

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

OBTS #	REPORT # PP2020-30887				DOCKET # 1837134													
Person ID	311499085			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	DOMESTIC BATTERY						20-05870-MM-1											
Defendant's Name (Last, First, Middle)	BERNIER, BRANDON			DOB	10/07/1991	Sex	M	Race	W	Ht	508	Wt	135	Hair	BRO	Eyes	GRN	Skin
Alias	DL # NHN10516714			State	NH	Scars/Marks/Tattoos/Physical Features												
Local Address (Street, City, State, Zip Code)	TRANSIENT					Telephone	Place of Birth	NH		Citizenship	US							
Permanent Address (Street, City, State, Zip Code)	TRANSIENT					Telephone	Employed by / School			N/A								
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 12 day of MAY, 2020

at approximately 11:23 PM, at 8001 US HWY 19 N, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE AMBER VEINOTTE, HIS GIRLFRIEND AND CO-HABITANT, AGAINST THE WILL OF AMBER VEINOTTE, TO WIT: STRUCK HER IN THE FACE WITH A CLOSED FIST AND PUSHED HER MULTIPLE TIMES.

THE DEFENDANT WAS UPSET WITH THE VICTIM OVER SPEAKING WITH ANOTHER MALE. THE DEFENDANT DID THEN PUSH THE VICTIM AND ATTEMPTED TO TAKE HER PHONE OUT OF HER HANDS. THE VICTIM ADVISED THE TWO WERE ARGUING JUST BEFORE THEY ARRIVED AT THE LOCATION AND HE STRUCK HER IN THE FACE WITH A CLOSED FIST. THE VICTIM HAD SEVERAL BRUISES ON HER ARMS AND A BRUISED AND SWOLLEN NOSE.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 5/12/2020 Time 11:40 PM . Aggravating/Mitigating Factors

Booking Officer: SEAY, E 58861 Amount of Bond NO BOND Bond Out Date Time 7:05 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: 5/13/2020 12:42:40 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.

M Seaward

Declarant Signature PINELLAS PARK POLICE Agency

OFFICER MORGANA SEAWARD 515 02571057 Printed Name Declarant ID#

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

DATE OFFICER HOURS X PAY RATE OR COST 05/12/2020 M. SEAWARD #515 2 25.00 \$50.00

OTHER - Describe Continuation sheet Yes No TOTAL \$ 50.00

FILED COURT ASSISTANT 2020 MAY 13 9H 7:05

Defendant BERNIER, BRANDON

Court Case No: 20-05870-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:

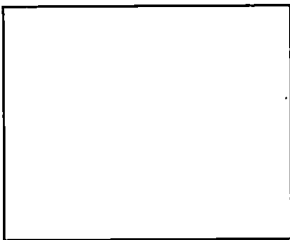
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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