

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

OBTS #	REPORT # <b>SP2020-012928</b>				DOCKET # <b>1834828</b>													
Person ID	<b>311503547</b>				SSN#	[REDACTED]												
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)		Court Case #										
Charge	<b>BATTERY; DOMESTIC</b>						<b>20-04287-MM-1</b>											
Defendant's Name (Last, First, Middle)	<b>TEETERS, APRIL LEIGH</b>		DOB	<b>04/14/1978</b>	Sex	<b>F</b>	Race	<b>W</b>	Ht	<b>504</b>	Wt	<b>160</b>	Hair	<b>BRO</b>	Eyes	<b>BRO</b>	Skin	
Alias	DL #	<b>T362-012-78-634-0</b>		State	<b>FL</b>				Scars/Marks/Tattoos/Physical Features									
Local Address (Street, City, State, Zip Code)				Telephone		Place of Birth		Citizenship										
<b>431 80TH AVE N ST PETERSBURG FL 33713</b>				<b>8593585167</b>		<b>KENTUCKY</b>		<b>US</b>										
Permanent Address (Street, City, State, Zip Code)				Telephone		Employed by / School												
<b>431 80TH AVE N ST PETERSBURG FL 33713</b>				<b>8593585167</b>		<b>MOSAIC</b>												
Weapon Seized Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence	<input checked="" type="checkbox"/> Y <input 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								
									<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								
									<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 01 day of APRIL, 2020, at approximately 12:16 AM, at 431 80TH AVE N, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE TY JACKSON, HER BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF TY JACKSON, TO-WIT:

THE DEF AND VICTIM ARE IN A DOMESTIC RELATIONSHIP. THE DEF STRUCK THE VICTIM WITH A CLOSED FIST LEAVING RED MARKS ON THE LEFT SIDE OF THE VICTIM'S FACE.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 4/1/2020 Time 12:51 AM Aggravating/Mitigating Factors DOMESTIC  
 Booking Officer: LEIPSKI 59118 Amount of Bond ZERO 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: 4/1/2020 1:58:48 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.  
*Jessica Finley*  
 Declarant Signature \_\_\_\_\_ Agency ST. PETERSBURG POLICE  
 OFFICER JESSICA FINLEY 48633 311351707  
 Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE 04/01/2020 OFFICER J.FINLEY HOURS X PAY RATE 2 25.00 OR COST \$50.00  
 2020 APR -1 PM 12:35  
 OTHER - Describe \_\_\_\_\_ COURT ASSISTANCE  
 Continuation sheet  Yes  No TOTAL \$50.00

**Defendant** TEETERS, APRIL LEIGH

**Court Case No:** 20-04287-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.

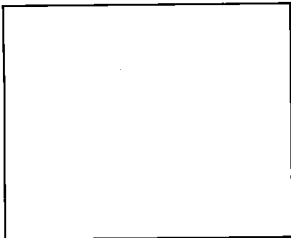
I FURTHER CERTIFY THAT:

- 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.

4.1.20  
DATE AND TIME

William H. Bengross, III  
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