

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

OBTs #		REPORT # SO21-77401		DOCKET # 1859526	
Person ID 3039910			SSN# [REDACTED]		
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance			Traffic Citation # (if any)		Court Case #
Charge WARRANT ARREST FTA NO MOTOR VEHICLE REGISTRATION					21-01027-OC-MM-1
Defendant's Name (Last, First, Middle) SCOTT, DEIDRE RENEE		DOB 08/13/1990	Sex F	Race W	Ht 506
Wt 130		Hair BLN	Eyes BLU	Skin LGT	
Alias	DL # S300176907930	State FL	Scars/Marks/Tattoos/Physical Features MULTIPLE		
Local Address (Street, City, State, Zip Code) 2278 PALMETTO DR CLEARWATER FL 33763		Telephone 7274246828	Place of Birth FL		Citizenship US
Permanent Address (Street, City, State, Zip Code) 2278 PALMETTO DR CLEARWATER FL 33763		Telephone 7274246828	Employed by / School NA		
Weapon Seized Type ☐ Yes ☒ No		Indication of Drug Influence ☐ Y ☒ N ☐ UNK		Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK	
		Indication of Alcohol Influence ☐ Y ☒ N ☐ UNK			
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 25 day of MARCH, 2021, at approximately 9:37 AM, at BELCHER RD/SR580, in Pinellas County did:

PASCO COUNTY WARRANT #2019CT001070CTAXWS FTA NO MOTOR VEHICLE REGISTRATION

BOND-513.00

ISSUE DATE-09-17-2020

I HAVE NO KNOWLEDGE OF THIS CASE

Contrary to Florida Statute/Ordinance 320.07(3)(B).

ARREST DATE: 3/25/2021 Time 9:37 AM . Aggravating/Mitigating Factors _____

Booking Officer: COLBASSANI, C 59312 Amount of Bond 513. Bond Out Date 03/25/21 Time SB 19:44 ☐ 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: 3/25/2021 1:12:57 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.

[Signature]
PINELLAS COUNTY SHERIFF
Declarant Signature Agency
DEPUTY CAROLYN TARSITANO 54716 02011212
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
DATE OFFICER HOURS X PAY RATE OR COST

OTHER – Describe _____
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$0.00

FILED
 COURT ASSISTANCE
 2021 MAR 25 AM 11:12
 KEN AUBRE
 CLERK OF DISTRICT COURT
 AND COUNTY CLERK

Defendant SCOTT, DEIDRE RENEE

Court Case No: 21-01027-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.

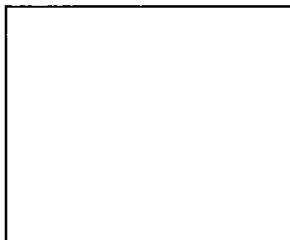
I FURTHER CERTIFY THAT:

- ☐ 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