UCN: 522020MM002647XXXXMM FL0520000

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

OBTS #	REPORT # SO20-59294	DOCKET # 1831687

Person ID 2638740	SSN# 000-00-0000
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any) / Court Case #
Charge: BATTERY; SIMPLE	20-02647-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
LOOKER, KEVIN JAMES	03/25/1987	M	W	510	186	BRO	GRN	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	L260510871050	FL	

Address	Telephone		
Local Address (Street, City, State, Zip Code): 101 WAEREDGE CT SAFETY HARBOR FL 34695	Telephone:	Place of Birth: FL	Citizenship: US
Permanent Address (Street, City, State, Zip Code): 101 WAEREDGE CT SAFETY HARBOR FL 34695	Telephone:	Employed by / School:	

Weapon Seized ☐ Yes ☒ No Type

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
				☐ Yes ☐ No ☐ Felony ☐ Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 23 day of FEBRUARY, 2020,

at approximately 2:41 AM, at 319 MAIN ST, in Pinellas County did:

DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE BASSEM METRY AGAINST THE WILL OF BASSEM METRY, AND DID CAUSE BODILY HARM. MINOR ABRASIONS TO THE BACK OF THE HEAD.

WHILE INTOXICATED AT A BAR THE DEFENDANT WALKED OVER AND SUCKER PUNCHED THE VICTIM IN THE BACK OF THE HEAD.

S70R no job (AM

Contrary to Florida Statute/Ordinance 784.03.

2020 FEB 23 PM 12:44

ARREST DATE: 2/23/2020 Time 2:41 AM . Aggravating/Mitigating Factors

Booking Officer: LEIPSKI 59118 Amount of Bond 500 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: 2/23/2020 4:08:00 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 NATHAN LEATHERS 59067 — Printed Name	310386082 — Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE		OR	COST
02/23/2020	LEATHERS	1	25.00		$25.00

OTHER – Describe

Continuation sheet ☐ Yes ☐ No TOTAL $ $25.00

COCR59 (Revised 10/2014)

831471 Copies to: Court

Defendant LOOKER, KEVIN JAMES **Court Case No:** 20-02647-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**