- () Participation in appropriate substance abuse treatment
- () _____

Judge

Witness/Victim/Evidence Form 798-A

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number: **50937**

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Defendant Name: RUBIN, RICHARD		Agency Case Number: 50937-09	
Name (L.F.M.): SZABO, JASON	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M
Address (#, Street, City, State): 5545 EDWARDS DR. PALM COAST, FL	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Age:	DOB: 5-11-80
Bus./School Address:	Zip: 32164	Home Phone: 386-341-0403	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus./School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus./School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus./School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus./School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:
Name (L.F.M.):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:
Address (#, Street, City, State):	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>	Age:	DOB:
Bus./School Address:	Zip:	Home Phone:	SSN:
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	Phone:

EVIDENCE COLLECTED

Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone) Value			
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone) Value			
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone) Value			
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone) Value			
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone) Value			

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

Det. Man
Investigating Officer

227
ID Number

FC50
Agency