UCN: 522020CF005209XXXXCF FL0520300

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

OBTS #	REPORT # CW20-77734	DOCKET # 1838516
Person ID 311526420	SSN# [redacted]	
Charge Description [X] Felony [ ] Misdemeanor [ ] Warrant [ ] Traffic [ ] Ordinance	Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF A CONTROLLED SUBSTANCE (ADDERALL)		20-05209-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
CARPENTER, JO ANN ELIZABETH	02/11/1974	F	W	508	125	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
NONE	C615-425-74-551-0	FL	MULT TATTOOS

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
14912 WINTERLAND DR TAMPA FL 33624	813-727-9677	OK	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
14912 WINTERLAND DR TAMPA FL 33624	813-727-9677	EMPLOYED	

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 [X] No	[X] [ ] [ ]	[ ] [X] [ ]	[X] [ ] [ ]

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 29 day of MAY, 2020,

at approximately 10:06 PM, at 50 ROYAL WAY (SURF & SAND), in Pinellas County did:

UNLAWFULLY HAVE IN HER ACTUAL OR CONSTRUCTIVE POSSESSION, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: AMPHETAMINE AND DETROAMPHETAMINE (ADDERALL), WITHOUT HAVING LAWFULLY OBTAINING SAID SUBSTANCE FROM A VALID PRACTITIONER. THE SUBSTANCE WEIGHED 10.8G (GRAMS). A PRESUMPTIVE TEST WAS POSITIVE.

ON 05/29/2020 AT APPROXIMATELY 2020 HOURS, I RESPONDED TO 50 ROYAL WAY (SURF & SAND) IN REFERENCE TO A DISTURBANCE INVOLVING TWO PARTIES. UPON ARRIVAL, I MADE CONTACT WITH A FEMALE SUBJECT (DEFENDANT) INVOLVED IN A SUSPECTED THEFT AT THIS LOCATION EARLIER IN THE NIGHT (CLEARWATER POLICE DEPARTMENT CASE # CW20-77670. I ASKED THE DEFENDANT CONSENT-TO-SEARCH HER PERSON FOR THE WALLET. AS I WAS SEARCHING THE DIFFERENT COMPARTMENTS INSIDE OF HER PURSE, I OBSERVED A MODERATE QUANTITY OF PILLS, ORANGE IN COLOR, CIRCULAR IN SHAPE, INSCRIBED WITH "A" ON ONE SIDE AND A PREFORATED SIDE WITH "0/8."

THESE PILLS WERE IDENTIFIED THROUGH DRUGS.COM AS AMPHETAMINE/DEXTROAMPHETAMINE 30MG (10MM), A SCHEDULED II CONTROLLED SUBSTANCE UNDER THE CONTROLLED SUBSTANCE ACT (CSA).

POST MIRANDA, THE DEFENDANT PROVIDED AN ADMISSION AND CONFESSION, STATING THAT THE PILLS WERE HERS.

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 5/29/2020 Time 10:06 PM . Aggravating/Mitigating Factors

Booking Officer: SEAY, E 58861 Amount of Bond ~~2,000~~ 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: PDMP .R.O.

The probable cause determination is passed for: [ ] 24 Hrs [ ] 24 Hrs on showing of extraordinary circumstances Received by Booking: 5/30/2020 12:30:24 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.

Declarant Signature — Agency: CLEARWATER POLICE DEPT.

Printed Name: OFFICER GEORGE SOLAKIAN 10018 — Declarant ID#: 2712710

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/29/2020	G. SOLAKIAN	4 29.14		$116.56

OTHER – Describe

Continuation sheet [ ] Yes [ ] No TOTAL $ $116.56

COCR59 (Revised 10/2014)
845529 Copies to:

Court

Defendant CARPENTER, JO ANN ELIZABETH **Court Case No:** 20-05209-CF-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.

5/24/20
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.

DEFENDANT'S SIGNATURE

Thumb Print

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE	DEFENDANT'S ATTORNEY'S SIGNATURE	DATE

UCN: 522020CF005209XXXXCF FL0520300

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

OBTS #		REPORT # CW20-77734	DOCKET # 1838516
Person ID 311526420		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUGS WITHOUT PRESCRIPTION			20-05209-CF-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
CARPENTER, JO ANN ELIZABETH	02/11/1974	F	W	508	125	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
NONE	C615-425-74-551-0	FL	MULT TATTOOS

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
14912 WINTERLAND DR TAMPA FL 33624	813-727-9677	OK	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
14912 WINTERLAND DR TAMPA FL 33624	813-727-9677	EMPLOYED	

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 29 day of MAY, 2020,

at approximately 10:06 PM, at 50 ROYAL WAY (SURF & SAND), in Pinellas County did:

DID UNLAWFULLY POSSESS A HABIT-FORMING, HARMFUL, OR TOXIC DRUG, TO-WIT: FIFTEEN (15) TRAZADONE HYDROCHOLRIDE TABLETS, WITHOUT A VALID PRESCRIPTION.

ON 05/29/2020 AT APPROXIMATELY 2020 HOURS, I RESPONDED TO 50 ROYAL WAY (SURF & SAND) IN REFERENCE TO A DISTURBANCE INVOLVING TWO PARTIES. UPON ARRIVAL, I MADE CONTACT WITH A FEMALE SUBJECT (DEFENDANT) INVOLVED IN A SUSPECTED THEFT AT THIS LOCATION EARLIER IN THE NIGHT (CLEARWATER POLICE DEPARTMENT CASE # CW20-77670). I ASKED THE DEFENDANT CONSENT-TO-SEARCH HER PERSON FOR THE WALLET. AS I WAS SEARCHING THE DIFFERENT COMPARTMENTS INSIDE OF HER PURSE, I OBSERVED A MODERATE QUANTITY OF PILLS, WHITE IN COLOR, CIRCULAR IN SHAPE, INSCRIBED WITH "IT" ON THE TOP PART, PREFORATED WITH "50" ON THE BOTTOM PORTION.

THESE PILLS WEIGHED AN APPROXIMATE 2.1G (GRAMS) AND WERE IDENTIFIED AS TRAZADONE HYDROCHLORIDE 50MG (PRESCRIPTION ONLY).

POST MIRANDA, THE DEFENDANT PROVIDED AN ADMISSION AND CONFESSION, STATING THAT SHE DIDN'T HAVE A VALID PRESCRIPTION FOR THE PILLS.

Contrary to Florida Statute/Ordinance 499.03.1.

ARREST DATE: 5/29/2020 Time 10:06 PM. Aggravating/Mitigating Factors

Booking Officer: SEAY, E 58861 Amount of Bond 2500 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: PDAP R.O

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 5/30/2020 12:30:36 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.

Declarant Signature	Agency
	CLEARWATER POLICE DEPT.
OFFICER GEORGE SOLAKIAN 10018	2712710
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/29/2020	G. SOLAKIAN	4 29.14		$116.56

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $116.56

COCR59 (Revised 10/2014)
845531 Copies to:

Court

Defendant CARPENTER, JO ANN ELIZABETH **Court Case No:** 20-05209-CF-2

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.

5/30/23
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**