

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

OBTS #	REPORT # GP20-10199		DOCKET # 1837076	
Person ID 311518720	SSN# [REDACTED]			
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #	
Charge ASSAULT; AGGRAVATED (DOMESTIC)			20-04438-CF-1	
Defendant's Name (Last, First, Middle) BROWN, ANDIENNE ELIZABETH	DOB 01/05/1962	Sex F	Race W	Ht 507
		Wt 140	Hair GRY	Eyes BRO
Alias	DL # B-650-005-62-505-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2900 45TH ST S GULFPORT FL 33707	Telephone 713-312-7900	Place of Birth TX	Citizenship USA	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School ANUNI FINANCIAL		
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 12 day of MAY, 2020,

at approximately 6:30 AM, at 2900 45TH ST S #25, in Pinellas County did:

DID THEN AND THERE INTENTIONALLY AND UNLAWFULLY THREATEN TO DO VIOLENCE TO LINDIE DEFFORD WHILE HAVING THE APPARENT ABILITY TO CARRY OUT SAID THREAT AND DID CREATE A WELL FOUNDED FEAR IN (ENTER VICTIM NAME) THAT SUCH VIOLENCE WAS IMMINENT AND IN THE COMMISSION OF SAID ASSAULT DID USE A DEADLY WEAPON, TO-WIT: A KITCHEN KNIFE, A BETTER DESCRIPTION OF WHICH TO THE STATE ATTORNEY IS UNKNOWN, BY ENTERING THE ROOM THE VICTIM WAS UP AND STARTED SLASHING ITEMS IN THE BEDROOM WITH THE KITCHEN KNIFE THE DEFENDANT AT THE TIME OF THE ASSAULT NOT HAVING THE INTENT TO KILL LINDIE DEFFORD.

THE DEF AND THE VICTIM LIVED TOGETHER FROM A PRIOR DOMESTIC RELATIONSHIP THAT HAD RECENTLY ENDED. THIS MORNING THE DEF STARTED A VERBAL ALTERCATION WITH THE VICTIM DURING WHICH SHE ARMED HERSELF WITH A KITCHEN KNIFE AND PROCEEDED TO THE BEDROOM WHERE THE VICTIM WAS STAYING. THE DEF THEN STARTED SLICING UP THE BED AND MATTRESS IN THE ROOM WHICH THE DEF ADMITTED WAS AN ATTEMPT TO INTIMIDATE THE VICTIM INTO LEAVING BECAUSE SHE NO LONGER WANTED HER IN THE CONDO. AFTER THE DEF LEFT THE BEDROOM, THE VICTIM CLOSED THE DOOR AND LOCKED IT BUT DEF ATTEMPTED TO FORCE HER WAY INTO THE BEDROOM CLAIMING THE VICTIM HAD STOLEN HER PHONE.

Contrary to Florida Statute/Ordinance 784.021.1A

\$500

ARREST DATE: 5/12/2020 Time 7:29 AM

Aggravating/Mitigating Factors

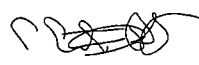
Booking Officer: DARGINIO, E 57371 Amount of Bond NONE Bond Out Date _____ Time _____ ☐ a.m. ☐ p.m.

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: 5/12/2020 8:59:17 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 _____
 OFFICER CHRISTOPHER PRIEST G596 02505351
 Printed Name _____
 Agency _____
 Declarant ID# _____

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
 DATE 05/12/2020 OFFICER PRIEST HOURS X PAY RATE 6 35.00 COST \$210.00
 OTHER – Describe _____
 Continuation sheet ☐ Yes ☐ No TOTAL \$210.00

Defendant BROWN, ANDIENNE ELIZABETH

Court Case No: 20-04438-CF-1

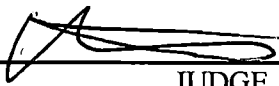
ADVISORY AND SOLVENCY HEARING

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:

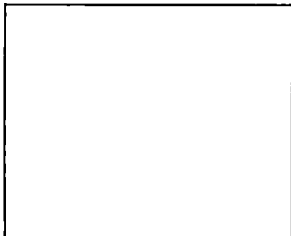
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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