

**EXHIBIT A**

CC  
52200 IF027870 XXXXND

OBTS NUMBER [ ] COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA DOCKET # 1030670

Felony  Misdemeanor  Ordinance  Non-Criminal  Warrant  Traffic  SPN # 1011919161713 SSN # [ ]

Charge Burglary (Attempted) Report No. 07-354395 Court Case No. CR0727870 CFAND

Defendant's Name (Last, First, Middle) Duff, Anderson, J. DOB 06/07/62 Sex M Race W HT 60 WT 170 Hair Brn Eyes [ ] Skin [ ]

Local Address (Street, City, State) 122 North Hartford Ave Lansing, MI Zip Code 48912 Telephone 352-870-9015 Place of Birth OH Citizenship US

Permanent Address (Street, City, State) [ ] Zip Code [ ] Telephone [ ] Employed by/School [ ]

Weapon Seized Yes  No  Type [ ] Indication of Drug Influence Y  N  UNK  Indication of Mental Health Issues Y  N  UNK  Indication of Alcohol Influence Y  N  UNK

Co-Defendant's Name (Last, First, Middle) [ ] DOB [ ] Sex [ ] Race [ ] In Custody Yes  No  Felony  Misd.

Co-Defendant's Name (Last, First, Middle) [ ] DOB [ ] Sex [ ] Race [ ] In Custody Yes  No  Felony  Misd.

The undersigned swears that he has reasonable grounds to believe that the above named defendant on the 23 day of December, 2007, at approximately 3:10 ~~a.m.~~ p.m., at 7777 62 Ave N, in Pinellas County did:

then at that unlawfully a without invitation attempt to enter or remain in a structure to wit: the Northside Christian School in St. Petersburg, FL with the intent to commit an offense therein. The structure at the time was closed to the public

Other traffic citations 1 Contrary to Florida Statute/Ordinance 810.02

ARREST DATE 12/23/07 Time 4:00 ~~a.m.~~ p.m. Aggravating/Mitigating Factors [ ]

Booking Officer B12M Amount of Bond 5,000 Bond Out Date 12/24/07 Time 5:30 a.m. p.m.

Victim Notified of Advisory Y  N  Injuries to Victim Y  N  Medical-Treatment to Victim Y  N

Child abuse/neglect referral made to DCF Y  N

Pursuant to F.S. 92.525 and under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Declarant A.M. Agency PCSO

Printed Name S. Moran SPN 02119329

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS	X PAY RATE	OR COST
12/07				
DEC 23				
OTHER - Describe				
Continuation sheet Y <input type="checkbox"/> N <input type="checkbox"/>				
TOTAL AMOUNT \$				

**NOTICE TO APPEAR ONLY**

- MISDEMEANOR - You MUST appear at the Criminal Justice Center, Courtroom 15, Third Floor, 14250 49th Street North, Clearwater, Florida, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ a.m. p.m.
- ORDINANCE VIOLATION - You MUST comply with EITHER A or B:
  - A. Comply with the Waiver Information on the reverse side of this form and pay a fine in the amount of \$ \_\_\_\_\_ for a Category \_\_\_\_\_ offense within thirty (30) calendar days of this Notice.
  - B. Appear at the Criminal Justice Center, 14250 49th Street, Courtroom 15, Third Floor, Clearwater, Florida, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ a.m. p.m.
- NON-CRIMINAL VIOLATION - You MUST pay a fine in the amount of \$ \_\_\_\_\_ within thirty (30) calendar days, or comply with the non-criminal violation information on the bottom of the reverse side of this form.

**FILED**  
DEC 24 2007  
KEN BURKE  
CLERK OF CIRCUIT COURT

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED ABOVE 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, OR PAY THE FINE REQUIRED BY THE DATES SET OUT ON THIS FORM, THAT I MAY BE HELD IN CONTEMPT OF COURT AND THAT A WARRANT FOR MY ARREST WILL BE ISSUED. I HEREBY CERTIFY BY MY SIGNATURE THE BELOW LISTED ADDRESS IS MY CORRECT ADDRESS.

Defendant's Signature \_\_\_\_\_ (Street, City, State, Zip Code) \_\_\_\_\_ Date of Receipt of Notice \_\_\_\_\_

Copies to: White - Court Green - Jail Goldenrod - Defendant  
Blue - State Attorney Pink - Police Dept.

COCR59 (Revised 12/06) COCR59 (A,b,c,d) 12/06

Defendant \_\_\_\_\_ Court Case No: \_\_\_\_\_

**ADVISORY AND SOLVENCY HEARING**

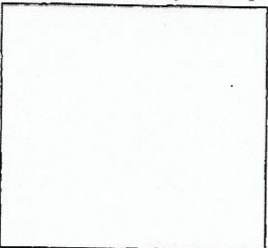
The above named Defendant came before me for Advisory and Solvency hearing on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ am/pm, and was advised by me of the charge against him, his right to remain silent, that any statements by him may be used against him, his right to counsel, and, if he is financially 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 CERTIFY THAT:

- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendants solvency and found the Defendant solvent and financially able to secure counsel.
- C. The Court investigated Defendant's solvency and appointed the Public Defender to represent Defendant.
- D. The Defendant waived the right to counsel at the first appearance only.
- E. The Court reviewed this Advisory and finds there is/there is not probable cause to hold and bind over the Defendant for trial.
- F. The probable cause determination is hereby passed 72 hours.

BOND ACTION TAKEN, If any \_\_\_\_\_ JUDGE \_\_\_\_\_

- I hereby waive the right to counsel at the first appearance only.
- I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.



Thumb Print

DEFENDANT'S SIGNATURE \_\_\_\_\_

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE \_\_\_\_\_

DEFENDANTS ATTORNEY'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**SCHEDULE OF WITNESSES AND EVIDENCE  
NOTICE TO APPEAR ONLY**

Name	DOB	Race	Sex
Address	Home Phone	Business Phone	
Synopsis of Testimony			

Name	DOB	Race	Sex
Address	Home Phone	Business Phone	
Synopsis of Testimony			

Name	DOB	Race	Sex
Address	Home Phone	Business Phone	
Synopsis of Testimony			

EVIDENCE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I CERTIFY THAT THE FOREGOING IS A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME.

Investigating Officer \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_