

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

OBTS #	REPORT # SO20-148557		DOCKET # 1838665	
Person ID 311526532	SSN# 000-00-0000			
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 UNLAWFUL ASSEMBLY			20-06811-MM-1	
Defendant's Name (Last, First, Middle) PALESE, BIANCA SIMMONE	DOB 02/23/1999	Sex F	Race W	Ht 100
		Wt 508	Hair BLN	Eyes BRO
Alias	DL # P-420-077-99-563-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 5951 BURLINGTON AVE N ST ST PETERSBURG FL 33710	Telephone	Place of Birth FL	Citizenship USA	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School		
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 type="checkbox"/> Y <input checked="" 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 31 day of MAY, 2020

at approximately 11:30 PM, at 1301 1ST AVE N, in Pinellas County did:

DID MEET TOGETHER WITH TWO OR MORE OTHERS TO COMMIT A BREACH OF THE PEACE OR TO DO ANY OTHER LAWFUL ACT.

THE DEFENDANT WAS SEEN WITH OTHER SUBJECTS AT THE ST PETERSBURG POLICE DEPARTMENT HEADQUARTERS YELLING AND SHOUTING AT ST PETE POLICE OFFICERS AND DEPUTIES. THE DEFENDANT ALONG WITH ALL INDIVIDUALS INVOLVED WERE TOLD TO LEAVE NUMEROUS TIMES SINCE THERE WAS AN ASSEMBLY. AS THE DEFENDANT WAS WALKING AWAY, SHE BRIEFLY STOPPED AND REFUSED TO CONTINUE WALKING AWAY.

Contrary to Florida Statute/Ordinance 870.02

ARREST DATE: 5/31/2020 Time 11:30 PM . Aggravating/Mitigating Factors U/ROR

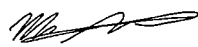
Booking Officer: GUGLIOTTA, A 54151 Amount of Bond 250*** Bond Out Date 06/01/20 Time N/A a.m. p.m.

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: 6/1/2020 12:56:28 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.



 PINELLAS COUNTY SHERIFF
 Declarant Signature Agency
 DEPUTY MICHAEL KRLIN 58068 03169315
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/31/2020	KRLIN	1 29.14		\$29.14
OTHER - Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No				
TOTAL \$ 29.14				

60:01 NW 1 - HTP 8702
 DETS

Defendant PALESE, BIANCA SIMMONE **Court Case No:** 20-06811-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.

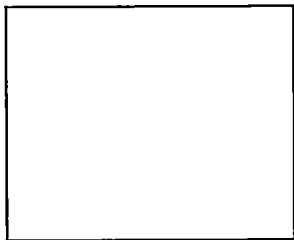
I FURTHER CERTIFY THAT:

- 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