

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

OBTS #	REPORT # 2020-010634		DOCKET # 1833757	
Person ID	311492955		SSN# [REDACTED]	
Charge Description	Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance <input type="checkbox"/>	Traffic Citation # (if any)		Court Case #
Charge	BATTERY; DOMESTIC		20-03609-MM-1	
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht
WELLS III, DOUGLAS JOHN	06/05/1998	M	W	510
Wt	Hair	Eyes	Skin	
205	BRO	BLU	FAR	
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features	
	058649774	GA		
Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship	
4060 NORTHRIDGE DRIVE CUMMING GA 30040-1721	7703788320	GEORGIA	USA	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School		
4060 NORTHRIDGE DRIVE CUMMING GA 30040-1721	7703788320	UNEMPLOYED		
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	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 12 day of MARCH, 2020, at approximately 11:13 PM, at 1ST AVE N/8TH ST N, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE PEYTON NOELLE LYNCH, HIS GIRLFRIEND AND CO-HABITANT, AGAINST THE WILL OF PEYTON NOELLE LYNCH, TO-WIT: GRABBING THE VICTIM'S PHONE THAT WAS STILL IN HER HAND AND THEN SLAMMING THE PHONE INTO THE SIDE OF HER FACE REPEATEDLY, LEAVING VISIBLE RED MARKINGS ON THE VICTIM'S FACE.

THE DEFENDANT GRABBED THE VICTIM'S PHONE THAT WAS STILL IN HER HAND AND THEN SLAMMED THE PHONE INTO THE RIGHT SIDE OF HER FACE REPEATEDLY. THIS LEFT VISIBLE RED MARKINGS ON THE VICTIM'S FACE WHICH WERE DOCUMENTED. THE DEFENDANT AND THE VICTIM HAVE BEEN IN A RELATIONSHIP FOR 2 YEARS.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/13/2020 Time 12:09 AM Aggravating/Mitigating Factors

Booking Officer: PASKALAKIS, B 59541 Amount of Bond ZERO Bond Out Date 3/13/2020 2:37:59 AM Time 12:09 AM 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

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.

W Thomas
 Declarant Signature ST. PETERSBURG POLICE
 Agency
OFFICER WILLIAM THOMAS 48635
 Printed Name 311351814
 Declarant ID#

DATE	OFFICER	HOURS X PAY RATE	OR COST
03/13/2020	W. THOMAS	2 25.00	\$50.00

OTHER - Describe
 Continuation sheet Yes No TOTAL \$ 50.00

Defendant WELLS III, DOUGLAS JOHN

Court Case No: 20-03609-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:

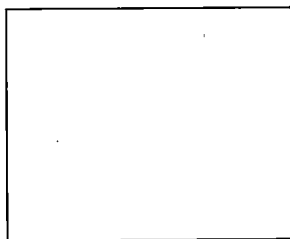
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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