

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

OBTS #	REPORT # TS20-6604				DOCKET # 1833883														
Person ID	311491754			SSN#	[REDACTED]														
Charge Description	Felony	<input checked="" type="checkbox"/> Misdemeanor	Warrant	Traffic	Ordinance	Traffic Citation # (if any)	Court Case #												
Charge	DOMESTIC BATTERY					20-03659-MM-1													
Defendant's Name (Last, First, Middle)	POGORZELSKI, JULITA NMI			DOB	06/28/1997	Sex	F	Race	W	Ht	507	Wt	132	Hair	BRO	Eyes	HAZ	Skin	FAR
Alias	DL #	P262420977280		State	FL	Scars/Marks/Tattoos/Physical Features				TATTOO :BELIEVE" ON RT RIB CAGE									
Local Address (Street, City, State, Zip Code)						Telephone	Place of Birth		Citizenship										
1298 SALT LAKE DR TARPON SPRINGS FL 34689						7272187957	NY		US										
Permanent Address (Street, City, State, Zip Code)						Telephone	Employed by / School												
1298 SALT LAKE DR TARPON SPRINGS FL 34689						7272187957	LUKENS LIQUORS												
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			Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>			Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>										
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 14 day of MARCH, 2020,

at approximately 12:55 AM, at 1298 SALT LAKE DR TARPON SPRINGS, in Pinellas County did:

THE DEF WHO RESIDES AT THIS LOCATION WITH HER MOTHER, BROTHER AND SISTER ENGAGED IN AN ARGUMENT WITH THE VICTIM ELZBIETA POGORZELSKI. THE DEF WOKE HER MOTHER WHO WAS IN HER BEDROOM AND WAS TELLING HER ABOUT DEMONS AND OTHER THINGS. THE VICTIM WENT INTO THE BATHROOM TO SMOKE A CIGARETTE AND THE DEF BECAME VERY UPSET ABOUT HER SMOKING IN THE HOUSE. THE VICTIM WAS TELLING HER TO STOP AND LEAVE HER ALONE AND THE DEF THEN STRUCK HER MOTHER WITH HER HANDS ON HER HEAD SEVERAL TIMES YELLING AT HER. THE VICTIM PUSHED HER AWAY AND THE DEF THEN WALKED OFF TO HER ROOM AFTER SLAMMING DOORS AND YELLING THINGS WHICH DID NOT MAKE SENSE. THE DEF STATES SHE HAS BEEN DIAGNOSED AS SCHIZPHENIC AND BIPOLAR. THE VICTIM DID NOT SUFFER ANY INJURIES.

PD

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/14/2020 Time 1:24 AM . Aggravating/Mitigating Factors _____

Booking Officer: HUSTON 59305 Amount of Bond ZERO 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: 3/14/2020 2:53:52 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.

DC Schmidt

TARPON SPRINGS POLICE

Declarant Signature

Agency

OFC. DAMIEN C SCHMIDT 392

310949748

Printed Name

Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
DATE OFFICER HOURS & PAY RATE OR COST

OTHER - Describe

Continuation sheet Yes No

2020 MAR 14 PM 12:52
COUNTY ASSISSTANT CLERK

Defendant POGORZELSKI, JULITA NMI **Court Case No:** 20-03659-MM-1

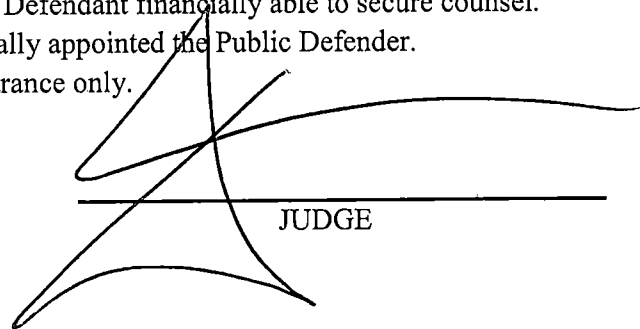
ADVISORY AND SOLVENCY HEARING

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:

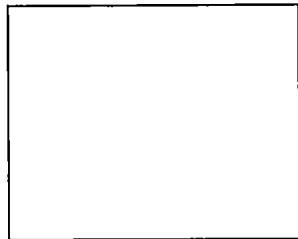
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. 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