

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

OBTS #	REPORT # GP20-5075				DOCKET # 1833215													
Person ID	1833215				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 TRESPASS IN STRUCTURE OR CONVEYANCE (AFTER WARNING)							20-03314-MM-1											
Defendant's Name (Last, First, Middle)	SHOTT, HEATHER LYNN		DOB	04/15/1975	Sex	F	Race	W	Ht	500	Wt	95	Hair	BRO	Eyes	BLU	Skin	LGT
Alias	DL #	S-300-332-75-635-0		State	Scars/Marks/Tattoos/Physical Features													
Local Address (Street, City, State, Zip Code)						Telephone	Place of Birth		Citizenship									
TRANSIENT GULFPORT FL 33707						7277661238	WASHDC		USA									
Permanent Address (Street, City, State, Zip Code)						Telephone	Employed by / School											
TRANSIENT GULFPORT FL 33707						7277661238												
Weapon Seized Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Mental Health Issues	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	Indication of Alcohol Influence	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK										
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 08 day of MARCH, 2020, at approximately 12:45 AM, at 5413 SHORE BLVD S, in Pinellas County did:

DID, WILLFULLY ENTER UPON OR REMAIN ON THE PROPERTY OF SALTY'S BAR LOCATED AT 5413 SHORE BOULEVARD SOUTH WITHOUT BEING AUTHORIZED, LICENSED, OR INVITED TO ENTER OR REMAIN THEREIN THE SAID STRUCTURE, OR HAVING BEEN AUTHORIZED, LICENSED, OR INVITED TO ENTER OR REMAIN, THE SAID DEFENDANT WAS WARNED BY BARTENDER LYDIA ZIMMERMAN AN AUTHORIZED REPRESENTATIVE OF OWNER, TO DEPART AND REFUSED TO DO SO.

DEFENDANT WAS ISSUED A TRESPASS WARNING EARLIER IN THE EVENING. SEVERAL HOURS LATER TWO OFFICERS WERE CHECKING SALTY'S BAR AND LOCATED THE DEFENDANT WHO WAS KNOWN TO THE OFFICERS WAS SITTING AT THE BAR. THE DEFENDANT WAS TAKEN INTO CUSTODY.

Contrary to Florida Statute/Ordinance 810.08.2.B

ARREST DATE: 3/8/2020 Time 12:45 AM . Aggravating/Mitigating Factors _____

Booking Officer: HUSTON 59305 Amount of Bond 150 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: 3/8/2020 4:58:12 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.

Robert J. Burkhart

GULFPORT POLICE DEPT.

Declarant Signature

Agency

OFFICER ROBERT BURKHART 562

02185173

Printed Name

Declarant ID#

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

DATE	OFFICER	HOURS X PAY-RATE	OR	COST
03/08/2020	BURKHART	2 30.00		\$60.00

05:01:50 6-2020 MAR 10 AM 11:38

COURT ASSISTANCE

OTHER - Describe _____

Continuation sheet Yes No

TOTAL \$ \$60.00

Defendant SHOTT, HEATHER LYNN

Court Case No: 20-03314-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:

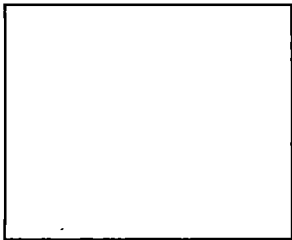
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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

3/10/20

DATE AND TIME

Heather J. Shott
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