UCN: 522020CF005431XXXXCF FL0520300

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

OBTS #		REPORT # CW20-81229	DOCKET # 1839018
Person ID 311529541		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; DOMESTIC BY STRANGULATION			20-05431-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
CHRISTMAS, JOSHUA R	05/09/1988	M	W	600	185	BRO	BRO	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	1490-57-2790	IN	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
6027 E 200 N MONTGOMERY IN 47558	812-698-8099	INDIANA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
6027 E 200 N MONTGOMERY IN 47558	812-698-8099		

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 05 day of JUNE, 2020,

at approximately 10:25 PM, at 648 POINSETTIA AVE, in Pinellas County did:

THE DEFENDANT DID KNOWINGLY AND INTENTIONALLY, AGAINST THE WILL OF ANOTHER, IMPEDE THE NORMAL BREATHING OR CIRCULATION OF THE BLOOD OF A FAMILY OR HOUSEHOLD MEMBER, SO AS TO CREATE A RISK OF OR CAUSE GREAT BODILY HARM BY APPLYING PRESSURE ON THE THROAT OR NECK OF ANOTHER PERSON. TO-WIT:

THE DEFENDANT BECAME INVOLVED IN A VERBAL ALTERCATION WITH THE VICTIM WHO IS HIS WIFE. THE TWO SHARE CHILDREN IN COMMON AND RESIDE TOGETHER AS A FAMILY. THE DEFENDANT BECAME ANGRY AND GRABBED THE VICTIM BY THE NECK WITH BOTH HANDS SQUEEZING HER BY THE THROAT CUTTING OFF HER BREATHING CAUSING HER TO BECOME CONFUSED AND TEMPORARILY LOST CONSCIOUSNESS. POST MIRANDA, THE DEFENDANT ADMITTED TO THE OFFENSE. WHEN ASKED "HOW DID YOU GRAB HER?" HE ANSWERED, "I CHOKED HER." THE DEFENDANT AND VICTIM ARE ON VACATION FROM INDIANA AND WILL NOT BE RETURNING 6/9/20

NCNV

Contrary to Florida Statute/Ordinance 784.041.2.A.

ARREST DATE: 6/5/2020 Time 10:25 PM . Aggravating/Mitigating Factors

Booking Officer: SEAY, E 58861 Amount of Bond ~~NO BOND~~ 15,000 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:

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 6/6/2020 1:46:00 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 RICHARD EDMONDS 8509 — Declarant ID#: 02958364

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
06/05/2020	EDMONDS	3 29.14		$87.42

2020 JUN -6 AM 6:55

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $87.42

COCR59 (Revised 10/2014)
846614 Copies to:

Court

Defendant CHRISTMAS, JOSHUA R **Court Case No:** 20-05431-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.

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**