

Exhibit C

ARREST/NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT/
JUVENILE REFERRAL

1. Arrest
2. Notice to Appear
3. Arrest Affidavit
4. Complaint Affidavit
5. Request for Capias
6. Juvenile Referral

FCIC/NCIC CHECK YES NO

OBTS Number 0501167381

3810

ADMINISTRATIVE

Agency ORI Number 0050900 Agency Name Rockledge Police Department Agency Report Number 0007-0012536
 Charge Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
 Location of Arrest (Include Name of Business) 3801 Murrell Rd City Rockledge
 Date of Arrest 09.01.07 Time of Arrest 07:00:41 BCSO Date BCSO Time Jail Date 9-1-07 Jail Time 0315
 Date of Offense 09.01.07 FDLE Number DOC Number Fingerprinted Identification Only AFIS By: 199

DEFENDANT/JUVENILE

Name (Last, First, Middle) DESMOND PATRICK WILLIAM
 Race W-White I-American Indian B-Black D-Oriental/Asian Sex M Date of Birth 02-28-80 Height 601 Weight 220 Eye Color BLUE Hair Color BLONDE Complexion FAIR Build LARGE
 Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) MULTI TATTOOS - ARMS
 Local Address (Street, Apt. Number) 934 CORMORANT CT. City Viera FL 32955 Phone 321-638-3670
 Permanent Address (Street, Apt. Number) or Parent's Name & Juv. Address SAME AS ABOVE
 Business Address (Name, Street) or Parent's Address at Juv. UNKNOWN
 Driver's License State/Number FL 255679800680 Social Security Number 264-31-8037 INS Number Place of Birth NORTH CAROLINA U.S.
 Indication of Alcohol Influence Drug Influence Y N Unk

CO-DEF.

Co-Defendant Name (Last, First, Middle) Co-Defendant Name (Last, First, Middle)
 Activity S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description Driving Under the Influence Counts 1 PS Bond Amount 1000 Statute Violation Number 316.1930 Violation of Section (ORD)
 Amount/Unit Bond Amount Court Number
 Date Issued Date Issued
 Order of Arrest

PROBABLE CAUSE STATEMENT

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 1 day of SEPT. 2007 at 08:10 P.M. (Specifically include facts constituting cause for arrest.)
 BASED ON SWORN STATEMENTS FROM TWO WITNESSES A 2005 MAZDA WAS HEADING SOUTHBOUND ON MURRELL RD FROM THE AREA OF LEVITT PARKWAY. THE VEHICLE WAS GREY IN COLOR BEARING A FLORIDA TAG # T632KK. HAD THE WITNESSES FOLLOWED TO THE VEHICLE IT RAN OFF THE ROAD ONTO THE GRASS. THE VEHICLE THEN CAME BACK ONTO THE ROAD AND PROCEEDED SOUTHBOUND ON MURRELL RD. ALL DOWN THE ROAD, THE VEHICLE THEN RAN OFF THE ROAD A SECOND TIME AND ALMOST HIT A POLE. AT THIS TIME THE VEHICLE SPOOD UP AND CONTINUED AS IT CAME UP TO THE INTERSECTION OF BRANDY.
 In accordance with P.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____ per mile for a total of \$ _____ Affidavit enclosed Y N Continue for: Narrative Charges

NOTICE TO APPEAR

Mandatory Appearance In Court Location (Court, Room Number, Address) 12807 7/6
 Time _____ Day _____ Year _____ Time _____ A.M. P.M.
 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 OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.
 Signature of Defendant/Juvenile Signature of Juv. Parent/Custodian Release to: (Name) Date Time

ADMINISTRATIVE

Miranda Warning Hold for Other Agency Name: Verified By
 Adults Only Bond for First Appearance Do Not Bond Out. Reason:
 I swear/affirm the above and attached statements are true and correct.
 Officer/Complainant's Signature ID No. 180
 Name (Printed) C.D.L. I. GOMEZ
 Sworn to and subscribed before me, Incompetent authority this 1ST day of SEPT 2007
 Signature C.D.L. R. REBEL
 Print or Type Name C.D.L. R. REBEL
 Notary Public/Enforcement Officer in Performance of Official Duties Personally Known ID Produced

BOND INFORMATION

Date Bonding Agency
 Bond# Amount
 Returnable Court Date Returnable Court Time A.M. P.M.
 Court Location Page 1 of 3

CANNABINOIDS:

MARIJUANA 13-24 DAILY
HASH 24 FEW TIMES

STIMULANT:

COCAINE 21-25 EVERY OTHER DAY ONCE A WEEK
CRACK

OPIATES/NARCOTICS:

HEROIN
DEMEROL
DILAUDID
MORPHINE
CODEINE
OPIUM
LORTABS (HYDROCODONE & ACETAMINOPHEN) PRESCRIBED 2 OCCASIONS 200 PILLS
PERCOET (OXYCODONE & ACETAMENAPHINE)
PROPOXYPHENE (DARVON)

AMPHETAMINE/STIMULANT

AMPHETAMINE (SPEED)
METHAMPHETAMINE (CRANK) 30 TIMES 22-24
MDMA (ECSTASY) 50 TIMES 19-21

DEPRESSANTS:

BARBITURATES
METHAQUALONE (QUAALUDES)

BENZODIAZEPINES:

DIAZEPAM (VALIUM)
CLONAZEPAM (CLONOPIN)
ALPRAZOLAM (XANAX)
ROHYPNOL (RUFFIES)

HALLUCINOGENS:

ACID 15-20 50 TIMES
LSD
MUSHROOMS 15-20 50 TIMES
Mescaline ONCE 15
PEYOTE

SPECIAL K (KETAMINE) 20 YRS OLD 30 TIMES
GHB (GAMMA-HYDROXYBUTYRATE)

ALCOHOL DAILY ALOT

ANY IV DRUG USE? N

HAVE YOU EVER RECEIVE SUBSTANCE ABUSE OR MENTAL HEALTH TREATMEN?
WHEN? N
WHERE? N

NAME PARIC DESMOND

Printed on 1/24/07
at 2:41PM
by js

Brevard County Criminal Justice Services
1040 S. Florida Ave. Suite 105A
Rockledge, FL 32955
phone: (321) 633-2006
fax: (321) 633-2025

Agency: PRE ADM DRC

Accession: 45597
Donor ID: 246318037
Name: DESMOND, PATRICK
Control #: 22222
Test Date: 1/24/07
Test Time: 12:04

Requesting Party: LISA MOOTY
Date Collected: 1/10/06
Time Collected: 1602
Collected by: js
Created by: js

Test	Result	Flag	Reference Range
AMPHETAMINE	Negative		Cutoff: 1000
BENZODIAZEPINE	Negative		Cutoff: 200
THC50	Negative		Cutoff: 50
COCN	Negative		Cutoff: 300
ETOH	Negative		Cutoff: 20 mg/dL
OPIA	POSITIVE		Cutoff: 300

All Positives are Confirmed by Rerun

Test Reviewed By: 

Notification Date:
Contesting: YES / NO



Reviewed by: js

FINAL REPORT

Desmond00112

Treatment Discontinued by Facility:

- In need of further treatment but appropriate referral unavailable.
- Treatment goals and objectives met.
- Non-compliant with program rules.

ASSESSMENT, COURSE OF TREATMENT, GOALS COMPLETED:

Mr. Desmond was referred by
Drug Court He continued to test
positive therefore he was transferred
to Res.

PROGNOSIS AT DISCHARGE:

poor

CLIENT'S RESPONSE TO RECOMMENDATION:

AGREEABLE

NOT AGREEABLE

NOT AVAILABLE FOR RESPONSE

Julie Myers
Counselor's Signature

5/7/08
Date:



WESTERN

JUDICIAL SERVICES, INC.

1600 SARNO ROAD, SUITE 24, MELBOURNE, FL 32935

VOICE: 321-752-7557 FAX: 321-752-7558

DISCHARGE SUMMARY

Client: Patrick Desmond SSN: 246-368037 Discharge Date: 11/28

Probation Officer: _____ Discharge Status: transfer

Evaluation Date: 11/21/06 Treatment Start Date: 11/21/06

DSMIV Diagnosis / ICD 10 Code: poly substance Dep 304.90

Progress in Treatment: None - Client went residential

Dates and Results of UAs: 11/21/06 Neg 5 panel
5/11/07 pos prescribed Benz

Discharge Reason: Transfer

Prognosis: None

After Care Plan/Recommendation: None - Client is in
A Residential program.

Counselor Signature & Credentials: Brian Conley CAG/DA

Supervisor Signature & Credentials: _____