

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

OBTS #	REPORT # <b>SO20-96957</b>		DOCKET # <b>1834836</b>														
Person ID	310751506		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	REFUSAL TO SUBMIT TO TESTING		ADFP4XE		20-04293-MM-1												
Defendant's Name (Last, First, Middle)	RUDY, JOHN PAUL		DOB	09/08/1984	Sex	M	Race	W	Ht	508	Wt	200	Hair	BRO	Eyes	BRO	Skin
Alias	DL #	R300-475-84-328-0		State	FL	Scars/Marks/Tattoos/Physical Features											
Local Address (Street, City, State, Zip Code)						Telephone		Place of Birth		Citizenship							
11401 DR MLK JR ST N #2607 ST. PETERSBURG FL 33716						7163194790		HAWAII		USA							
Permanent Address (Street, City, State, Zip Code)						Telephone		Employed by / School									
11401 DR MLK JR ST N #2607 ST. PETERSBURG FL 33716						7163194790		STUDENT									
Weapon Seized Type			Indication of Drug Influence			Indication of Mental Health Issues			Indication of Alcohol Influence								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			<input checked="" type="checkbox"/> Y <input 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 01 day of APRIL, 2020, at approximately 2:36 AM, at 4TH ST N/ 110TH AVE N, in Pinellas County did:

DID, REFUSE TO SUBMIT TO A CHEMICAL OR PHYSICAL TEST OF HIS BREATH, URINE, OR BLOOD AS DESCRIBED IN F.S.S. 316.1932 AFTER BEING REQUESTED TO DO SO BY A LAW ENFORCEMENT OFFICER, OR CORRECTIONAL OFFICER AND WHO THE ARRESTING OFFICER HAD PROBABLE CAUSE TO BELIEVE WAS DRIVING OR IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL SUBSTANCES OR LAWFULLY ARRESTED AND INFORMED THAT IF PRIVILEGE TO OPERATE A MOTOR VEHICLE WOULD BE SUSPENDED AND WAS INFORMED THAT A REFUSAL TO SUBMIT TO SUCH TESTS, IS A MISDEMEANOR.

DEFENDANT WAS STOPPED FOR WEAVING WITHIN HIS LANE, DRIVING ON THE RIGHT HAND LANE LINE AND SPEEDING. DEFENDANT SPONTANEOUSLY UTTERED HE WAS NERVOUS BECUASE HE SAW A COP AND HAD BEEN DRINKING AND DRIVING. MULTIPLE TIMES PRIOR TO BEING READ MIRANDA THE DEFENDANT ADMITS TO DRINKING AND DRIVING AND KNOWING IT WAS NOT SAFE TO BE DRIVING.

Contrary to Florida Statute/Ordinance 316.1939.

ARREST DATE: 4/1/2020 Time 3:07 AM. Aggravating/Mitigating Factors CB

Booking Officer: LEIPSKI 59118 Amount of Bond 150 Bond Out Date 4/1/20 Time 1:28  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: 4/1/2020 4:48:28 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.

[Signature]  
 PINELLAS COUNTY SHERIFF  
 Agency  
 DEPUTY ALEXANDRA MITCHELL 59961 311206260  
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)			
DATE	OFFICER	HOURS X PAY RATE	OR COST
04/01/2020	MITCHELL	1 25.00	\$25.00
OTHER - Describe			
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 25.00			

**Defendant** RUDY, JOHN PAUL

**Court Case No:** 20-04293-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.

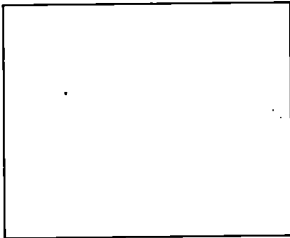
I FURTHER CERTIFY THAT:

- 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