

IDA VIT - CIRCUIT/COUNTY COURT - PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # <b>SO20-78529</b>	DOCKET # <b>1833564</b>
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Person ID <b>311491997</b>	SSN#
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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 #
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Charge <b>WARRANT ARREST (DUI)</b>	<b>20-01876-OC-MM-1</b>
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Defendant's Name (Last, First, Middle) <b>EBANKS, CANYON GARRETT</b>	DOB <b>07/07/1994</b>	Sex <b>M</b>	Race <b>W</b>	Ht <b>601</b>	Wt <b>207</b>	Hair <b>BRO</b>	Eyes <b>BRO</b>	Skin <b>FAR</b>
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Alias	DL # <b>E152-107-94-247-0</b>	State	Scars/Marks/Tattoos/Physical Features
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Local Address (Street, City, State, Zip Code) <b>1907 PEPPERTREE DR OLDSMAR FL 34677</b>	Telephone <b>727-512-6999</b>	Place of Birth <b>FL</b>	Citizenship <b>US</b>
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Permanent Address (Street, City, State, Zip Code) <b>1907 PEPPERTREE DR OLDSMAR FL 34677</b>	Telephone <b>727-512-6999</b>	Employed by / School
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Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Indication of Alcohol Influence Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
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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
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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
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The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 11 day of MARCH, 2020

at approximately 11:24 AM, at 1907 PEPPERTREE DR, in Pinellas County did:

**HILLSBOROUGH COUNTY WARRANT  
ARREST ON WARRANT/CAPIAS # 20CT000322**

**I HAVE NO KNOWLEDGE OF THIS CASE**

**BOND: UNKNOWN**

**ISSUE DATE: 03/10/2020**

**FILED**  
 COURT ASSISTANCE  
 2020 MAR 12 AM 7:09  
 KEN EURIKE  
 CLERK OF CIRCUIT COURT  
 AND COMPTROLLER

Contrary to Florida Statute/Ordinance 316.193

ARREST DATE: 3/11/2020 Time 12:05 PM Aggravating/Mitigating Factors

Booking Officer: CARLSON 57027 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: 3/11/2020 1:35:12 PM

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.

*Jennifer Sittloh*  
 PINELLAS COUNTY SHERIFF  
 Declarant Signature Agency  
 DEPUTY JENNIFER SITTLOH 59879 311143033  
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)			
DATE	OFFICER	HOURS X PAY RATE	OR COST
03/11/2020	J.SITTLOH	1 25.00	\$25.00

OTHER - Describe  
 Continuation sheet  Yes  No TOTAL \$ 25.00

**Defendant** EBANKS, CANYON GARRETT

**Court Case No:** 20-01876-OC-MM-1

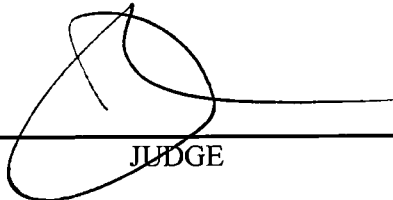
**ADVISORY AND SOLVENCY HEARING**

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.

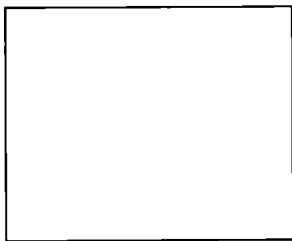
**I FURTHER CERTIFY THAT:**

- 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