

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

OBTS #	REPORT # SO20-150256				DOCKET # 1838826														
Person ID	311527957			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	UNLAWFUL ASSEMBLY					20-06947-MM-1													
Defendant's Name (Last, First, Middle)	MATTSON, CORDAE			DOB	06/13/1997	Sex	F	Race	W	Ht	506	Wt	130	Hair	BRO	Eyes	BRO	Skin	LGT
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features																
Local Address (Street, City, State, Zip Code)						Telephone	Place of Birth	Citizenship											
345 5TH AVE N APT. 7 ST PETERSBURG FL 33701							NY	USA											
Permanent Address (Street, City, State, Zip Code)						Telephone	Employed by / School												
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			<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 02 day of JUNE, 2020, at approximately 11:53 PM, at CENTRAL / 13TH ST, in Pinellas County did: **DID MEET TOGETHER WITH THREE OR MORE OTHERS TO COMMIT A BREACH OF THE PEACE OR TO DO ANY OTHER LAWFUL ACT.**

DEFENDANT, WAS OUTSIDE SPPD WHEN AN ORDER WAS GIVEN TO DISPERSE AT 2348 HOURS (6/2/20) FOR UNLAWFUL ASSEMBLY. DEF DID NOT LEAVE WHEN ORDERED, AND WAS GIVEN AMPLE TIME TO DO SO. DEFENDANT WAS SUBSEQUENTLY ARRESTED WITHOUT ISSUE.

NO BOND ISSUED PER JUDGE RONDOLINO.

Contrary to Florida Statute/Ordinance 870.02

ARREST DATE: 6/2/2020 Time 11:53 PM . Aggravating/Mitigating Factors _____

Booking Officer: LEIPSKI 59118 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: 6/3/2020 2:30:03 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 SERGEANT MITCHELL GRISSINGER 54836 Printed Name	Agency PINELLAS COUNTY SHERIFF 2020 JUN 3 - 1100 0707 COURT ASSISTANT	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 06/02/2020 OFFICER M. GRISSINGER HOURS X PAY RATE 2 25.00 OR COST \$50.00
	OTHER - Describe _____ Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 50.00	

Defendant MATTSON, CORDAE

Court Case No: 20-06947-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:

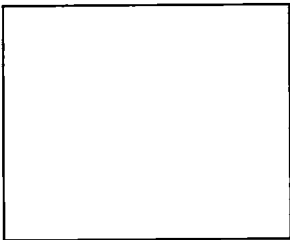
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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