UCN: 522020MM001519XXXXMM FL0520000

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

OBTS #	REPORT # SO20-35907	DOCKET # 1829367

Person ID 3335401 SSN# [redacted]

Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance | Traffic Citation # (if any) | Court Case #

Charge: BATTERY; SIMPLE | | 20-01519-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
DURHAM, ALEXIS JANE	07/22/1998	F	A	503	120	BRO	HAZ	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
LEXIE, LEX	D650-010-98-762-0		

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
4546 HUNTINGTON ST NE ST PETERSBURG FL 33703	727-504-5237	FL	US

Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School
4546 HUNTINGTON ST NE ST PETERSBURG FL 33703	727-504-5237	

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

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody
				☐Yes ☐No ☐Felony ☐Misdemeanor

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody
				☐Yes ☐No ☐Felony ☐Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 02 day of FEBRUARY, 2020,

at approximately 3:30 AM, at INTERSATE 275 SB/ 4TH ST N, in Pinellas County did:

DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE MIKELLA ALSTON AGAINST THE WILL OF MIKELLA ALSTON, AND DID CAUSE BODILY HARM. MIKELLA WAS STRUCK IN THE HEAD AND BODY AS SHE WAS DRIVING THE VEHICLE BY ALEXIS WHO WAS INTOXICATED IN THE PASSENGER SEAT.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 2/2/2020 Time 5:01 PM . Aggravating/Mitigating Factors SB

Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 500 Bond Out Date 02/02/20 Time 20:10 ☐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: 2/2/2020 6:02:06 PM

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.

Declarant Signature | PINELLAS COUNTY SHERIFF (Agency)

DEPUTY JOHN LORENZ 59968 (Printed Name) | 311206256 (Declarant ID#)

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)

DATE	OFFICER	HOURS X PAY RATE	OR	COST
02/02/2020	J LORENZ	2 25:00		$50.00

2020 FEB -3 AM 6:49

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
827301 Copies to:

Court

Defendant DURHAM, ALEXIS JANE **Court Case No:** 20-01519-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**