UCN: 522020MM005101XXXXMM FL0521400

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

OBTS #		REPORT # 2020015582	DOCKET # 1836105
Person ID 311184485		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; DOMESTIC			20-05101-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
DEEP, HARSH	01/06/1988	M	W	511	195	BLK	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	D100-320-88-006-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
7400 15TH ST N ST PETERSBURG FL 33702	8482650555	INDIA	INDIA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
7400 15TH ST N ST PETERSBURG FL 33702	8482650555	UBER	

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 27 day of APRIL, 2020,

at approximately 1:34 AM, at 7400 15TH ST N, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE NATALIE POLLARD, HIS SISTER IN LAW AND CO-HABITANT, AGAINST THE WILL OF NATALIE POLLARD, TO-WIT: PUSHED THE VICTIM AND THEN PUNCHED HER IN THE MOUTH, LEAVING A VISIBLE CUT ON THE INSIDE OF HER CHEEK.

THE DEFENDANT PUSHED THE VICTIM AFTER GETTING INTO A VERBAL ARGUMENT WITH HER. AFTER SHE STOOD BACK UP FROM BEING PUSHED, HE PUNCHED HER WITH HIS RIGHT HAND IN HER RIGHT CHEEK. THIS PUNCH LEFT SLIGHT REDNESS ON HER CHEEK AND A VISIBLE CUT ON THE INSIDE OF HER CHEEK. THE VICTIM DESIRES PROSECUTION.

FILED
2020 APR 27 AM 6:36
COURT ADMINISTRATOR

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 4/27/2020 Time 2:20 AM . Aggravating/Mitigating Factors DOMESTIC

Booking Officer: EELLS, C 56501 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: 4/27/2020 3:35:08 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.

W Thomas

Declarant Signature

ST. PETERSBURG POLICE
Agency

OFFICER WILLIAM THOMAS 48635
Printed Name

311351814
Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
04/27/2020	W. THOMAS	2	25.00		$50.00

OTHER – Describe ____

Continuation sheet ____Yes ____No TOTAL $ $50.00

COCR59 (Revised 10/2014)
840391 Copies to:

Court

Defendant DEEP, HARSH **Court Case No:** 20-05101-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**