UCN: 522019MM018992XXXXMM FL0521900

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

OBTS #		REPORT # TI19-20330	DOCKET # 1822455
Person ID 311429422		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case # 19-18992-MM-1
Charge BATTERY; DOMESTIC			

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
RIDENOUR, CARRIE A	04/01/1977	F	W	501	135	BLN	BLU	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	150770614	CO	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
3661 MOUNT POWELL DR BROOMFIELD CO 80023	9135264955	KS	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
3661 MOUNT POWELL DR BROOMFIELD CO 80023	9135264955		

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☒ ☐	☐ ☒ ☐	☐ ☒ ☐

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor**

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 26 day of NOVEMBER, 2019,

at approximately 12:00 AM, at 9980 GULF BLVD UNIT 615, TREASURE ISLAND,FL33706, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE (THOMAS EDWARD RIDENOUR), HER HUSBAND AND CO-HABITANT, AGAINST THE WILL OF (THOMAS EDWARD RIDENOUR), TO-WIT: (PUNCHED 1 TIME IN VICTIMS NECK. GRABBED VICTIMS RIGHT ARM CAUSING INJURY).

ON OCCURRED DATE, TIME AND LOCATION, DEF CALLED OFFICERS REFERENCE A DOMESTIC- NOT IN PROGRESS. UPON ARRIVAL, OFFICERS MADE CONTACT WITH THE DEF WHO ADVISED WHEN SHE GOT HOME FROM THE BAR, HER HUSBAND (VICTIM) WAS BEING VERBAL. DEF DID NOT WANT TO TELL OFFICERS IF THERE WAS ANY PHYSICAL CONTACT. DEF APPEARED INTOX AND DID NOT WANT TO PROVIDE MORE INFORMATION. OFFICERS MADE CONTACT WITH THE VICTIM AND WAS TOLD WHEN THE DEF ARRIVED HOME AT 0000 HOURS, WHILE IN THE KITCHEN WITH HIS DAUGHTER AND DAUGHTER'S FRIENDS, DEF GOT UPSET SHE WAS LEFT BEHIND AT THE BAR. DEF THEN PUNCHED THE VICTIM ONE TIME ON THE LEFT SIDE OF HIS NECK. VICTIMS DAUGHTER, ATTEMPTED TO SEPARATE BOTH OF THEM. DEF THEN ATTACKED THE DAUGHTER. VICTIM THEN ATTEMPTED TO SEPARATE HIS DAUGHTER FROM THE VICTIM. DEF THEN GRABBED ONTO THE VICTIMS RIGHT ARM NEAR HIS WRIST CAUSING A SMALL LACERATION.

VICTIM REFUSED MEDICAL. NO PRIOR BATTERY CONVICTIONS FOR DEF.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 11/26/2019 Time 12:49 AM . Aggravating/Mitigating Factors

Booking Officer: MAGGIO, K 57191 Amount of Bond ZERO Bond Set Date Time ☐a.m. ☐p.m.

Victim Notified of Advisory? YYes ☐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 11/26/2019 3:19:46 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.

Declarant Signature	Agency
	TREASURE ISLAND POLICE
OFFICER RAFAEL SANCHEZ TI234	310340368
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
11/26/2019	SANCHEZ	2	24.00	$48.00
11/26/2019	PREMRU	2	25.00	50
11/26/2019	LARRABEE	1	35.00	35
11/26/2019	STYLES	1	24	24
OTHER – Describe ADMIN				25
Continuation sheet ☐Yes ☐No			TOTAL	$ $182.00

COCR59 (Revised 10/2014)
814800 Copies to:

Court

Defendant RIDENOUR, CARRIE A **Court Case No:** 19-18992-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**

UCN: 522019MM018992XXXXMM FL0521900

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

OBTS #		REPORT # TI19-20330	DOCKET # 1822455
Person ID 311429422		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; DOMESTIC			19-18992-MM-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
RIDENOUR, CARRIE A	04/01/1977	F	W	501	135	BLN	BLU	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	150770614	CO	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
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Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
3661 MOUNT POWELL DR BROOMFIELD CO 80023	9135264955		

Weapon Seized Type	Indication of Drug Influence Y N UNK	Indication of Mental Health Issues Y N UNK	Indication of Alcohol Influence Y N UNK
☐Yes ☒No	☐ ☒ ☐	☐ ☒ ☐	☐ ☒ ☐

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor**

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 26 day of NOVEMBER, 2019,

at approximately 12:00 AM, at 9980 GULF BLVD UNIT 615, TREASURE ISLAND,FL33706 in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE (KIRA KATHERYN RIDENOUR), HER STEP DAUGHTER AND CO-HABITANT, AGAINST THE WILL OF (KIRA KATHERYN RIDENOUR), TO-WIT: (SLAPPED HER ONE TIME ON HER RIGHT SIDE OF HER FACE. PULLED VICTIMS HAIR).

ON OCCURRED DATE, TIME AND LOCATION, DEF CALLED OFFICERS REFERENCE A DOMESTIC- NOT IN PROGRESS. UPON ARRIVAL, OFFICERS MADE CONTACT WITH THE DEF WHO ADVISED WHEN SHE GOT HOME FROM THE BAR, HER HUSBAND WAS BEING VERBAL. DEF DID NOT WANT TO TELL OFFICERS IF THERE WAS ANY PHYSICAL CONTACT. DEF APPEARED INTOX AND DID NOT WANT TO PROVIDE MORE INFORMATION. OFFICERS MADE CONTACT WITH THE VICTIM AND WAS TOLD WHEN THE DEF ARRIVED HOME AT 0000 HOURS, WHILE IN THE KITCHEN WITH HER FATHER, DEF WAS UPSET SHE WAS LEFT AT THE BAR. DEF BEGAN TO ATTACK THE VICTIMS FATHER. VICTIM ATTEMPTED TO SEPARATE THE DEF AND HER FATHER. DEF THEN SLAPPED THE VICTIM ONE TIME ON THE RIGHT SIDE OF HER FACE. DEF THEN GRABBED THE VICTIMS HAIR PULLING HER TOWARD THE GROUND. THE VICTIMS FATHER WAS THEN ABLE TO SEPARATE BOTH.

VICTIM REFUSED MEDICAL. NO PRIOR BATTERY CONVICTIONS FOR DEF.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 11/26/2019 Time 12:49 AM. Aggravating/Mitigating Factors

Booking Officer: MAGGIO, K 57191 Amount of Bond ZERO Bond Out Date Time ☐a.m. ☐p.m.

Victim Notified of Advisory? Y 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: 11/26/2019 3:19:56 AM

FILED
2019 NOV 26 AM 5
KEN BURKE
CLERK OF CIRCUIT COURT
ASSISTANT

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.

R S S

Declarant Signature

TREASURE ISLAND POLICE
Agency

OFFICER RAFAEL SANCHEZ TI234
Printed Name

310340368
Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
11/26/2019	SANCHEZ	2	24		
11/26/2019	PREMRU	2	25.00		
11/26/2019	LARRABEE	1	35.00		
11/26/2019	STYLES	1	24		

OTHER – Describe ADMIN 25

Continuation sheet ☐Yes ☐No TOTAL $ $25.00

COCR59 (Revised 10/2014)
814803 Copies to:

Court

Defendant RIDENOUR, CARRIE A **Court Case No:** 19-18992-MM-2

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.
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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**