

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) GALVAO, JUSTIN MANUEL		DOB 06/05/1999	Sex M	Race W
		Ht 601	Wt 160	Hair BRO
		Eyes BRO	Skin LGT	
Alias	DL # G-410-433-99-205-0	State FL	Scars/Marks/Tattoos/Physical Features NONE	
Local Address (Street, City, State, Zip Code) 5666 BAYVIEW DR SEMINOLE FL 33772		Telephone 727-871-3373	Place of Birth SEMINOLE	Citizenship U.S.A
Permanent Address (Street, City, State, Zip Code) 5666 BAYVIEW DR SEMINOLE FL 33772		Telephone 727-871-3373	Employed by / School SELF-EMPLOYED	
Weapon Seized Type ☐ Yes ☒ No	Indication of Drug Influence ☐ Y ☒ N ☐ UNK	Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK	Indication of Alcohol Influence ☐ Y ☒ N ☐ UNK	
Co-Defendant's Name (Last, First, Middle) GALVAO, JARED FRANCIS		DOB 12/11/2000	Sex M	Race W
			In Custody ☒ Yes ☐ No ☐ Felony ☒ Misdemeanor	
Co-Defendant's Name (Last, First, Middle) JOHN, GABRIELLE		DOB 01/17/1999	Sex F	Race W
			In Custody ☒ 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 DEFENDANT 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

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.

 PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DEPUTY TERENCE O'REILLY 59408

310748747

Printed Name

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

OTHER - Describe

Continuation sheet ☐ Yes ☐ No TOTAL \$ 25.00

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.

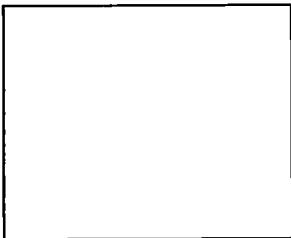
I FURTHER CERTIFY THAT:

- ☐ 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