

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

|                                                                                                                                                                                                         |                                |                                                                                                                            |                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                                                                                                                                  |                                | REPORT # <b>CW20-23972</b>                                                                                                 | DOCKET # <b>1830896</b>                                                                                                                              |
| Person ID <b>311475935</b>                                                                                                                                                                              |                                | SSN# <span style="background-color: black; color: black;">XXXXXXXXXX</span>                                                |                                                                                                                                                      |
| 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<br><b>DISORDERLY INTOXICATION (DISTURBANCE)</b>                                                                                                                                                  |                                | Court Case #<br><b>20-02256-MM-1</b>                                                                                       |                                                                                                                                                      |
| Defendant's Name (Last, First, Middle)<br><b>DESMITH, ALEC EDWIN</b>                                                                                                                                    |                                | DOB<br><b>04/29/1999</b>                                                                                                   | Sex <b>M</b> Race <b>W</b> Ht <b>509</b> Wt <b>160</b> Hair <b>BRO</b> Eyes <b>BRO</b> Skin <b>LGT</b>                                               |
| Alias                                                                                                                                                                                                   | DL # <b>D-253-005-99-149-0</b> | State <b>FL</b>                                                                                                            | Scars/Marks/Tattoos/Physical Features                                                                                                                |
| Local Address (Street, City, State, Zip Code)<br><b>1334 CHESAPEAKE ODESSA FL 33556</b>                                                                                                                 |                                | Telephone                                                                                                                  | Place of Birth <b>FL</b> Citizenship <b>YES</b>                                                                                                      |
| Permanent Address (Street, City, State, Zip Code)<br><b>1334 CHESAPEAKE ODESSA FL 33556</b>                                                                                                             |                                | Telephone                                                                                                                  | Employed by / School <b>NA</b>                                                                                                                       |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                               |                                | Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK | Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK                     |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                               |                                | DOB                                                                                                                        | Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><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 15 day of FEBRUARY, 2020, at approximately 11:41 PM, at 619 S GULFVIEW BLVD, in Pinellas County did:

**WAS THEN AND THERE INTOXICATED AND CAUSED A PUBLIC DISTURBANCE**

**SUBJECT WAS BEING EJECTED FROM SHEPHARD'S FOR BEING TOO INTOXICATED AND CAUSING A DISTURBANCE. HE WAS NOW ARGUING WITH SECURITY STAFF ON THE SIDEWALK IN FRONT OF THE BUSINESS. ARRESTING OFFICER WAS PARKED ACROSS THE STREET AT THE SPEEDWAY GAS STATION AND COULD HEAR THE SUBJECT YELLING "I'LL FUCKING COME BACK IN AGAIN AND YOU CANT DO ANYTHING ABOUT IT, I MAKE MORE MONEY THAN YOU DO." SEVERAL FAMILIES WERE WALKING ON THE SIDEWALK AT THIS TIME DURING THE BUSY HOLIDAY WEEKEND. STAFF STATED THIS WAS THE SECOND TIME HE WAS EJECTED TONIGHT.**

Contrary to Florida Statute/Ordinance 856.011

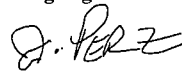
ARREST DATE: 2/15/2020 Time 11:41 PM, Aggravating/Mitigating Factors CB

Booking Officer: LEIPSKI 59118 Amount of Bond 100 Bond Out Date 2/16/20 Time NA ☐ 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: 2/16/2020 1:34:53 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.<br><br><div style="display: flex; justify-content: space-between;"> <div> <br/>           Declarant Signature<br/>           OFFICER JAMES PERZ 6380<br/>           Printed Name         </div> <div>           CLEARWATER POLICE DEPT.<br/>           Agency<br/>           01131152<br/>           Declarant ID#         </div> </div> |         | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</th> </tr> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR COST</th> </tr> <tr> <td>02/15/2020</td> <td>PERZ</td> <td>2 29.14</td> <td>\$58.28</td> </tr> <tr> <td colspan="4">OTHER – Describe _____</td> </tr> <tr> <td colspan="3">Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>TOTAL \$ <u>58.28</u></td> </tr> </table> | REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) |  |  |  | DATE | OFFICER | HOURS X PAY RATE | OR COST | 02/15/2020 | PERZ | 2 29.14 | \$58.28 | OTHER – Describe _____ |  |  |  | Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | TOTAL \$ <u>58.28</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|------|---------|------------------|---------|------------|------|---------|---------|------------------------|--|--|--|-----------------------------------------------------------------------------|--|--|-----------------------|
| REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |  |  |  |      |         |                  |         |            |      |         |         |                        |  |  |  |                                                                             |  |  |                       |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OFFICER | HOURS X PAY RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OR COST                                         |  |  |  |      |         |                  |         |            |      |         |         |                        |  |  |  |                                                                             |  |  |                       |
| 02/15/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PERZ    | 2 29.14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$58.28                                         |  |  |  |      |         |                  |         |            |      |         |         |                        |  |  |  |                                                                             |  |  |                       |
| OTHER – Describe _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |  |  |  |      |         |                  |         |            |      |         |         |                        |  |  |  |                                                                             |  |  |                       |
| Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TOTAL \$ <u>58.28</u>                           |  |  |  |      |         |                  |         |            |      |         |         |                        |  |  |  |                                                                             |  |  |                       |

**Defendant** DESMITH, ALEC EDWIN **Court Case No:** 20-02256-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.

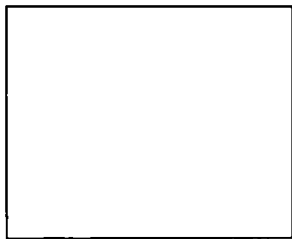
**I FURTHER CERTIFY THAT:**

- ☐ 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