UCN: 522020CF001155XXXXCF FL0520000

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

OBTS #		REPORT # SO20-41752	DOCKET # 1829952
Person ID 310872352		SSN# [redacted]	
Charge Description ☒Felony ☐Misdemeanor ☒Warrant ☐Traffic ☐Ordinance		Traffic Citation # (if any)	Court Case #
Charge WARRANT ARREST (SALE OR DELIVERY OF COCAINE & POSS OF COC)			20-01155-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
WILLIAMSON, KYLA MICHELLE	03/10/1992	F	W	56	115	BLN	BLU	

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

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2300 49TH ST S GULFPORT, FL 33707	614 738-9378	OHIO	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
2300 49TH ST S GULFPORT, FL 33707			

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

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 07 day of FEBRUARY, 2020,

at approximately 10:45 AM, at 14250 49TH STREET N. CLEARWATER, FL 33701, in Pinellas County did:

ARREST ON PINELLAS WARRANT #: 20-01155-CF

BOND: 20000.00

WARRANT ISSUE DATE: 1/31/2020

I HAVE NO FURTHER KNOWLEDGE OF THIS CASE.

WARRANT CANCELLED:
DATE: 2/7/2020 12:51:34 PM
CLERK: 55478
DEPUTY: 55401

Contrary to Florida Statute/Ordinance 893.13.

ARREST DATE: 2/7/2020 Time 10:45 AM . Aggravating/Mitigating Factors _____

Booking Officer: HORNING, C 55401 Amount of Bond 20000.00 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: 2/7/2020 12:51:38 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.

V Henderson
Declarant Signature

PINELLAS COUNTY SHERIFF
Agency

DEPUTY V HENDERSON 58664
Printed Name

310998467
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

COCR59 (Revised 10/2014)
828332 Copies to:

Court

Defendant WILLIAMSON, KYLA MICHELLE **Court Case No:** 20-01155-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.

2/3/22
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