

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

OBTS #		REPORT # 19012689	DOCKET # 1825215
Person ID 311444630		SSN# 000-00-0000	
Charge Description	☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)	Court Case #
Charge BATTERY; DOMESTIC			19-20216-MM-1
Defendant's Name (Last, First, Middle) EDMONDSON, GARNETTE DENISE		DOB 06/12/1968	Sex F Race W Ht 506 Wt 120 Hair GRY Eyes BLU Skin
Alias	DL # E355284687120	State FL	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) 1100-7 DONEGAN RD LARGO FL 33771		Telephone 7273153122	Place of Birth IN Citizenship US
Permanent Address (Street, City, State, Zip Code) 1100-7 DONEGAN RD LARGO FL 33771		Telephone 7273153122	Employed by / School DISABLED
Weapon Seized Type ☐ Yes ☒ No HANDS	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 22 day of DECEMBER, 2019,

at approximately 3:26 PM, at 1100-7 DONEGAN RD LARGO FL 33771, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE HER HUSBAND OF 32 YEARS THE VICTIM, ERIC JOSEPH EDMONDSON AND CO-HABITAT, AGAINST THE WILL OF EDMONDSON, TO-WIT: SCRATCHING THE VICTIM WITH HER HANDS ON THE VICTIMS FACE.

THE DEFENDANT AND THE VICTIM WERE ARGUING LOUDLY PROMPTING THE CALL FOR SERVICE. ONCE ON SCENE, I COULD HEAR THE DEFENDANT AND CO DEFENDANT ARGUING INSIDE OF THE TRAILER.

I THEN HEARD WHAT SOUNDED TO ME LIKE A STRUGGLE COMING FROM THE INSIDE OF THE TRAILER. THE VICTIM THEN EXITED THE TRAILER AND I MET WITH HIM. I COULD SEE HIM BLEEDING FROM THE FACE. THE INJURIES WERE FRESH AND APPEARED RECENT. THE VICTIM HAD WHAT APPEARED THE BE SCRATCHES MADE BY THE DEFENDANT.

THE DEFENDANT SAID THAT SHE DID NOTHING WRONG AND IT WAS THE DOG THAT SCRATCHED THE VICTIM.

THE DEFENDANT WAS POLITE AND COMPLIANT.

NFI

Contrary to Florida Statute/Ordinance 784.03.

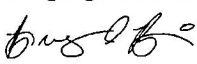
ARREST DATE: 12/22/2019 Time 3:08 PM . Aggravating/Mitigating Factors _____

Booking Officer: ZENOSKI, A 59785 Amount of Bond ZERO 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: 12/22/2019 4:42:14 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 OFFICER BRYAN BALDIE 0425 Printed Name		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) <table style="width:100%;"> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>12/22/2019</td> <td>B.BALDIE</td> <td>4 25.00</td> <td></td> <td>\$100.00</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> OTHER – Describe _____ Continuation sheet ☐ Yes ☐ No TOTAL \$ \$100.00	DATE	OFFICER	HOURS X PAY RATE	OR	COST	12/22/2019	B.BALDIE	4 25.00		\$100.00															
DATE	OFFICER	HOURS X PAY RATE	OR	COST																							
12/22/2019	B.BALDIE	4 25.00		\$100.00																							

LARGO POLICE DEPT.
Agency
01742745
Declarant ID#

Defendant EDMONDSON, GARNETTE DENISE **Court Case No:** 19-20216-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:

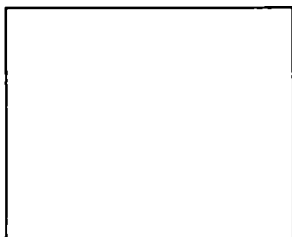
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- ☐ 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