UCN: 522020MM002281XXXXMM FL0520000

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)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
TOMMINS, KEVIN NICHOLAS	09/30/1986	M	W	5'9	170	BRO	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	T63564337509862	NJ	R SHOULDER BURN

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
6852 GULF WINDS DR #2 ST PETE BEACH FL 33706	7324275591	NJ	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
6852 GULF WINDS DR ST PETE BEACH FL 33706	7324275591	O'MADDYS	

Weapon Seized Type	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence
☐Yes ☒No	Y ☒ N ☐ UNK ☐	Y ☐ N ☐ UNK ☒	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.

SROR

FILED
COURT ASSISTANCE
2020 FEB 17 AM 10:17
KEN BURKE CLERK OF CIRCUIT COURT

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.

Declarant Signature	Agency
	PINELLAS COUNTY SHERIFF
DEPUTY JOSHUA SACINO 59640	310956735
Printed Name	Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
02/17/2020	DEP J SACINO	1.5 25.00		$37.50

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $37.50

COCR59 (Revised 10/2014)
830228 Copies to:

Court

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**