UCN: 522019CF007992XXXXCF FL0520300

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

OBTS #		REPORT # CW19-100941	DOCKET # 1806111
Person ID 311339292		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF A CONTROLLED SUBSTANCE			19-07992-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
KESLER, MELISSA J	06/26/1989	F	W	503	120	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	K246550897160	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
712 S GLENWOOD AVE CLEARWATER FL 33756		GEORGIA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
712 S GLENWOOD AVE CLEARWATER FL 33756		NONE	

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 01 day of JULY, 2019,

at approximately 9:11 AM, at 617 S GLENWOOD AVE, in Pinellas County did:

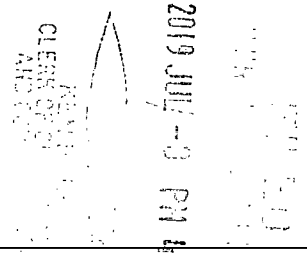
UNLAWFULLY HAVE IN (HER) ACTUAL OR CONSTRUCTIVE POSSESSION, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: (DILAUDED), WITHOUT HAVING LAWFULLY OBTAINING SAID SUBSTANCE FROM A VALID PRACTITIONER. THE SUBSTANCE WEIGHED (1 PILL).

A PRESUMPTIVE TEST WAS POSITIVE.

DURING A SEARCH OF A VEHICLE INCIDENT TO ARREST, LOCATED WITHIN THE DEF'S PURSE WAS A PILL BOTTLE CONTAINING A SMALL WHITE PILL WRAPPED IN A PIECE OF NEWSPAPER THAT WAS NOT CONSISTENT WITH THE LABEL OF THE PILL BOTTLE. UPON A CHECK OF THE PILL IDENTIFIER ON DRUGS.COM, IT CAME BACK POSITIVE FOR DILAUDED.

A POST MIRANDA STATEMENT BY THE DEF ADVISED THE PILL WAS DILAUDED

SUBJ NOT PRESCRIBED THIS MEDICATION



Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 7/1/2019 Time 9:17 AM . Aggravating/Mitigating Factors

Booking Officer: POWERS, M 54040 Amount of Bond 2000.00 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: 7/1/2019 1:20:39 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.

Declarant Signature	Agency
	CLEARWATER POLICE DEPT.
OFFICER DYLAN DRUMMOND CW1381	310428873
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
07/01/2019	D. DRUMMOND	3 29.14		$87.42

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $87.42

Defendant KESLER, MELISSA J **Court Case No:** 19-07992-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.

Michael H. Archer

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**

UCN: 522019CF007992XXXXCF FL0520300

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

OBTS #		REPORT # CW19-100941	DOCKET # 1806111
Person ID 311339292		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF CONTROLLED SUBSTANCE			19-07992-CF-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
KESLER, MELISSA J	06/26/1989	F	W	503	120	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	K246550897160	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
712 S GLENWOOD AVE CLEARWATER FL 33756		GEORGIA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
712 S GLENWOOD AVE CLEARWATER FL 33756		NONE	

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 01 day of JULY, 2019,

at approximately 9:11 AM, at 617 S GLENWOOD AVE, in Pinellas County did:

THEN AND THERE UNLAWFULLY HAVE IN HIS POSSESSION, CUSTODY, OR CONTROL A CERTAIN CONTROLLED SUBSTANCE, TO-WIT: (LOADED NEEDLE WITH HEROIN INSIDE)

AT THE ABOVE DATE AND TIME, DURING A SEARCH OF A VEHICLE THE DEF WAS LOCATED IN, TWO LOADED NEEDLES WERE LOCATED INSIDE THE VEHICLE: ONE WAS LOCATED WITHIN THE CUP HOLDER, AND ANOTHER WAS LOCATED WITHIN THE DEF'S PURSE WHICH WAS AT HER FEET UPON CONTACT.

A FIELD TEST RETURNED POSITIVE RESULTS FOR HEROIN.

POST MIRANDA THE DEF ADMITTED TO THE SUBSTANCE BEING HEROIN.

2019 JUL -3 PM 1:39 CLERK CIRCUIT COURT PINELLAS COUNTY FL

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 7/1/2019 Time 9:17 AM . Aggravating/Mitigating Factors

Booking Officer: POWERS, M 54040 Amount of Bond 2000.00 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: 7/1/2019 1:19:30 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.

Declarant Signature — Agency: CLEARWATER POLICE DEPT.

Printed Name: OFFICER DYLAN DRUMMOND CW1381 — Declarant ID#: 310428873

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
07/01/2019	D. DRUMMOND	3	29.14		$87.42

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $87.42

COCR59 (Revised 10/2014)
785217 Copies to:

Court

Defendant KESLER, MELISSA J **Court Case No:** 19-07992-CF-2

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.

Michael S. Orshow

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.

DEFENDANT'S SIGNATURE

Thumb Print

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE **DEFENDANT'S ATTORNEY'S SIGNATURE** **DATE**

UCN: 522019CF007992XXXXCF FL0520300

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

OBTS #		REPORT # CW19-100941	DOCKET # 1806111
Person ID 311339292		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge UNLAWFUL POSSESSION OF PERSONAL IDENTIFICATION INFORMATION OF ANOTHER PERSON			19-07992-CF-3

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
KESLER, MELISSA J	06/26/1989	F	W	503	120	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	K246550897160	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
712 S GLENWOOD AVE CLEARWATER FL 33756		GEORGIA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
712 S GLENWOOD AVE CLEARWATER FL 33756		NONE	

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 01 day of JULY, 2019,

at approximately 9:11 AM, at 617 S GLENWOOD AVE, in Pinellas County did:

FOUR OR FEWER PIECES - 1ST DEGREE MISDEMEANOR -

DEFENDANT DID INTENTIONALLY OR KNOWINGLY POSSESS, WITHOUT AUTHORIZATION, THE PERSONAL IDENTIFICATION INFORMATION OF ANOTHER PERSON(S) IN ANY FORM, INCLUDING, BUT NOT LIMITED TO, MAIL, PHYSICAL DOCUMENTS, IDENTIFICATION CARDS, OR INFORMATION STORED IN DIGITAL FORM.

WHEN ASKED TO IDENTIFY HERSELF, THE DEF PROVIDED AN IDENTIFICATION CARD WHICH WAS CONFIRMED TO NOT BE HERS.

POST MIRANDA, THE DEF ADVISED SHE PROVIDED THIS ID BECAUSE SHE WAS SCARED ABOUT GETTING IN TROUBLE. THE DEF ADVISED THE ID IS FROM ANOTHER GIRL WITHIN THE ABOVE ADDRESS.

Contrary to Florida Statute/Ordinance 817.5685.3A.

ARREST DATE: 7/1/2019 Time 9:17 AM . Aggravating/Mitigating Factors

Booking Officer: POWERS, M 54040 Amount of Bond 150.00 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: 7/1/2019 1:22:22 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.

Declarant Signature — Agency: CLEARWATER POLICE DEPT.

Printed Name: OFFICER DYLAN DRUMMOND CW1381 — Declarant ID#: 310428873

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
07/01/2019	D. DRUMMOND	3	29.14		$87.42

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $87.42

COCR59 (Revised 10/2014)
785223 Copies to:

Court

Defendant KESLER, MELISSA J **Court Case No:** 19-07992-CF-3

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.

Michael A. Andrew

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**

UCN: 522019CF007992XXXXCF FL0520300

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

OBTS #		REPORT # CW19-100941	DOCKET # 1806111
Person ID 311339292		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF MARIJUANA			19-07992-CF-4

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
KESLER, MELISSA J	06/26/1989	F	W	503	120	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	K246550897160	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
712 S GLENWOOD AVE CLEARWATER FL 33756		GEORGIA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
712 S GLENWOOD AVE CLEARWATER FL 33756		NONE	

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 ☐

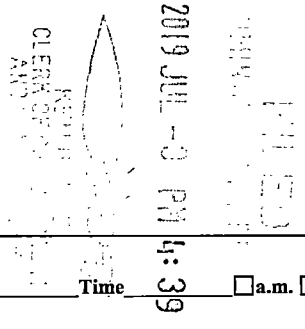
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody
				☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody**
				☐Yes ☐No ☐Felony ☐Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 01 day of JULY, 2019,

at approximately 9:11 AM, at 617 S GLENWOOD AVE, in Pinellas County did:

UNLAWFULLY HAVE IN (HER) CARE, CUSTODY AND CONTROL, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: CANNABIS SATIVA, COMMONLY KNOWN AS MARIJUANA. THE CANNABIS DID WEIGH (3 GRAMS), AN AMOUNT LESS THAN 20 GRAMS. A PRESUMPTIVE TEST WAS POSITIVE.

(UPON CONTACT WITH THE DEF WITHIN THE VEHICLE SHE WAS DRIVING, A SMALL BAGGIE OF MARIJUANA WAS OBSERVED NEXT TO HER PURSE ON THE FLOORBOARD, THE DEF SPONTANEOUSLY STATED THE CONTRABAND WAS HERS. A FIELD TEST WAS POSITIVE FOR MARIJUANA)



Contrary to Florida Statute/Ordinance 893.13.6B.

ARREST DATE: 7/1/2019 Time 9:17 AM . Aggravating/Mitigating Factors

Booking Officer: POWERS, M 54040 Amount of Bond 150.00 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: 7/1/2019 1:23:14 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.

Declarant Signature	Agency
	CLEARWATER POLICE DEPT.
OFFICER DYLAN DRUMMOND CW1381	310428873
Printed Name	Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
07/01/2019	D. DRUMMOND	3	29.14		$87.42

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $87.42

COCR59 (Revised 10/2014)
785224 Copies to:

Court

Defendant KESLER, MELISSA J **Court Case No:** 19-07992-CF-4

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.

Michael S. Orshow

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**

UCN: 522019CF007992XXXXCF FL0520300

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

OBTS #		REPORT # CW19-100941	DOCKET # 1806111
Person ID 311339292		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUG PARAPHERNALIA			19-07992-CF-5

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
KESLER, MELISSA J	06/26/1989	F	W	503	120	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	K246550897160	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
712 S GLENWOOD AVE CLEARWATER FL 33756		GEORGIA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
712 S GLENWOOD AVE CLEARWATER FL 33756		NONE	

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 01 day of JULY, 2019,

at approximately 9:11 AM, at 617 S GLENWOOD AVE, in Pinellas County did:

UNLAWFULLY USE OR HAVE IN (HER) POSSESSION, CUSTODY, OR CONTROL A CERTAIN ITEM OF DRUG PARAPHERNALIA WITH THE INTENT TO USE SAID PARAPHERNALIA FOR UNLAWFULLY SMOKING, INGESTING OR INJECTING A DANGEROUS DRUG CONTROLLED BY CHAPTER 893 OF FLORIDA STATE STATUTES INTO THE HUMAN BODY, TO-WIT: (7 NEEDLES USED FOR HEROIN USE).

(UPON CONTACT WITH THE DEF WITHIN THE VEHICLE SHE WAS DRIVING, THE DEF WAS FOUND IN POSSESSION OF MULTIPLE (7) NEEDLES. (NEEDLES WERE FOUND WITHIN HER PURSE, THE CUP HOLDER, AND VARIOUS OTHER AREAS OF THE VEHICLE. TWO OF WHICH (IN PURSE AND CUP HOLDER) WERE LOADED WITH A SUBSTANCE WHICH CAME BACK POSITIVE FOR HEROIN. A POST MIRANDA STATEMENT, THE DEF ADMITTED TO THE SUBSTANCE BEING HEROIN)

Contrary to Florida Statute/Ordinance 893.147.

ARREST DATE: 7/1/2019 Time 9:17 AM . Aggravating/Mitigating Factors

Booking Officer: POWERS, M 54040 Amount of Bond 150.00 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: 7/1/2019 1:23:59 PM

2019 JUN -3 PM 4:57 CLERK OF CIRCUIT COURT PINELLAS COUNTY, FLORIDA

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: CLEARWATER POLICE DEPT.

Printed Name: OFFICER DYLAN DRUMMOND CW1381 — Declarant ID#: 310428873

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
07/01/2019	D. DRUMMOND	3 29.14		$87.42

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $87.42

Defendant KESLER, MELISSA J **Court Case No:** 19-07992-CF-5

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.

Michael S. Orshan

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**

UCN: 522019CF007992XXXXCF FL0520300

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

OBTS #		REPORT # CW19-100941	DOCKET # 1806111
Person ID 311339292		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF DRUG PARAPHERNALIA			19-07992-CF-6

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
KESLER, MELISSA J	06/26/1989	F	W	503	120	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	K246550897160	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
712 S GLENWOOD AVE CLEARWATER FL 33756		GEORGIA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
712 S GLENWOOD AVE CLEARWATER FL 33756		NONE	

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 01 day of JULY, 2019,

at approximately 9:11 AM, at 617 S GLENWOOD AVE, in Pinellas County did:

UNLAWFULLY USE OR HAVE IN (HER) POSSESSION, CUSTODY, OR CONTROL A CERTAIN ITEM OF DRUG PARAPHERNALIA WITH THE INTENT TO USE SAID PARAPHERNALIA FOR UNLAWFULLY SMOKING, INGESTING OR INJECTING A DANGEROUS DRUG CONTROLLED BY CHAPTER 893 OF FLORIDA STATE STATUTES INTO THE HUMAN BODY, TO-WIT: (GLASS PIPE W/ MARIJUANA RESIDUE).

UPON CONTACT WITH THE DEF, SHE WAS FOUND IN POSSESSION (DEF WAS SITTING ON THE PIPE AND WHEN ASKED TO STEP OUT OF THE VEHICLE IT WAS DISCOVERED) OF A SMALL GLASS PIPE SHE SPONTANEOUSLY STATED SHE JUST RECENTLY USED TO SMOKE MARIJUANA. UPON OBSERVATION, A FIELD TEST CAME BACK POSITIVE FOR MARIJUANA WITHIN THE PIPE.

FILED 19 JUL -3 PM 1:39

Contrary to Florida Statute/Ordinance 893.147.

ARREST DATE: 7/1/2019 Time 9:17 AM . Aggravating/Mitigating Factors

Booking Officer: POWERS, M 54040 Amount of Bond 150.00 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: 7/1/2019 1:24:56 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.

Declarant Signature	Agency
	CLEARWATER POLICE DEPT.
OFFICER DYLAN DRUMMOND CW1381	310428873
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
07/01/2019	D. DRUMMOND	3	29.14		$87.42

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $87.42

Defendant KESLER, MELISSA J **Court Case No:** 19-07992-CF-6

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.

Michael T. Orchove

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**

UCN: 522019CF007992XXXXCF FL0520300

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

OBTS #		REPORT # CW19-100941	DOCKET # 1806111
Person ID 311339292		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge RESISTING AN OFFICER; WITHOUT VIOLENCE (OBSTRUCTION)			19-07992-CF-7

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
KESLER, MELISSA J	06/26/1989	F	W	503	120	BLN	BLU	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	K246550897160	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
712 S GLENWOOD AVE CLEARWATER FL 33756		GEORGIA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
712 S GLENWOOD AVE CLEARWATER FL 33756		NONE	

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 01 day of JULY, 2019,

at approximately 9:11 AM, at 617 S GLENWOOD AVE, in Pinellas County did:

UNLAWFULLY OBSTRUCT OR OPPOSE (OFC DRUMMOND), A DULY AND LEGALLY CONSTITUTED LAW ENFORCEMENT OFFICER OF THE (CLEARWATER PD), WHILE IN THE LAWFUL EXECUTION OF A LEGAL DUTY, WHICH CONSISTED OF (IDENTIFYING THE SUSPECT IN REFERENCE TO POSSESSION CHARGES & TRAFFIC STOP) WITHOUT OFFERING OR DOING VIOLENCE TO THE PERSON OF THE OFFICER.

(UPON CONTACT WITH THE DEF IN REFERENCE TO A TRAFFIC STOP, THE DEF PROVIDED AN ID CARD WHICH WAS FOUND TO NOT BE HER IDENTITY. THE DEF HAS MULTIPLE OTHER CHARGES, AND POST MIRANDA ADMITTED TO PROVIDING A FALSE ID BECAUSE SHE DOES NOT HAVE A LICENSE AND WAS SCARED ABOUT WHAT SHE HAD IN THE VEHICLE. A LATER SEARCH OF THE VEHICLE PRODUCED HER REAL IDENTIFICATION CARD WITHIN THE TRUNK)

Contrary to Florida Statute/Ordinance 843.02.

ARREST DATE: 7/1/2019 Time 9:17 AM . Aggravating/Mitigating Factors

Booking Officer: POWERS, M 54040 Amount of Bond 150.00 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: 7/1/2019 1:25:54 PM

2019 JUL 1 PM 4:39

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: CLEARWATER POLICE DEPT.

Printed Name: OFFICER DYLAN DRUMMOND CW1381 — Declarant ID#: 310428873

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
07/01/2019	D. DRUMMOND	3 29.14		$87.42

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $87.42

COCR59 (Revised 10/2014)
785230 Copies to:

Court

Defendant KESLER, MELISSA J **Court Case No:** 19-07992-CF-7

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.

Michael S. Orshow

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**