

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

OBTS #	REPORT # <b>SO20-152897</b>		DOCKET # <b>1839033</b>	
Person ID <b>2837541</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>20-07085-MM-1</b>	
Defendant's Name (Last, First, Middle) <b>WESTLEY, BROOKE ALICIA-MARIE</b>	DOB <b>10/11/1989</b>	Sex <b>F</b>	Race <b>W</b>	Ht <b>505</b>
		Wt <b>180</b>	Hair <b>BLN</b>	Eyes <b>HAZ</b>
		Skin <b>LGT</b>	Scars/Marks/Tattoos/Physical Features	
Alias	DL # <b>W234-061-89-871-0</b>	State <b>FL</b>		
Local Address (Street, City, State, Zip Code) <b>244 ST. IVES DR PALM HARBOR FL 34684</b>	Telephone <b>727-687-0275</b>	Place of Birth <b>FL</b>	Citizenship <b>USA</b>	
Permanent Address (Street, City, State, Zip Code) <b>244 ST. IVES DR PALM HARBOR FL 34684</b>	Telephone <b>727-687-0275</b>	Employed by / School		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 06 day of JUNE, 2020,

at approximately 1:15 AM, at 244 ST. IVES DR PALM HARBOR FL, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE HER BIOLOGICAL MOTHER, AND CO-HABITANT, AGAINST THE WILL OF THE MOTHER, TO-WIT: BY USING HER FIST TO PUSH IT INTO THE VICTIM'S CHEST CAUSING HER TO FALL TO THE FLOOR.

THE DEFENDANT AND THE VICTIM RESIDE TOGETHER AT THE OCCURRED LOCATION. THE VICTIM AND DEFENDANT WERE ENGAGED IN AN ARGUMENT OVER A PURSE. DURING THIS ARGUMENT, THE DEFENDANT USED HER FIST TO PUSH THE DEFENDANT IN THE CHEST CAUSING HER TO FALL TO THE FLOOR. VICTIM HAD REDNESS ON HER RIGHT KNEE FROM THE FALL. THIS WAS WITNESSED BY THE SON OF THE VICTIM.

*WV wants NCWV alcohol issues*

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 6/6/2020 Time 2:24 AM . Aggravating/Mitigating Factors DOMESTIC

Booking Officer: SEAY, E 58861 Amount of Bond ~~NO BOND~~ \$500 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: 6/6/2020 4:32:06 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.

*C. Naull*

PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DEPUTY C NAULT 54241

01755636

Printed Name

Declarant ID#

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

DATE	OFFICER	HOURS	X PAY RATE	OR	COST
06/06/2020	NAULT	1.5	25.00		\$37.50
06/06/2020	DAVIDSON	1	25.00		25

OTHER - Describe

Continuation sheet  Yes  No TOTAL \$ \$62.50

**Defendant** WESTLEY, BROOKE ALICIA-MARIE

**Court Case No:** 20-07085-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.

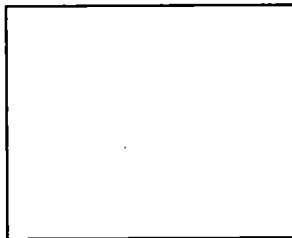
I FURTHER CERTIFY THAT:

- 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.

6/7/2020  
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