

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

OBTS #	REPORT # SO20-36185		DOCKET # 1829386	
Person ID 754245	SSN# [REDACTED]			
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #	
Charge DOMESTIC BATTERY			20-01527-MM-1	
Defendant's Name (Last, First, Middle) MINUTO, FRANK PETER	DOB 01/22/1971	Sex M	Race W	Ht 58
		Wt 175	Hair BRO	Eyes BLU
Alias	DL # M530275710220	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 165 LAKE SHORE DR PALM HARBOR FL 34684	Telephone 7274171979	Place of Birth PHILADELPH	Citizenship USA	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School FLOOR DECOR		
Weapon Seized Type ☐ Yes ☒ No	Indication of Drug Influence ☐ Y ☒ N ☐ UNK	Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK	Indication of Alcohol Influence ☒ 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 02 day of FEBRUARY, 2020,

at approximately 11:45 PM, at 165 LAKE SHORE DR PALM HARBOR FL 34684, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE (GAGE BAUER), (GIRLFREINDS SON) AND CO-HABITANT, AGAINST THE WILL OF (GAGE BAUER), TO WIT: (PUSHED GAGE DOWN BY HIS ABDOMEN AND NECK LEAVING VISIBLE SCRATCHES ON THE RIGHT SIDE OF NECK).

ON THE ABOVE DATE AND TIME FRANK ARRIVED TO THE HOME INTOXICATED AND GOT INTO A VERBAL ARGUMENT WITH GAGE OVER NOT WALKING THE DOG. WHEN GAGE WENT UPSTAIRS TO HIS ROOM FRANK FOLLOWED HIM INTO THE ROOM, WHERE FRANK PUSHED GAGE DOWN ON THE BED BY HIS ABDOMEN AND HIS NECK. GAGE WAS ABLE TO PUSH FRANK OUT OF THE ROOM THEN FRANK TRIED TO REENTER THE ROOM BY BREAKING DOWN GAGE'S ROOM DOOR.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 2/2/2020 Time 11:43 PM . Aggravating/Mitigating Factors DOMESTIC

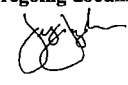
Booking Officer: WERNER 59414 Amount of Bond NO BOND Bond Out Date _____ Time _____ ☐ a.m. ☐ p.m.

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: Solemnly Sworn

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 2/3/2020 1:00 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 _____
DEPUTY JERRY JAGODA 57473 02813085
Printed Name _____ Declarant ID# _____

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
DATE _____ OFFICER _____ HOURS X PAY RATE _____ OR _____
OTHER – Describe _____
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$0.00

Court Case No: 20-01527-MM-1

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.

☐ 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.

2.3.20

DATE AND TIME

Holly T. Hussinger
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 _____