

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

OBTS #	REPORT # 2020-012236		DOCKET # 1834567						
Person ID 310932271	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 BATTERY; DOMESTIC						20-04123-MM-1			
Defendant's Name (Last, First, Middle) MUNN, ELIVIAH		DOB 06/14/1998	Sex F	Race B	Ht 505	Wt 165	Hair BRO	Eyes BRO	Skin FAR
Alias	DL # M500201987140	State	Scars/Marks/Tattoos/Physical Features						
Local Address (Street, City, State, Zip Code) 1175 PINELLAS POINT DR APT 286 ST PETERSBURG FL 33705			Telephone 7272736529	Place of Birth FLORIDA	Citizenship USA				
Permanent Address (Street, City, State, Zip Code) 1175 PINELLAS POINT DR APT 286 ST PETERSBURG FL 33705			Telephone 7272736529	Employed by / School					
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		Indication of Mental Health Issues Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <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 25 day of MARCH, 2020, at approximately 4:55 PM, at 1220 20TH AV S, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE LARRY PORTER, HER EX-BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF LARRY PORTER, TO-WIT: FLICKING A LIT CIGARETTE IN THE VICTIM'S FACE.

THE DEF AND VICTIM WERE ARGUING WHEN THE DEF FLICKED A LIT CIGARETTE INTO THE VICTIM'S FACE. THE VICTIM HAD CIGARETTE ASH ON HIS LEFT CHEEK. THERE WAS A WITNESS TO THE INCIDENT. THE DEF AND THE VICTIM WERE IN A DOMESTIC RELATIONSHIP FOR 4 YEARS AND RECENTLY LIVED TOGETHER.

FILED  
 COURT ASSISTANT  
 2020 MAR 26 AM 8:58  
 KEN BURKE  
 CLERK OF CIRCUIT COURT  
 AND COMPTROLLER

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/25/2020 Time 4:55 PM . Aggravating/Mitigating Factors \_\_\_\_\_


Booking Officer: FRENCH, K 57842 Amount of Bond NO BOND 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: 3/25/2020 6:14:38 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 \_\_\_\_\_ Agency ST. PETERSBURG POLICE  
 OFFICER JAMES TAMAN 46139 03321892  
 Printed Name \_\_\_\_\_ Declarant ID# \_\_\_\_\_

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
03/25/2020	TAMAN	2 25.00		\$50.00
03/25/2020	GOODALL-NOBLE	2 25.00		50

OTHER - Describe \_\_\_\_\_  
 Continuation sheet  Yes  No TOTAL \$ \$100.00

**Defendant** MUNN, ELIVIAH **Court Case No:** 20-04123-MM-1

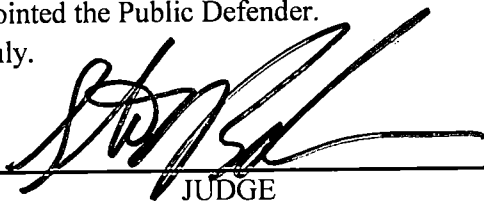
**ADVISORY AND SOLVENCY HEARING**

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.

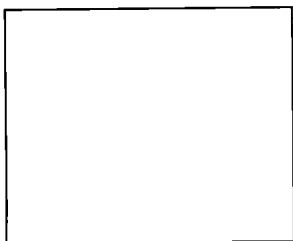
I FURTHER CERTIFY THAT:

- 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