UCN: 522019MM019527XXXXMM FL0520300

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

OBTS #		REPORT # CW19-186001	DOCKET # 1823696
Person ID 310678254		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DISORDERLY INTOXICATION (DISTURBANCE)			19-19527-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
CASEY, AMY MARIE	08/31/1984	F	W	507	130	BLN	HAZ	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	SC930573	OH	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
642 WELLS CT CLEARWATER FL 33765		AZ	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
642 WELLS CT CLEARWATER FL 33765			

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 08 day of DECEMBER, 2019,

at approximately 12:24 AM, at 483 MANDALAY, in Pinellas County did:

WAS THEN AND THERE INTOXICATED AND CAUSED A PUBLIC DISTURBANCE, TO-WIT: DEF WHO IS HEAVILY INTOXICATED, MADE MULTIPLE STATEMENTS THAT SHE HAD A FIREARM IN HER BAG AND THREATENED MULTIPLE PEOPLE. THE VICTIMS LEFT THE AREA WHILE SHE WAS BEING DETAINED. DEF WAS NOT IN POSSESSION OF FIREARM WHEN SEARCHED.

FILED
COURT ASSISTANCE
2019 DEC -8 AM 11:58
KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER

Contrary to Florida Statute/Ordinance 856.011.

ARREST DATE: 12/8/2019 Time 12:38 AM . Aggravating/Mitigating Factors

Booking Officer: MAGGIO, K 57191 Amount of Bond 100 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: 12/8/2019 2:11:22 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.

Declarant Signature	Agency
	CLEARWATER POLICE DEPT.
OFFICER JUSTIN HENNIS 9065	310501484
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

COCR59 (Revised 10/2014)
817160 Copies to:

Court

Defendant CASEY, AMY MARIE **Court Case No:** 19-19527-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