UCN: 522020MM006507XXXXMM FL0521400

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

OBTS #		REPORT # 2020-019229	DOCKET # 1838173
Person ID 2790809		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF SUSPENDED/REVOKED DRIVER'S LICENSE			20-06507-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
ARHANGELSKY, EDWARD	06/03/1968	M	W	510	185	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
ARHANGELSKY, ED	A652220682030	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
201 6TH AVE S SAFETY HARBOR FL 34695	727-851-8453	CA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
		SELF	

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 26 day of MAY, 2020,

at approximately 4:04 AM, at 501 116TH AV N APT 39, in Pinellas County did:

DID DISPLAY OR CAUSE OR PERMIT TO BE DISPLAYED OR HAVE IN HIS POSSESSION, A CANCELLED, REVOKED, SUSPENDED, OR DISQUALIFIED DRIVER'S LICENSE.

DEF DID PRESENT A SUSPENDED DRIVERS LICENSE THAT THE DEFENDANT ACKNOWLEDGED AS SUSPENDED TO THIS OFFICER UPON ASKING FOR HIS IDENTIFICATION.

FILED
COURT ASSISTANCE
2020 MAY 27 AM 6:5[illegible]

Contrary to Florida Statute/Ordinance 322.32.1.

ARREST DATE: 5/26/2020 Time 5:00 AM . Aggravating/Mitigating Factors

Booking Officer: WERNER 59414 Amount of Bond 250 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: 5/26/2020 6:08:12 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	Agency
	ST. PETERSBURG POLICE
OFFICER RONALD MCKENZIE 46962	10625118
Printed Name	Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
05/26/2020	R. MCKENZIE	2	25.00		$50.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
844787 Copies to:

Court

Defendant ARHANGELSKY, EDWARD **Court Case No:** 20-06507-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.

Michael S. Anchor

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: 522020MM006507XXXXMM FL0521400

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

OBTS #		REPORT # 2020-019229	DOCKET # 1838173
Person ID 2790809		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DISORDERLY INTOXICATION (PUBLIC PLACE)			20-06507-MM-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
ARHANGELSKY, EDWARD	06/03/1968	M	W	510	185	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
ARHANGELSKY, ED	A652220682030	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
201 6TH AVE S SAFETY HARBOR FL 34695	727-851-8453	CA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
		SELF	

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 26 day of MAY, 2020,

at approximately 4:04 AM, at 501 116TH AV N APT 39, in Pinellas County did:

WAS THEN AND THERE DRINKING AN ALCOHOLIC BEVERAGE IN A PUBLIC PLACE OR IN OR UPON A PUBLIC CONVEYANCE AND DID CAUSE A PUBLIC DISTURBANCE.

DEFENDANT WAS SHOUTING AND SWEARING CAUSE\ING RESIDENT TO OPEN THERE DOORS AND PEAR OUT IN THE MIDDLE OF THE NIGHT

FILED
COURT ASSISTANCE
2020 MAY 27 AM 6:57
KEN BURKE
CLERK OF CIRCUIT COURT

Contrary to Florida Statute/Ordinance 856.011.

ARREST DATE: 5/26/2020 Time 5:00 AM . Aggravating/Mitigating Factors

Booking Officer: WERNER 59414 Amount of Bond 100 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: 5/26/2020 6:08:29 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	Agency
	ST. PETERSBURG POLICE
OFFICER RONALD MCKENZIE 46962	10625118
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
05/26/2020	R. MCKENZIE	2	25.00		$50.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
844790 Copies to:

Court

Defendant ARHANGELSKY, EDWARD **Court Case No:** 20-06507-MM-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:

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☐ D. The Defendant waived the right to counsel at the first appearance only.

Michael H. Ancheve

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**