UCN: 522019CF013632XXXXCF FL0520000

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

OBTS #		REPORT # SO19-361618	DOCKET # 1820820
Person ID 311419493		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge CRIMINAL MISCHIEF			19-13632-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
ETHERTON, JOSHUA ETHERTON	08/06/1992	M	W	601	150	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	E363-436-92-286-0		

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
1521 EDEN ISLE BLVD APT 332 ST PETERSBURG FL	8505104624	FLORIDA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
1521 EDEN ISLE BLVD APT 332 ST PETERSBURG FL	8505104624		

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 09 day of NOVEMBER, 2019,

at approximately 9:58 PM, at 6300 GULF BLVD, in Pinellas County did:

THEN AND THERE WILLFULLY AND MALICIOUSLY INJURE OR DAMAGE HE REAL OR PERSONAL PROPERTY OF ANOTHER, POST CARD INN (6300 GULF BLVD), TO-WIT: TWO HOTEL GLASS WINDOWS VALUE IS $2,000.00 BY DAMAGE TO SAID PROPERTY BEING GREATER THAN $1000 OR INTERRUPTION OR IMPAIRMENT OF A BUSINESS OPERATION OR PUBLIC COMMUNICATION OR OTHER PUBLIC SERVICE WHICH COST $1000 OR MORE IN LABOR OR SUPPLIES TO RESTORE.

THE DEFENDANT PUNCHED TWO DIFFERENT HOTEL GLASS WINDOWS OF ROOM NUMBERS 279 AND 281 F THE POST CARD INN HOTEL. THE DEFENDANT WAS IDENTIFIED BY MULTIPLE PEOPLE AND THE DEFENDANT CONFESSED TO BREAKING THE WINDOW. THE DEFENDANT SUFFERED INJURIES BY BREAKING THE WINDOW AND WILL BE TREATED AT THE JAIL.

Contrary to Florida Statute/Ordinance 806.13.1.B.3.

ARREST DATE: 11/10/2019 Time 2:11 AM . Aggravating/Mitigating Factors

Booking Officer: GUGLIOTTA, A 54151 Amount of Bond 2000 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: 11/10/2019 4:32:42 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
	PINELLAS COUNTY SHERIFF
DEPUTY SHELBY CONIGLIO 59878	311142982
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
11/10/2019	DEPUTY CONIGLIO	3 25.00		$75.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $75.00

COCR59 (Revised 10/2014)
811952 Copies to:

Court

Defendant ETHERTON, JOSHUA ETHERTON **Court Case No:** 19-13632-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**