

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)	DURHAM, ALEXIS JANE			DOB	07/22/1998	Sex	F	Race	A	Ht	503	Wt	120	Hair	BRO	Eyes	HAZ	Skin	
Alias	LEXIE, LEX		DL #	D650-010-98-762-0		State	Scars/Marks/Tattoos/Physical Features												
Local Address (Street, City, State, Zip Code)	4546 HUNTINGTON ST NE ST PETERSBURG FL 33703					Telephone	727-504-5237		Place of Birth	FL		Citizenship	US						
Permanent Address (Street, City, State, Zip Code)	4546 HUNTINGTON ST NE ST PETERSBURG FL 33703					Telephone	727-504-5237		Employed by / School										
Weapon Seized Type	☐ Yes ☒ No			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 ☐ 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 INTERSTATE 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

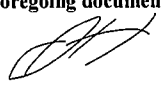
Booking Officer: GOODRICH, LISHA 58205 Amount of Bond 500 Bond Out Date 02/02/20 Time 20:19 a.m. ☐ p.m.

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
DEPUTY JOHN LORENZ 59968
Printed Name
PINELLAS COUNTY SHERIFF
Agency
311206256
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
DATE 02/02/2020 OFFICER J LORENZ HOURS X PAY RATE 2 25:00 OR COST \$50.00
67-9 HW 3-8310202
2020 FEB -3 AM 5:49
OTHER - Describe
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$50.00

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.

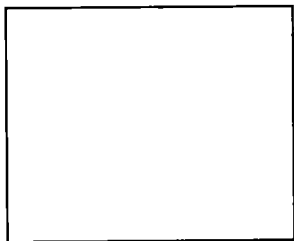
I FURTHER CERTIFY THAT:

- ☐ 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