

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

OBTS #	REPORT # <b>SO20-74794</b>		DOCKET # <b>1833214</b>															
Person ID	<b>311489405</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>DISORDERLY INTOXICATION (DISTURBANCE)</b>					<b>20-03309-MM-1</b>												
Defendant's Name (Last, First, Middle)	<b>DUBOIS, CLIFFORD CHARLES</b>		DOB	<b>04/07/1976</b>	Sex	<b>M</b>	Race	<b>W</b>	Ht	<b>510</b>	Wt	<b>180</b>	Hair	<b>BRO</b>	Eyes	<b>BRO</b>	Skin	<b>FAR</b>
Alias	DL #	<b>D-120-103-76-127-0</b>		State	<b>FL</b>													
Local Address (Street, City, State, Zip Code)						Telephone		Place of Birth		Citizenship								
<b>5928 SW 114 TH AVE COOPER CITY FL 33330</b>								<b>FLORIDA</b>		<b>YES</b>								
Permanent Address (Street, City, State, Zip Code)						Telephone		Employed by / School										
<b>5928 SW 114 TH AVE COOPER CITY FL 33330</b>								<b>REFUSED</b>										
Weapon Seized Type			Indication of Drug Influence			Indication of Mental Health Issues			Indication of Alcohol Influence									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			<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									
Co-Defendant's Name (Last, First, Middle)						DOB	Sex	Race	In Custody									
									<input type="checkbox"/> Yes <input type="checkbox"/> No									

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 08 day of MARCH, 2020, at approximately 12:39 AM, at 5300 GULF BLVD, in Pinellas County did:

WAS THEN AND THERE INTOXICATED AND CAUSED A PUBLIC DISTURBANCE, TO-WIT: DEF WAS CAUSING A DISTURBANCE AROUND THE HOTEL BAR WHEN SECURITY ADVISED FOR SAID SUBJECT TO LEAVE. THE DEF STARTED TO LEAVE THE PROPERTY BUT THEN CAME BACK TO THE FRONT DESK CURSING AND CAUSING A SCENE.

UPON DEPUTY ARRIVAL THE DEF WAS ON THE FLOOR WITH SECURITY YELLING. THE DEF HAD BLOOD SHOT WATERY EYES AND THE DISTINCT SCENT OF A ALCOHOLIC BEVERAGE ADMITTING FROM HIS BREATH.

Contrary to Florida Statute/Ordinance 856.011.

ARREST DATE: 3/8/2020 Time 12:49 AM . Aggravating/Mitigating Factors CB

Booking Officer: HUSTON 59305 Amount of Bond 100 Bond Out Date 03/08/20 Time 07:23 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: 3/8/2020 4:45:49 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.

Brian Overton  
 PINELLAS COUNTY SHERIFF  
 Declarant Signature Agency  
 DEPUTY BRIAN OVERTON 58376 03038561  
 Printed Name Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
03/08/2020	OVERTON	1 25.00		\$25.00
2020 MAR -9 AM 11:12				
OTHER - Describe TRANSPORT				50
Continuation sheet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				TOTAL \$ 75.00

**Defendant** DUBOIS, CLIFFORD CHARLES **Court Case No:** 20-03309-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.

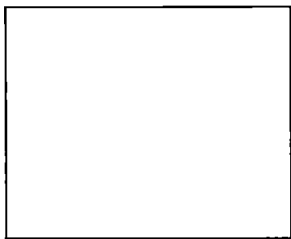
I FURTHER CERTIFY THAT:

- 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