UCN: 522020CF003700XXXXCF FL0520000

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

OBTS #		REPORT # SO20-108685	DOCKET # 1835632
Person ID 311509697		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge: UNLAWFUL CONVEYANCE OF FUEL; OBTAINING FRAUDULENTLY			20-03700-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SARDINAS CURBELO, JULIO	12/07/1980	M	H	505	160	BLK	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S635-420-80-447-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
4014 W WATERS AVE APT 606 TAMPA FL 33614		CUBA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
4014 W WATERS AVE APT 606 TAMPA FL 33614			

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 APRIL, 2020,

at approximately 7:00 AM, at 32490 US19 PALM HARBOR, in Pinellas County did:

DID UNLAWFULLY MAINTAIN OR POSSESS ANY CONVEYANCE OR VEHICLE THAT IS EQUIPPED WITH, FUEL TANKS, BLADDERS, DRUMS, OR OTHER CONTAINERS THAT DO NOT CONFORM TO 49 C.F.R. OR HAVE NOT BEEN APPROVED BY THE UNITED STATES DEPARTMENT OF TRANSPORTATION FOR THE PURPOSE OF HAULING, TRANSPORTING, OR CONVEYING MOTOR OR DIESEL FUEL OVER ANY PUBLIC HIGHWAY.

THE DEFENDANT DID COME TO THE AFOREMENTIONED GAS STATION ON 4/17/20 AND PROCEEDED TO PUMP 38.406 GALLONS OF DIESEL FUEL FROM PUMP #1 VALUED AT $95.98 INTO HIS PERSONALLY OWNED FORD F-350 BEARING FLORIDA TAG Z705PY. THIS VEHICLE HAD BEEN WITNESSED COMMITTING THIS SAME ACT ON 4/14/20 AT 0755 HOURS, AT WHICH TIME 198.02 GALLONS OF FUEL VALUED AT $494.87 WERE PUMPED INTO THE SAME VEHICLE FROM PUMP #1. THE VEHICLE WAS DRIVEN AWAY FROM THE LOCATION WITHOUT MAKING OR OFFERING ANY PAYMENT FOR THE FUEL AT THAT TIME. THIS MODEL/TRIM LEVEL OF FORD F-350 HAS A STOCK FUEL TANK CAPACITY OF 28 US GALLONS. THE DEFENDANT/OWNER OF THE VEHICLE WAS WITNESSED ON THIS OCCASSION PUMPING 10 US GALLONS BEYOND THE VEHICLE'S STANDARD CAPACITY. THE VEHICLE HAD A PARTIALLY CONCEALED SECONDARY FUEL TANK SPANNING THE ENTIRE BED OF THIS TRUCK WITH A LARGE AMOUNT OF ROLLED CARPETING LAYING OVER THE TOP. THIS TANK, THE ADDED AFTERMARKET HOSES AND ADDITIONAL PUMP WIRING WERE STILL VISIBLE AND IN PLAIN VIEW. NEITHER THIS VEHICLE OR THE AFTERMARKET FUEL TANK ARE DOT APPROVED OR IN COMPLIANCE WITH 49 C.F.R TO CARRY, TRANSPORT OR CONVEY FUEL ON ANY PUBLIC HIGHWAY.

Contrary to Florida Statute/Ordinance 316.80.

ARREST DATE: 4/17/2020 Time 9:57 AM . Aggravating/Mitigating Factors AO REQUEST HIGH BOND

Booking Officer: POWERS, M 54040 Amount of Bond 10000.00 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: 4/17/2020 10:31:47 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

Printed Name: DETECTIVE CHARLES REDINGER 56295 — Declarant ID#: 02412980

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
04/17/2020	REDINGER	4.0 25.00		$100.00

2020 APR 18 AM 6:36

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐ Yes ☐ No TOTAL $ $100.00

COCR59 (Revised 10/2014)
839212 Copies to:

Court

Defendant SARDINAS CURBELO, JULIO **Court Case No:** 20-03700-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**

UCN: 522020CF003700XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO20-108685	DOCKET # 1835632
Person ID 311509697		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge: UNLAWFUL POSSESSION OF PERSONAL IDENTIFICATION INFORMATION OF ANOTHER PERSON			20-03700-CF-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SARDINAS CURBELO, JULIO	12/07/1980	M	H	505	160	BLK	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S635-420-80-447-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
4014 W WATERS AVE APT 606 TAMPA FL 33614		CUBA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
4014 W WATERS AVE APT 606 TAMPA FL 33614			

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 APRIL, 2020,

at approximately 7:00 AM, at 32490 US19 PALM HARBOR, in Pinellas County did:

FIVE OR MORE PIECES - 3RD DEGREE FELONY

THE DEFENDANT DID INTENTIONALLY OR KNOWINGLY POSSESS, WITHOUT AUTHORIZATION, THE PERSONAL IDENTIFICATION INFORMATION OF ANOTHER PERSON(S) IN ANY FORM, INCLUDING, BUT NOT LIMITED TO, MAIL, PHYSICAL DOCUMENTS, IDENTIFICATION CARDS, OR INFORMATION STORED IN DIGITAL FORM.

THE DEFENDANT DID HAVE A TOTAL OF FORTY ONE (41) WALMART GIFT CARDS IN HIS CARE, CUSTODY OR POSSESSION AT THE TIME HE WAS ARRESTED FOR A VIOLATION OF F.S.S. 316.80. ALL OF THESE GIFT CARDS HAD DIFFERENT FLORIDA ZIP CODES WRITTEN ON THE REAR OF THE CARDS. YOUR AFFIANT IS PERSONALLY AWARE THAT WALMART GIFT CARDS ARE NOT ACTIVATED OR UTILIZED IN ANY FASHION WITH THE ENTRY OF A ZIP CODE. ADDITIONALLY, THIS WAS COMMONLY KNOWN TO BE A METHOD IN WHICH GIFT CARDS ARE CLONED WITH STOLEN CREDIT CARD INFORMATION. A MAG STRIP SCANNER WAS USED TO READ THE INFORMATION ON THESE CARDS, WHICH REVEALED THE PERSONAL NAMES AND INFORMATION OF MULTIPLE PERSON THAT WERE NOT THE DEFENDANT. THE DEFENDANT HAD FIFTEEN (15) WALMART GIFT CARDS IN HIS PERSONAL WALLET, 11 OF WHICH HAD DIFFERENT PERSONS INFORMATION; 5 WALMART GIFT CARDS IN A FILA WALLET IN THE TRUCK, 4 OF WHICH HAD OTHER PERSONS INFORMATION; AND 21 WALMART GIFT CARDS CONTAINED IN A CIGARETTE BOX IN THE TRUCK, 16 OR WHICH HAD OTHER PERSONS INFORMATION.

Contrary to Florida Statute/Ordinance 817.5685.3B2.

ARREST DATE: 4/17/2020 Time 11:08 AM Aggravating/Mitigating Factors A/O REQUEST HIGH BOND

Booking Officer: ZENOSKI, A 59785 Amount of Bond 10,000 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: 4/17/2020 11:42:32 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 — PINELLAS COUNTY SHERIFF (Agency)

DETECTIVE CHARLES REDINGER 56295 (Printed Name) — 02412980 (Declarant ID#)

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
04/17/2020	REDINGER	4.0 25.00		$100.00

2020 APR 18 AM 6:36

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐ Yes ☐ No TOTAL $ $100.00

COCR59 (Revised 10/2014)
839216 Copies to:

Court

Defendant SARDINAS CURBELO, JULIO **Court Case No:** 20-03700-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.

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**

UCN: 522020CF003700XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO20-108685	DOCKET # 1835632
Person ID 311509697		SSN# [redacted]	
Charge Description ☒Felony ☐Misdemeanor ☐Warrant ☐Traffic ☐Ordinance		Traffic Citation # (if any)	Court Case #
Charge SCHEME TO DEFRAUD			20-03700-CF-3

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SARDINAS CURBELO, JULIO	12/07/1980	M	H	505	160	BLK	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S635-420-80-447-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
4014 W WATERS AVE APT 606 TAMPA FL 33614		CUBA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
4014 W WATERS AVE APT 606 TAMPA FL 33614			

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 APRIL, 2020,

at approximately 7:00 AM, at 32490 US19 PALM HARBOR, in Pinellas County did:

DID ENGAGE IN A SCHEME CONSTITUTING A SYSTEMATIC, ONGOING COURSE OF CONDUCT WITH INTENT TO DEFRAUD ONE OR MORE PERSONS, OR WITH INTENT TO OBTAIN PROPERTY FROM ONE OR MORE PERSON BY FALSE OR FRAUDULENT PRETENSES, REPRESENTATIONS, OR PROMISES, OR WILLFUL MISREPRESENTATION OF A FUTURE ACT AND OBTAINED PROPERTY FROM ONE OR MORE SUCH PERSONS.

THE DEFENDANT DID HAVE A TOTAL OF FORTY ONE (41) WALMART GIFT CARDS IN HIS CARE, CUSTODY OR POSSESSION AT THE TIME HE WAS ARRESTED FOR A VIOLATION OF F.S.S. 316.80. ALL OF THESE GIFT CARDS HAD DIFFERENT FLORIDA ZIP CODES WRITTEN ON THE REAR OF THE CARDS. YOUR AFFIANT IS PERSONALLY AWARE THAT WALMART GIFT CARDS ARE NOT ACTIVATED OR UTILIZED IN ANY FASHION WITH THE ENTRY OF A ZIP CODE. ADDITIONALLY, THIS WAS COMMONLY KNOWN TO BE A METHOD IN WHICH GIFT CARDS ARE CLONED WITH STOLEN CREDIT CARD INFORMATION. A MAG STRIP SCANNER WAS USED TO READ THE INFORMATION ON THESE CARDS, WHICH REVEALED THE PERSONAL NAMES AND INFORMATION OF MULTIPLE PERSON THAT WERE NOT THE DEFENDANT. THE DEFENDANT HAD FIFTEEN (15) WALMART GIFT CARDS IN HIS PERSONAL WALLET, 11 OF WHICH HAD DIFFERENT PERSONS INFORMATION; 5 WALMART GIFT CARDS IN A FILA WALLET IN THE TRUCK, 4 OF WHICH HAD OTHER PERSONS INFORMATION; AND 21 WALMART GIFT CARDS CONTAINED IN A CIGARETTE BOX IN THE TRUCK, 16 OR WHICH HAD OTHER PERSONS INFORMATION.

Contrary to Florida Statute/Ordinance 817.034.4A.

ARREST DATE: 4/17/2020 Time 11:15 AM . Aggravating/Mitigating Factors A/O REQUEST HIGH BOND

Booking Officer: ZENOSKI, A 59785 Amount of Bond 10,000 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: 4/17/2020 11:42:54 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

Printed Name: DETECTIVE CHARLES REDINGER 56295 — Declarant ID#: 02412980

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
04/17/2020	REDINGER	4.0 25.00		$100.00

2020 APR 18 AM 6:36

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $100.00

COCR59 (Revised 10/2014)
839217 Copies to:

Court

Defendant SARDINAS CURBELO, JULIO **Court Case No:** 20-03700-CF-3

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**

UCN: 522020CF003700XXXXCF ADDED CHARGE FL0520000

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

OBTS #		REPORT # SO20-108685	DOCKET # 1835632
Person ID 311509697		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge: TRAFFIC IN OR POSSESS COUNTERFEIT CREDIT CARDS			20-03700-CF-4

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SARDINAS CURBELO, JULIO	12/07/1980	M	H	505	160	BLK	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S635-420-80-447-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
4014 W WATERS AVE APT 606 TAMPA FL 33614		CUBA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
4014 W WATERS AVE APT 606 TAMPA FL 33614			

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 APRIL, 2020,

at approximately 7:00 AM, at 32490 US19 PALM HARBOR, in Pinellas County did:

THE DEFENDANT DID TRAFFIC IN, ATTEMPT TO TRAFFIC IN, OR POSSESSES 5 TO 14 COUNTERFEIT CREDIT CARDS OR RELATED DOCUMENTS DURING A 6 MONTH PERIOD. THE DEFENDANT DID HAVE A TOTAL OF FORTY ONE (41) WALMART GIFT CARDS IN HIS CARE, CUSTODY OR POSSESSION AT THE TIME HE WAS ARRESTED FOR A VIOLATION OF F.S.S. 316.80. ALL OF THESE GIFT CARDS HAD DIFFERENT FLORIDA ZIP CODES WRITTEN ON THE REAR OF THE CARDS. YOUR AFFIANT IS PERSONALLY AWARE THAT WALMART GIFT CARDS ARE NOT ACTIVATED OR UTILIZED IN ANY FASHION WITH THE ENTRY OF A ZIP CODE. ADDITIONALLY, THIS WAS COMMONLY KNOWN TO BE A METHOD IN WHICH GIFT CARDS ARE CLONED WITH STOLEN CREDIT CARD INFORMATION. A MAG STRIP SCANNER WAS USED TO READ THE INFORMATION ON THESE CARDS, WHICH REVEALED THE PERSONAL NAMES AND INFORMATION OF MULTIPLE PERSON THAT WERE NOT THE DEFENDANT. THE DEFENDANT HAD FIFTEEN (15) WALMART GIFT CARDS IN HIS PERSONAL WALLET, 11 OF WHICH HAD DIFFERENT PERSONS INFORMATION; 5 WALMART GIFT CARDS IN A FILA WALLET IN THE TRUCK, 4 OF WHICH HAD OTHER PERSONS INFORMATION; AND 21 WALMART GIFT CARDS CONTAINED IN A CIGARETTE BOX IN THE TRUCK, 16 OR WHICH HAD OTHER PERSONS INFORMATION.

Contrary to Florida Statute/Ordinance 817.611(2)(A).

ARREST DATE: 4/17/2020 Time 12:06 PM . Aggravating/Mitigating Factors AO REQUESTS HIGH BOND

Booking Officer: POWERS, M 54040 Amount of Bond 20000.00 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: 4/17/2020 12:17:09 PM

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 — PINELLAS COUNTY SHERIFF (Agency)

DETECTIVE CHARLES REDINGER 56295 (Printed Name) — 02412980 (Declarant ID#)

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
04/17/2020	REDINGER	4.0 25.00		$100.00

2020 APR 18 AM 6:36

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐ Yes ☐ No TOTAL $ $100.00

COCR59 (Revised 10/2014)
839219 Copies to:

Court

Defendant SARDINAS CURBELO, JULIO **Court Case No:** 20-03700-CF-4

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**