

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

OBTS #	REPORT # 2019-047975				DOCKET # 1829021														
Person ID	3011825			SSN#	[REDACTED]														
Charge Description	<input checked="" type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Warrant	<input type="checkbox"/> Traffic	<input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #												
Charge	THEFT FROM PERSONS 65 YEARS OF AGE OR OLDER > \$300						20-01119-CF-1												
Defendant's Name (Last, First, Middle)	DENNISON, KAYLA LEA			DOB	12/01/2000	Sex	F	Race	W	Ht	502	Wt	120	Hair	BRO	Eyes	BRO	Skin	FAR
Alias	DL #	D525-512-00-941-0		State	FL	Scars/Marks/Tattoos/Physical Features													
Local Address (Street, City, State, Zip Code)	5737 3RD AVE N ST. PETERSBURG FL 33710					Telephone	727-345-3790		Place of Birth	FLORIDA		Citizenship	USA						
Permanent Address (Street, City, State, Zip Code)	5737 3RD AVE N ST. PETERSBURG FL 33710					Telephone	727-345-3790		Employed by / School			UNEMPLOYED							
Weapon Seized	Type	Indication of Drug Influence			Y	N	UNK	Indication of Mental Health Issues			Y	N	UNK	Indication of Alcohol Influence					
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input checked="" type="checkbox"/> <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 03 day of SEPTEMBER, 2019, at approximately 12:00 AM, at 1300 66TH ST N, ST. PETERSBURG, FL 33710, in Pinellas County did:

DID KNOWINGLY AND UNLAWFULLY OBTAIN TO USE OR ENDEAVOR TO OBTAIN OR TO USE, THE PROPERTY, TO-WIT: 3 FORGED ACHIEVA CREDIT UNION CHECKS OF THE VALUE OF \$1,400 OF ANOTHER, WITH THE INTENT TO DEPRIVE THE OTHER PERSON OF A RIGHT TO THE PROPERTY OR A BENEFIT DERIVED THERE FROM, OR WITH INTENT TO APPROPRIATE THE PROPERTY TO HER OWN OR THE USE OF ANY PERSON NOT ENTITLED THERETO. THE VICTIM BEING 65 YEARS OF AGE OR OLDER.

THE DEFENDANT GAINED ACCESS TO HER GRANDMOTHER'S CHECKBOOK WHO IS OVER THE AGE OF 65 YEARS OF AGE AND FORGED 3 CHECKS. THE DEFENDANT GAVE HER EX-BOYFRIEND 3 FORGED CHECKS (ACHIEVA CHECK # 3978 FOR \$500 ON 09/03/2019, ACHIEVA CHECK # 3996 FOR \$400 ON 10/10/2019, AND ACHIEVA CHECK # 4001 FOR \$500.00 ON 10/17/2019) AND ASKED HIM TO DEPOSIT THE CHECKS INTO HIS BANK OF AMERICA ACCOUNT VIA ATM TOTALING \$1,400. THE DEFENDANT'S EX-BOYFRIEND PROVIDED ALL OF THE MONEY FROM THE DEPOSITS TO THE DEFENDANT. THE DEFENDANT'S EX-BOYFRIEND HAD NO KNOWLEDGE THE CHECKS HAD BEEN FORGED.

Contrary to Florida Statute/Ordinance 812.0145.2.C

ARREST DATE: 1/30/2020 Time 1:02 PM . Aggravating/Mitigating Factors SB

Booking Officer: HORNING, C 55401 Amount of Bond 5000.00 Bond Out Date 1/30/20 Time 2:52 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: 1/30/2020 3:30 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.

Brian Kronz
 Declarant Signature
 DETECTIVE BRIAN KRONZ 46136
 Printed Name
 ST. PETERSBURG POLICE
 Agency
 03321881
 Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 93B.27(1)			
DATE	OFFICER	HOURS X PAY RATE	GR. COST
01/24/2020	B. KRONZ	2 25.00	\$50.00
OTHER - Describe			
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL \$50.00

Defendant DENNISON, KAYLA LEA

Court Case No: 20-01119-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.

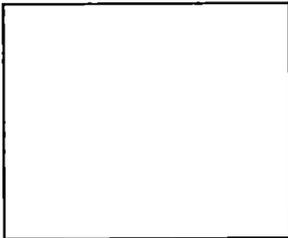
I FURTHER CERTIFY THAT:

- 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

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

OBTS #	REPORT # 2019-047975		DOCKET # 1829021	
Person ID 3011825	SSN# [REDACTED]			
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge UTTERING FORGED BILLS, CHECKS, DRAFTS OR NOTES			20-01119-CF-2	
Defendant's Name (Last, First, Middle) DENNISON, KAYLA LEA	DOB 12/01/2000	Sex F	Race W	Ht 502
		Wt 120	Hair BRO	Eyes BRO
		Skin FAR		
Alias	DL # D525-512-00-941-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 5737 3RD AVE N ST. PETERSBURG FL 33710	Telephone 727-345-3790	Place of Birth FLORIDA	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 5737 3RD AVE N ST. PETERSBURG FL 33710	Telephone 727-345-3790	Employed by / School UNEMPLOYED		
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Mental Health Issues Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Alcohol Influence 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 15 day of AUGUST, 2019,

at approximately 12:00 AM, at 5737 3RD AVE N, ST. PETERSBURG, FL 33710, in Pinellas County did:

DID, UTTER OR PASS OR TENDER IN PAYMENT AS TRUE, ANY FALSE, ALTERED, FORGE, OR COUNTERFEIT NOTE, OR ANY BANK BILL, CHECK, DRAFT, OR PROMISSORY NOTE, PAYABLE TO THE BEARER THEREOF, KNOWING THE SAME TO BE FALSE, ALTERED, FORGED, OR COUNTERFEIT, WITH INTENT TO INJURE OR DEFRAUD ANY PERSON.

THE DEFENDANT IS THE GRANDDAUGHTER FOR VICTIM, MARY DICKERSON. THE DEFENDANT GAINED ACCESS TO THE VICTIM'S CHECKBOOK, FORGED, AND THEN MOBILE DEPOSITED 4 ACHIEVA CREDIT UNION CHECKS TO THE VICTIM'S CHECKING ACCOUNT TOTALING \$1,900. THE VICTIM TESTIFIED TO THE FACT SHE DID NOT AUTHOR OR SIGN THESE CHECKS.

ON 08/15/2019, THE DEFENDANT MOBILE DEPOSITED CHECK NUMBER 3934 MADE PAYABLE TO HERSELF FOR \$500 INTO HER OWN ACHIEVA CREDIT UNION ACCOUNT. ON 09/03/2019, THE DEFENDANT MOBILE DEPOSITED CHECK NUMBER 3978 MADE PAYABLE TO HERSELF FOR \$500.00 INTO HER OWN ACHIEVA CREDIT UNION ACCOUNT. THE DEFENDANT ALSO HAD HER EX-BOYFRIEND DEPOSIT CHECK NUMBER 3978 INTO HIS BANK OF AMERICA ACCOUNT WHICH WAS LATER RETURNED AS UNCOLLECTABLE. ON 10/03/2019, THE DEFENDANT MOBILE DEPOSITED CHECK NUMBER 3964 MADE PAYABLE TO HERSELF FOR \$600 INTO HER OWN ACHIEVA CREDIT UNION ACCOUNT. ON 10/11/2019, THE DEFENDANT MOBILE DEPOSITED CHECK NUMBER 4000 MADE PAYABLE TO HERSELF FOR \$300.00 INTO HER OWN ACHIEVA CREDIT UNION ACCOUNT. THE DEFENDANT PERSONALLY BENEFITED FROM THE FRAUDULENT FUNDS WHICH WERE DEPOSITED INTO HER CHECKING ACCOUNT FROM THESE FORGED CHECKS.

Contrary to Florida Statute/Ordinance 831.09

ARREST DATE: 1/30/2020 Time 1:02 PM . Aggravating/Mitigating Factors SB

Booking Officer: HORNING, C 55401 Amount of Bond 2000.00 Bond Out Date 1/30/20 Time 2252 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: 1/30/2020 3:31:48 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: [Signature] ST. PETERSBURG POLICE Agency
DETECTIVE BRIAN KRONZ 46136 03321881 Printed Name Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
01/24/2020	B. KRONZ	4 25.00		\$100.00
OTHER - Describe				TOTAL \$100.00
Continuation sheet				<input type="checkbox"/> Yes <input type="checkbox"/> No

2020 JAN 31 AM 11:53 COURT ASSISTANCE

Defendant DENNISON, KAYLA LEA

Court Case No: 20-01119-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.

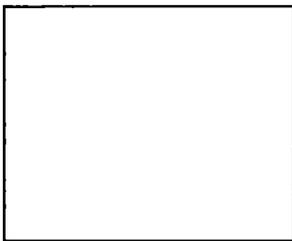
I FURTHER CERTIFY THAT:

- 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