UCN: 522020MM000199XXXXMM FL0521400

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

OBTS #		REPORT # 2020-000564	DOCKET # 1826402
Person ID 310278561		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; DOMESTIC			20-00199-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
GULDIN, KYLE JOSEPH	06/20/1994	M	H	511	170	BLK	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	G435510942200	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
224 6TH AVE N ST.PETERSBURG FL 33701	4074080298	PENNSYLVAN	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
224 6TH AVE N ST.PETERSBURG FL 33701	4074080298	SHELTAIR	

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 05 day of JANUARY, 2020,

at approximately 3:06 AM, at 224 6TH AV N, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE JUAN MARTINEZ, HIS BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF JUAN MARTINEZ, TO-WIT: POLICE OBSERVED GULDIN PUSH THE VICTIM AGAINST WALL AND TOOK PHONE FROM HIS HANDS. VICTIM HAD SCRATCHES AND VISIBLE INJURIES TO HIS LIP. VICTIM WAS UNCOOPERATIVE IN PROVIDING DETAILS OF HOW INJURIES OCCURRED AND DOES NOT SEEK PROSECUTION.

FILED
COURT ASSISTANT
2020 JAN -5 AM 7:39
KEN BURKE
CLERK OF CIRCUIT COURT

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 1/5/2020 Time 3:24 AM . Aggravating/Mitigating Factors

Booking Officer: ANTHONY, S 58654 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: PRIOR BOND

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 1/5/2020 4:20:11 AM

NCIC V IXED 500ft NO F/M

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.

ST. PETERSBURG POLICE

Declarant Signature — Agency

OFFICER ALEXANDER POST 48495 — 311270549

Printed Name — Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
01/05/2020	POST	2	25.00		$50.00
01/05/2020	KARIC	1	25.00		25

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $75.00

COCR59 (Revised 10/2014)
822040 Copies to:

Court

Defendant GULDIN, KYLE JOSEPH **Court Case No:** 20-00199-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.

1/5/20
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