

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

OBTs #		REPORT # SO20-52256		DOCKET # 1830971	
Person ID 311447718			SSN# [REDACTED]		
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)		Court Case #	
Charge BATTERY; SIMPLE				20-02281-MM-1	
Defendant's Name (Last, First, Middle) TOMMINS, KEVIN NICHOLAS		DOB 09/30/1986	Sex M	Race W	Ht 5'9
		Wt 170	Hair BRO	Eyes BRO	Skin MED
Alias	DL # T63564337509862	State NJ	Scars/Marks/Tattoos/Physical Features R SHOULDER BURN		
Local Address (Street, City, State, Zip Code) 6852 GULF WINDS DR #2 ST PETE BEACH FL 33706		Telephone 7324275591	Place of Birth NJ		Citizenship USA
Permanent Address (Street, City, State, Zip Code) 6852 GULF WINDS DR ST PETE BEACH FL 33706		Telephone 7324275591	Employed by / School O'MADDYS		
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 17 day of FEBRUARY, 2020,

at approximately 2:30 AM, at 6852 GULF WINDS DR, in Pinellas County did:

DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE THE VICTIM AGAINST THE WILL OF THE VICTIM, AND DID NOT CAUSE BODILY HARM.

THE DEFENDANT SLAPPED THE VICTIM IN THE FACE WITH AN OPEN HAND DURING A DISPUTE.




FILED
COURT ASSISTANCE
2020 FEB 17 AM 10:17

Contrary to Florida Statute/Ordinance 784.03.

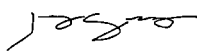
ARREST DATE: 2/17/2020 Time 3:10 AM . Aggravating/Mitigating Factors _____

Booking Officer: LEVEA 59816 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: 2/17/2020 4:17:06 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.  DEPUTY JOSHUA SACINO 59640 Printed Name		REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)	
		DATE 02/17/2020	OFFICER DEP J SACINO
		HOURS X PAY RATE 1.5 25.00	OR COST \$37.50
PINELLAS COUNTY SHERIFF Agency		OTHER – Describe _____	
310956735 Declarant ID#		Continuation sheet ☐ Yes ☐ No TOTAL \$ 37.50	

Defendant TOMMINS, KEVIN NICHOLAS

Court Case No: 20-02281-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.

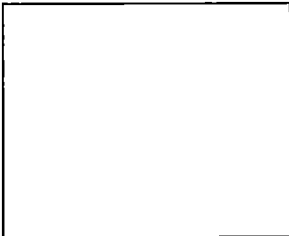
I FURTHER CERTIFY THAT:

- ☐ 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