UCN: 522019CF015342XXXXCF FL0520000

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

OBTS #		REPORT # SO19-152118	DOCKET # 1825464
Person ID 3308249		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge: SALE OR DELIVERY OF CONTROLLED SUBSTANCE (ALPRAZOLAM)			19-15342-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
DREWITZ, DUSTIN DUANE	04/23/1993	M	W	601	190	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	D632164931430	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2490 GROVE RIDGE DR PALM HARBOR FL 34683	7274173383	FL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
2490 GROVE RIDGE DR PALM HARBOR FL 34683	7274173383		

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 16 day of MAY, 2019, at approximately 3:45 PM, at 35439 US HIGHWAY 19 N, PALM HARBOR, in Pinellas County did:

UNLAWFULLY HAVE IN HIS CARE, CUSTODY AND CONTROL, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: 2MG ALPRAZOLAM, AND DID SELL SEVEN (7) DOSES/PILLS OF SAME TO AN AGENT OF THE PINELLAS COUNTY SHERIFF'S OFFICE IN EXCHANGE FOR $50.00 IN DEPARTMENTAL FUNDS.

ON MAY 16, 2019, AT APPROXIMATELY 1545 HOURS, A NARCOTICS TRANSACTION WAS CONDUCTED FOR SEVEN (7) PILLS/DOSES OF ALPRAZOLAM IN EXCHANGE FOR $50.00 IN DEPARTMENTAL FUNDS FROM DUSTIN DUANE DREWITZ, W/M, DOB: 4/23/1993. DUSTIN DREWITZ WAS POSITIVELY IDENTIFIED VIA HIS DHSMV (DAVID) PHOTOGRAPH DATED 7/27/2017 AND HIS PCSO "WHO'S IN JAIL" BOOKING PHOTOGRAPH DATED 12/29/2016.

THE PILLS WERE IDENTIFIED VIA THE FLORIDA POISON CONTROL HOTLINE (OPERATOR #A-07420/CASE #T4886752) AS BEING 2MG ALPRAZOLAM PILLS.

Contrary to Florida Statute/Ordinance 893.13.1A.

ARREST DATE: 12/26/2019 Time 2:57 PM . Aggravating/Mitigating Factors SB

Booking Officer: NEDIMYER, R 57379 Amount of Bond 10,000.00 Bond Out Date 12/26/19 Time 21:47 ☐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: 12/26/2019 4:02:35 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.

Declarant Signature — PINELLAS COUNTY SHERIFF (Agency)

DETECTIVE CHRISTOPHER FRASER 59404 (Printed Name) — 310748670 (Declarant ID#)

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
05/16/2019	FRASER	4	25.00		$100.00
05/16/2019	TZOUCALIS	2	25.00		50

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $150.00

COCR59 (Revised 10/2014)
808593 Copies to:

Court

Defendant DREWITZ, DUSTIN DUANE **Court Case No:** 19-15342-CF-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: 522019CF015342XXXXCF FL0520000

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

OBTS #		REPORT # SO19-152118	DOCKET # 1825464
Person ID 3308249		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF CONTROLLED SUBSTANCE (ALPRAZOLAM)			19-15342-CF-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
DREWITZ, DUSTIN DUANE	04/23/1993	M	W	601	190	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	D632164931430	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2490 GROVE RIDGE DR PALM HARBOR FL 34683	7274173383	FL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
2490 GROVE RIDGE DR PALM HARBOR FL 34683	7274173383		

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 16 day of MAY, 2019,

at approximately 3:45 PM, at 35439 US HIGHWAY 19 N, PALM HARBOR, in Pinellas County did:

THEN AND THERE UNLAWFULLY HAVE IN HIS POSSESSION, CUSTODY, OR CONTROL A CERTAIN CONTROLLED SUBSTANCE, TO-WIT: SEVEN (7) YELLOW RECTANGULAR PILLS IMPRINTED WITH "R039," IDENTIFIED AS 2MG ALPRAZOLAM.

ON MAY 16, 2019, AT APPROXIMATELY 1545 HOURS, A NARCOTICS TRANSACTION WAS CONDUCTED FOR SEVEN (7) PILLS/DOSES OF ALPRAZOLAM IN EXCHANGE FOR $50.00 IN DEPARTMENTAL FUNDS FROM DUSTIN DUANE DREWITZ, W/M, DOB: 4/23/1993. DUSTIN DREWITZ WAS POSITIVELY IDENTIFIED VIA HIS DHSMV (DAVID) PHOTOGRAPH DATED 7/27/2017 AND HIS PCSO "WHO'S IN JAIL" BOOKING PHOTOGRAPH DATED 12/29/2016.

THE PILLS WERE IDENTIFIED VIA THE FLORIDA POISON CONTROL HOTLINE (OPERATOR #A-07420/CASE #T4886752) AS BEING 2MG ALPRAZOLAM PILLS.

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 12/26/2019 Time 2:57 PM . Aggravating/Mitigating Factors SB

Booking Officer: NEDIMYER, R 57379 Amount of Bond 2,000.00 Bond Out Date 12/26/19 Time 21:47 ☐ 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: 12/26/2019 4:03:10 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.

PINELLAS COUNTY SHERIFF

Declarant Signature — Agency

DETECTIVE CHRISTOPHER FRASER 59404 — 310748670

Printed Name — Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/16/2019	FRASER	4 - 25.00		$100.00
05/16/2019	TZOUCALIS	2 - 25.00		50

OTHER – Describe

Continuation sheet ☐ Yes ☐ No TOTAL $ $150.00

FILED
CLERK OF THE CIRCUIT COURT
DEC 26 2019

COCR59 (Revised 10/2014)
808595 Copies to:

Court

Defendant DREWITZ, DUSTIN DUANE **Court Case No:** 19-15342-CF-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.
☐ 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

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DEFENDANT'S SIGNATURE **DEFENDANT'S ATTORNEY'S SIGNATURE** **DATE**