

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

OBTS # [] REPORT # SO20-82628 DOCKET # 1833987

Person ID 716232 SSN# [REDACTED]

Charge Description [Felony] [X] Misdemeanor [] Warrant [] Traffic [] Ordinance [] Traffic Citation # (if any) [] Court Case # 20-03700-MM-1

Defendant's Name (Last, First, Middle) TZIAMTZIS, KOSTANTINOS DOB 01/03/1967 Sex M Race W Ht 511 Wt 220 Hair BRO Eyes BRO Skin []

Alias [] DL # T253-500-67-003-0 State FL Scars/Marks/Tattoos/Physical Features []

Local Address (Street, City, State, Zip Code) 254 DOGWOOD TRACE TARPON SPRINGS FL 34688 Telephone 7279465028 Place of Birth GREECE Citizenship US

Permanent Address (Street, City, State, Zip Code) 254 DOGWOOD TRACE TARPON SPRINGS FL 34688 Telephone 7279465028 Employed by / School []

Weapon Seized Type [] Yes [X] No Indication of Drug Influence [] Y [X] N [] UNK [] Indication of Mental Health Issues [] Y [X] N [] UNK [] Indication of Alcohol Influence [X] 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 15 day of MARCH, 2020, at approximately 1:00 AM, at 254 DOGWOOD TRACE, in Pinellas County did: ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE CHRISTINA CHARITAKI, HIS WIFE AND CO-HABITANT, AGAINST THE WILL OF CHRISTINA CHARITAKI, TO-WIT: WHILE IN A VERBAL ARGUMENT WITH THE VICTIM THE DEF ENDED UP BATTERING ONE OF HIS ADULT CHILDREN. WHEN THE VICTIM ATTEMPTED TO STOP HIM HE PUSHED THE VICTIM TO THE GROUND. THE VICTIM AND THE DEF HAVE BEEN MARRIED FOR 14 YRS.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/15/2020 Time 1:30 AM Aggravating/Mitigating Factors []

Booking Officer: MAGGIO, K 57191 Amount of Bond ZERO Bond Out Date [] Time [] a.m. [] p.m.

Victim Notified of Advisory? [X] 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: 3/15/2020 4:21:07 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. [Signature] PINELLAS COUNTY SHERIFF DEPUTY JEFFERY MARTIN 56124 02359724

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 03/15/2020 OFFICER J.MARTIN HOURS 3 PAY RATE 25.00 OR COST \$75.00 OTHER - Describe [] CONTINUATION SHEET [] Yes [] No TOTAL \$ 75.00

2500

2020 MAR 15 AM 7:01

Defendant TZIAMTZIS, KOSTANTINOS **Court Case No:** 20-03700-MM-1

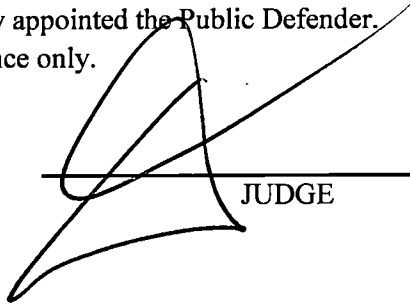
ADVISORY AND SOLVENCY HEARING

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:

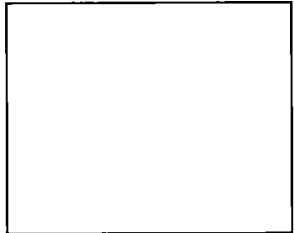
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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

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

OBTS #	REPORT # SO20-82628		DOCKET # 1833987	
Person ID 716232	SSN# [REDACTED]			
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge BATTERY; DOMESTIC			20-03700-MM-2	
Defendant's Name (Last, First, Middle) TZIAMTZIS, KOSTANTINOS	DOB 01/03/1967	Sex M	Race W	Ht 511
		Wt 220	Hair BRO	Eyes BRO
Alias	DL # T253-500-67-003-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 254 DOGWOOD TRACE TARPON SPRINGS FL 34688	Telephone 7279465028	Place of Birth GREECE	Citizenship US	
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ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE ILEKTRA CHALAMANDRI, HIS DAUGHTER AND CO-HABITANT, AGAINST THE WILL OF ILEKTRA CHALAMANDRI, TO-WIT: THE VICTIM WAS IN A VERBAL ARGUMENT WITH DEF WHEN THE DEF SLAPPED THE VICTIM AND GRABBED HER BY THE THROAT. THE VICTIM IS THE ADULT CHILD OF THE DEF.

*2500 Dwell V
Cam/Random Uren*

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/15/2020 Time 1:30 AM . Aggravating/Mitigating Factors _____

Booking Officer: MAGGIO, K 57191 Amount of Bond ZERO 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: 3/15/2020 4:21:19 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.

JM Martin

 PINELLAS COUNTY SHERIFF
 Declarant Signature Agency
 DEPUTY JEFFERY MARTIN 56124 02359724
 Printed Name Declarant ID#

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

DATE	OFFICER	HOURS	PAY RATE	OR	COST
03/15/2020					

2020 MAR 15 AM 7:01

OTHER - Describe COURT ASSISTANCE

Continuation sheet Yes No TOTAL \$ \$0.00

Defendant TZIAMTZIS, KOSTANTINOS **Court Case No:** 20-03700-MM-2

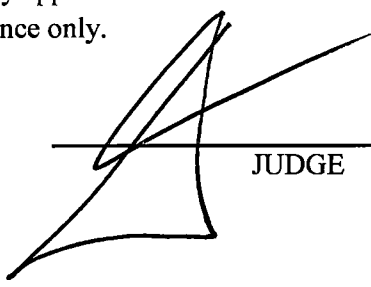
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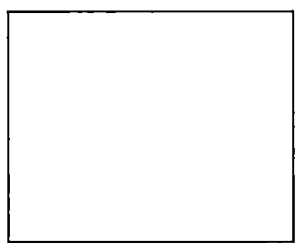
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