

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

OBTS #	REPORT # C2020011178		DOCKET # 1834129						
Person ID	310879245		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				
Charge	BATTERY; DOMESTIC		Traffic Citation # (if any)		Court Case #				
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin	
COTTON, MARIAH R	03/30/1998	F	W	510	200	BLK		FAR	
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features						
	C350556986100	FL	BUTTERFLY TATTOO ABOVE THE RIGHT KNEE						
Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship						
250 11TH AV N ST PETERSBURG FL 33701	8139907162	FL	US						
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School							
250 11TH AV N ST PETERSBURG FL 33701	8139907162	GREEN PEACE							
Weapon Seized Type	Indication of Drug Influence		Indication of Mental Health Issues		Indication of Alcohol Influence				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No					
				<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor					
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No					
				<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor					

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 17 day of MARCH, 2020, at approximately 12:58 AM, at 250 11TH AVE NE ST PETERSBURG, in Pinellas County did:

THE DEFENDANT ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE JOHN FORREST, HER BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF JOHN FORREST, TO-WIT: THE DEFENDANT PUSHED HER BOYFRIEND, JOHN FORREST DURING AN ARGUMENT AND STRUCK HIM IN THE FACE WITH HER HANDS, CAUSING BLEEDING AND VISIBLE FACIAL WOUNDS.

JROR
Report
CLAY

PDA

FILED
COURT ASSISTANT
2020 MAR 17 AM 7:31
KEN BURKE
CLERK OF CIRCUIT COURT
AND COUNTY COMMISSIONER

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/17/2020 Time 1:15 AM . Aggravating/Mitigating Factors _____

Booking Officer: FALLAHEE, GEORGE 55259 Amount of Bond NO BOND 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: 3/17/2020 2:15:45 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]

Declarant Signature _____ Agency ST. PETERSBURG POLICE
OFFICER DANIEL CLANCY 44530 02951633
Printed Name _____ Declarant ID# _____

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
03/17/2020	D. CLANCY	2 25.00		\$50.00
03/17/2020	M. MILLER	2 25.00		50
OTHER - Describe _____				
Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No				TOTAL \$ 100.00

Defendant COTTON, MARIAH R

Court Case No: 20-03771-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:

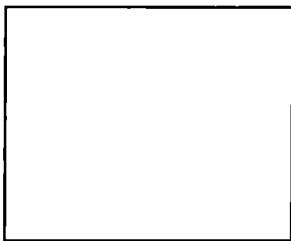
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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