

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

OBTS #	REPORT # NONE		DOCKET # 1831802	
Person ID 3236904	SSN# [REDACTED]			
Charge Description ☒ Felony ☐ Misdemeanor ☒ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #	
Charge WRT SCHEME TO DEFRAUD			19-01586-CF-1	
Defendant's Name (Last, First, Middle) THOMAS, KERRI FAYE	DOB 03/24/1987	Sex F	Race W	Ht 505
			Wt 160	Hair BLN
			Eyes HAZ	Skin
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 3600 38TH ST N ST PETERSBURG FL 33713		Telephone 7273090069	Place of Birth FLORIDA	Citizenship US
Permanent Address (Street, City, State, Zip Code) 3600 38TH ST N ST PETERSBURG FL 33713		Telephone 7273090069	Employed by / School	
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)	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 24 day of FEBRUARY, 2020,

at approximately 12:53 PM, at PCJ, in Pinellas County did:

PINELLAS) COUNTY WARRANT

ARREST ON WARRANT/CAPIAS # 1901586-CF

I HAVE NO KNOWLEDGE OF THIS CASE

BOND: \$100,000

ISSUE DATE: FEBRUARY 8, 2019

WARRANT CANCELLED:
DATE: 2/24/2020 1:59:29 PM
CLERK: 59416
DEPUTY: 55798

Contrary to Florida Statute/Ordinance 817.034(4)(A)(1)

ARREST DATE: 2/24/2020 Time 12:53 PM . Aggravating/Mitigating Factors _____

Booking Officer: DOHERTY, S 55798 Amount of Bond \$100,000 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: 2/24/2020 1:59:35 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.

Darlene Carlson
Declarant Signature
PINELLAS COUNTY SHERIFF
Agency
INTAKE SPECIALIST D CARLSON 57027 310394388
Printed Name Declarant ID#

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

OTHER – Describe _____
Continuation sheet ☐ Yes ☐ No TOTAL \$ \$0.00

FILED
COURT ASSISTANCE
2020 FEB 25 AM 11:18
KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER

Defendant THOMAS, KERRI FAYE

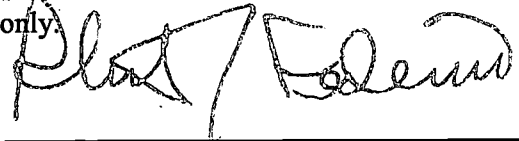
Court Case No: 19-01586-CF-1

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:

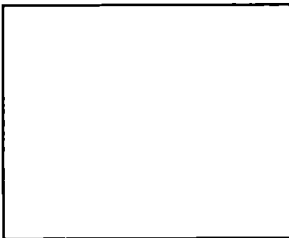
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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