UCN: 522020MM006415XXXXMM FL0520000

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

OBTS #		REPORT # SO20-139862	DOCKET # 1837939
Person ID 311284336		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DISORDERLY CONDUCT LICENSED ESTABLISHMENT			20-06415-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
GALVAO, JUSTIN MANUEL	06/05/1999	M	W	601	160	BRO	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	G-410-433-99-205-0	FL	NONE

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
5666 BAYVIEW DR SEMINOLE FL 33772	727-871-3373	SEMINOLE	U.S.A
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
5666 BAYVIEW DR SEMINOLE FL 33772	727-871-3373	SELF-EMPLOYED	

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 / Charge
GALVAO,JARED FRANCIS	12/11/2000	M	W	☒Yes ☐No ☐Felony ☒Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody / Charge**
JOHN,GABRIELLE	01/17/1999	F	W	☒Yes ☐No ☐Felony ☒Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 22 day of MAY, 2020,

at approximately 10:49 PM, at 15045 MADEIRA WAY, in Pinellas County did:

ON 05/22/2020 AT APPROXIMATELY 2249 HOURS, I RESPONDED TO THE SALTWATER HIPPIE BAR WHERE I OBSERVED A LARGE CROWD EXITING AND THE BOUNCER ESCORTING THE DEFENDNANT OUT. THE BOUNCER ADVISED THE DEFENDANT WAS CURSING, CAUSING A DISTURBANCE, AND THROWING DRINKS AT OTHER PATRONS OF THE BAR.

THE DEFENDANT WAS UNCOOPERATIVE AND WARNED SEVERAL TIMES ABOUT HIS BEHAVIOR OF YELLING AT OTHERS WHILE DEPUTIES ATTEMPTED TO TALK TO HIM. THE DEFENDANT CONTINUED TO BE BELLIGERENT. IT ALSO SHOULD BE NOTED THE DEFENDANT WAS HIGHLY INTOXICATED AND THE AGE OF 20 YEARS OLD..

Contrary to Florida Statute/Ordinance 877.03.

ARREST DATE: 5/22/2020 Time 11:27 PM . Aggravating/Mitigating Factors

CB 5/23/20 NA

Booking Officer: SEAY, E 58861 Amount of Bond 250** Bond Out Date 5/23/20 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: 5/23/2020 1:03:34 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

DEPUTY TERRENCE O'REILLY 59408
Printed Name

310748747
Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/22/2020	O'REILLY	1 25.00		$25.00

2020 MAY 23 AM 7:40

COURT ASSISTANCE

FILED

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $25.00

COCR59 (Revised 10/2014)
844302 Copies to:

Court

Defendant GALVAO, JUSTIN MANUEL **Court Case No:** 20-06415-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**