

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

OBTS #	REPORT # SO19-361686		DOCKET # 1820799	
Person ID	311301827		SSN# [REDACTED]	
Charge Description	☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #
Charge	DISORDERLY INTOXICATION (DISTURBANCE)		19-18218-MM-1	
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht
DELAQUILA, EVAN JOSEPH	12/21/1983	M	W	507
Wt	Hair	Eyes	Skin	
150	BRO	BRO	LGT	
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features	
	D424210834610	FL		
Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship	
1717 PASADENA DR #3 DUNEDIN FL 34698	630-234-9404	IL	USA	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School		
1717 PASADENA DR #3 DUNEDIN FL 34698	630-234-9404	DUNEDIN PLUMBIN		
Weapon Seized Type	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence	
☐ Yes ☒ No	☐ Y ☒ N ☐ UNK	☐ Y ☒ N ☐ UNK	☒ 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 09 day of NOVEMBER, 2019, at approximately 11:20 PM, at 325 MAIN STREET, DUNEDIN, in Pinellas County did:

THE DEFENDANT WILLFULLY AND UNLAWFULLY WHILE UNDER THE INFLUENCE OF ALCOHOL CASUED A PUBLIC DISTURBANCE WHERE HE WAS REMOVED FROM AN ESTABLISHMENT. THE DEFENDANT WHILE BEING REMOVED FROM THE ESTABLISHMENT BEGAN TO RESIST SECURITY AND REFUSED TO LEAVE. THE DEFENDANT AFTER BEING ASKED TO LEAVE BY LAW ENFORCEMENT RESISTED BY TENSING AND TRYING TO GET BACK INTO THE ESTABLISHMENT. THE DEFENDANT'S ACTIONS CAUSED PEOPLE TO FEEL UNSAFE AND LEAVE HIS IMMEDIATE AREA BASED ON HIS INTOXICATED STATE. THE DEFENDANT USED PROFANITIES TOWARDS LAW ENFORCEMENT AND ATTEMPTED TO RESIST ARREST DUE TO HIS INTOXICATED STATE.

Contrary to Florida Statute/Ordinance 856.011

ARREST DATE: 11/9/2019 Time 11:20 PM . Aggravating/Mitigating Factors _____

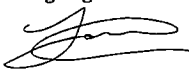
Booking Officer: GUGLIOTTA, A 54151 Amount of Bond 100 Bond Out Date _____ Time _____ ☐ a.m. ☐ p.m.

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: 11/10/2019 1:25:47 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
 CORPORAL JOSHUA SHORT 58868
 Printed Name

PINELLAS COUNTY SHERIFF
 Agency
 310277337
 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

Defendant DELAQUILA, EVAN JOSEPH

Court Case No: 19-18218-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.

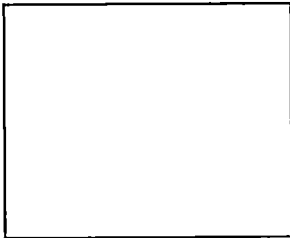
I FURTHER CERTIFY THAT:

- ☐ 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