UCN: 522020MM006066XXXXMM FL0520000

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

OBTS #		REPORT # SO20-134762	DOCKET # 1837497
Person ID 311520875		SSN# 000-00-0000	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; DOMESTIC			20-06066-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
MARZO, JEREMY J	08/25/1988	M	W	606	215	BRO	BLU	FAR

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	103730875	NY	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2743 SUMMER RGE RD LAFAYETTE NY 13084	3155659230	NY	YES
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
2743 SUMMER RGE RD LAFAYETTE NY 13084	3155659230		

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 17 day of MAY, 2020,

at approximately 3:45 AM, at 3701 GULF BLVD, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE RACHEL K HANNON HIS GIRLFRIEND OF 4 MONTHS AND CO-HABITANT, AGAINST THE WILL OF ~~RACHEL HANNON~~, TO-WIT: DEF PULLED THE HAIR OF VICTIM AND SLAPPED HER SEVERAL TIMES. THE DEF GRABBED HER HAIR AND PUT HER FACE IN THE GROUND.

A WITNESS ADVISED SEEING THE DEF SLAP THE VICTIM SEVERAL TIMES IN THE FACE AND BODY. THE VICTIM HAD SCRATCHES ON HER CHEST AND SLIGHT REDDNESS ON THE RIGHT SIDE OF HER FACE.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 5/17/2020 Time 3:45 AM . Aggravating/Mitigating Factors

Booking Officer: PASKALAKIS, B 59541 Amount of Bond ~~ZERO~~ #2000. Bond Out Date Time ☐a.m. ☐p.m.

Victim Notified of Advisory? YYes ☐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: no KW V

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 5/17/2020 5:07:49 AM CAM

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.

B H

PINELLAS COUNTY SHERIFF

Declarant Signature / Agency

SO20DEPUTY BRIAN OVERTON 58376 03038561

Printed Name / Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) no not

DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/17/2020	OVERTON	2 25.00		$50.00

no atol

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)

843307 Copies to:

Court

Defendant MARZO, JEREMY J **Court Case No:** 20-06066-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**