

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

|                                                                                             |                                                                                                                                                                                      |                                                                                                                               |                                       |                                                                                                                                     |           |                                                                                                                                             |             |             |             |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|
| OBTS #                                                                                      | REPORT # 2020-015275                                                                                                                                                                 |                                                                                                                               | DOCKET # 1835965                      |                                                                                                                                     |           |                                                                                                                                             |             |             |             |
| Person ID                                                                                   | 1031499                                                                                                                                                                              |                                                                                                                               | SSN# [REDACTED]                       |                                                                                                                                     |           |                                                                                                                                             |             |             |             |
| Charge Description                                                                          | Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance <input type="checkbox"/> | Traffic Citation # (if any)                                                                                                   |                                       | Court Case #                                                                                                                        |           |                                                                                                                                             |             |             |             |
| Charge<br>VIOLATION OF INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE                  |                                                                                                                                                                                      |                                                                                                                               |                                       | 20-05044-MM-1                                                                                                                       |           |                                                                                                                                             |             |             |             |
| Defendant's Name (Last, First, Middle)<br>MOORE, MICHAEL JAMES                              |                                                                                                                                                                                      | DOB<br>02/01/1971                                                                                                             | Sex<br>M                              | Race<br>W                                                                                                                           | Ht<br>602 | Wt<br>155                                                                                                                                   | Hair<br>BRO | Eyes<br>BRO | Skin<br>LGT |
| Alias                                                                                       | DL #<br>M600-550-71-041-0                                                                                                                                                            | State<br>FL                                                                                                                   | Scars/Marks/Tattoos/Physical Features |                                                                                                                                     |           |                                                                                                                                             |             |             |             |
| Local Address (Street, City, State, Zip Code)<br>7012 40TH AVE N ST PETERSBURG FL 33709     |                                                                                                                                                                                      | Telephone<br>727-280-7860                                                                                                     |                                       | Place of Birth<br>FL                                                                                                                |           | Citizenship<br>US                                                                                                                           |             |             |             |
| Permanent Address (Street, City, State, Zip Code)<br>7012 40TH AVE N ST PETERSBURG FL 33709 |                                                                                                                                                                                      | Telephone<br>727-280-7860                                                                                                     |                                       | Employed by / School<br>SELF                                                                                                        |           |                                                                                                                                             |             |             |             |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                                                                                                                                                                      | Indication of Drug Influence Y N UNK<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |                                       | Indication of Mental Health Issues Y N UNK<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |           | Indication of Alcohol Influence Y N UNK<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>            |             |             |             |
| Co-Defendant's Name (Last, First, Middle)                                                   |                                                                                                                                                                                      | DOB                                                                                                                           |                                       | Sex                                                                                                                                 | Race      | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><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 23 day of APRIL, 2020,

at approximately 7:45 PM, at 7012 40TH AVE N, ST PETERSBURG FL 33709, in Pinellas County did:

DID WILLFULLY VIOLATE AN INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE, INJUNCTION NUMBER 20003308FD, BY COMING TO THE VICTIM'S RESIDENCE, AND BANGING ON HER WINDOW. THE DEF IS RETRAINED FROM ANY CONTACT WITH THE VICTIM, AND IS REQUIRED TO STAY AWAY FROM THE VICTIM'S RESIDENCE. VICTIM NANCY MOORE STATES HER SON MICHAEL MOORE SHOWED UP AT HER RESIDENCE THIS DATE AND WAS BANGING ON THE FRONT WINDOW. VICTIM WAS ON THE PHONE WITH HER DAUGHTER SHERI CANLEY AT THE TIME, AND CANLEY HEARD THE LOUD BANGING OVER THE PHONE FOLLOWED BY HER MOTHER STATING THAT IT WAS HIM REFERRING TO MICHAEL. NANCY AGREED TO COMPLETE A SWORN WRITTEN STATEMENT AND DOES WISH TO PROSECUTE. BOTH SHERI AND NANCY CALLED POLICE. DV INJUNCTION 20003308FD WAS SERVED ON 4/22/2020 AND IS VALID UNTIL 4/30/2020. MICHAEL LEFT THE RESIDENCE, AND WAS NOT LOCATED.

Contrary to Florida Statute/Ordinance 741.31

ARREST DATE: 4/24/2020 Time 7:55 AM Aggravating/Mitigating Factors DEF HAS THREATENED THE VICTIM'S LIFE I

Booking Officer: DARGINIO, E 57371 Amount of Bond NONE 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: 4/24/2020 8:38:25 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.

Tommy Glass  
Declarant Signature  
ST. PETERSBURG POLICE  
Agency  
OFFICER TOMMY GLASS 48391  
Printed Name  
311134282  
Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
DATE 04/23/2020 OFFICER T. GLASS HOURS 2 PAY RATE 25.00 OR COST \$50.00  
2020 APR 25 AM 6:22  
OTHER - Describe CONVICTS 18700  
Continuation sheet ☐ Yes ☒ No TOTAL \$ 50.00

**Defendant** MOORE, MICHAEL JAMES

**Court Case No:** 20-05044-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.

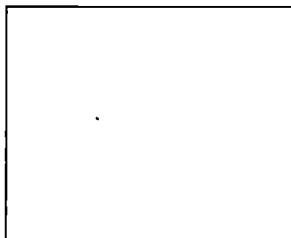
**I FURTHER CERTIFY THAT:**

- ☐ 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