

COMPLAINT/ARREST AFFIDAVIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # T120-358		DOCKET # 1826560			
Person ID	3094891		SSN# [REDACTED]			
Charge Description	<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	<input type="checkbox"/> Warrant	<input type="checkbox"/> Traffic	<input type="checkbox"/> Ordinance	Traffic Citation # (if any)
Charge	DISORDERLY CONDUCT IN LICENSED ESTABLISHMENT				Court Case #	
Defendant's Name (Last, First, Middle)	MORGAN, ABBAGALE KIMBERLY		DOB	Sex	Race	Ht
			10/31/1995	F	W	508
						126
						BLN
						GRN
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair
Aliases	DL #	State	Scars/Marks/Tattoos/Physical Features			
	M-625-011-95-891-0	FL				
Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship			
404 SOUTH ST KEY WEST FL 33040	8138587963	FL	US			
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School				
404 SOUTH ST KEY WEST FL 33040						
Weapon Seized Type	Indication of Drug Influence		Indication of Mental Health Issues		Indication of Alcohol Influence	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 07 day of JANUARY, 2020, at approximately 2:40 AM, at 115 107TH AVE TREASURE ISLAND, FL 33706, in Pinellas County did:

DID THEN AND THERE ENGAGE IN SUCH CONDUCT AS TO CONSTITUTE DISORDERLY CONDUCT, TO-WIT: DEF WAS ASKED TO LEAVE THE BAR BECAUSE SHE WAS HEAVILY INTOXICATED, BUT REFUSED. SHE GRABBED SEVERAL CUSTOMERS AND WAS ASKED AGAIN TO LEAVE BY STAFF. A BARTENDER AND BOUNCER ATTEMPTED TO ESCORT THE DEF. DEF THEN KICKED THE BARTENDER IN THE GROIN. SHE THEN WALKED TO THE BACK DOOR AND BEGAN KICKING IT REPEATEDLY. A BOUNCER THEN ESCORTED HER OUT OF THE BAR AND DEF CONTINUED TO PHYSICALLY RESIST HIM. HE GOT HER ONTO THE GROUND AND SHE KICKED HIM TWICE IN THE FACE, WHICH CONSTITUTED A BREACH OF THE PEACE.

BARTENDER AND BOUNCER DID NOT WISH TO PRESS BATTERY CHARGES.

Contrary to Florida Statute/Ordinance 509.143.

ARREST DATE: 1/7/2020 Time 2:57 AM. Aggravating/Mitigating Factors \_\_\_\_\_

Booking Officer: SEAY, E 58861 Amount of Bond 150 Bond Out Date \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.

Victim Notified of Advisory?  Yes  No Injuries to Victim?  Yes  No Medical Treatment to Victim?  Yes  No

The Court reviewed this complaint and finds there:  is probable cause  is not probable cause to detain defendant  Bond Action, if any: \_\_\_\_\_

The probable cause determination is passed for:  24 Hrs  24 Hrs on showing of extraordinary circumstances Received by Booking: 1/7/2020 4:12:48 AM

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

[Signature]  
 TREASURE ISLAND POLICE  
 Agency  
 OFFICER CANDICE BIERLEY T1233 311322536  
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
01/07/2020	BIERLEY	2 25.00		\$50.00
01/07/2020	STYLES	1 25.00		25
01/07/2020	LARRABEE	1 35.00		35
OTHER - Describe ADMIN COSTS				25
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No				TOTAL \$ 135.00

FILED  
 COURT ASSISTANCE  
 JAN - 7 AM 11:40  
 KEN BURKE  
 CLERK OF CIRCUIT COURT  
 PINELLAS COUNTY, FLORIDA

**Defendant** MORGAN, ABBAGALE KIMBERLY

**Court Case No:** 20-00264-MM-1

**ADVISORY AND SOLVENCY HEARING**

The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) 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.

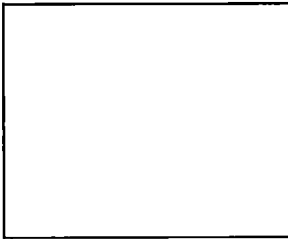
I FURTHER CERTIFY THAT:

- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

\_\_\_\_\_  
DATE AND TIME

\_\_\_\_\_  
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

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

\_\_\_\_\_  
DATE