UCN: 522018CF015554XXXXCF FL0520000

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

OBTS #		REPORT # S[redacted]	DOCKET # 1783875
Person ID 310744163		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; DOMESTIC BY STRANGULATION			18-15554-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SAWICKI, MICHAEL W	11/28/1985	M	W	510	175	BRO	HAZ	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S95367711	MA	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2291 SHELLY DR UNIT A PALM HARBOR FL 34684	9783283866	NH	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
2291 SHELLY DR UNIT A PALM HARBOR FL 34684	9783283866	UNK	

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 17 day of DECEMBER, 2018,

at approximately 3:00 AM, at 2661 WOODETTE DRIVE (DUNEDIN), in Pinellas County did:

THE DEFENDANT DID KNOWINGLY AND INTENTIONALLY, AGAINST THE WILL OF ANOTHER, IMPEDE THE NORMAL BREATHING OR CIRCULATION OF THE BLOOD OF A FAMILY OR HOUSEHOLD MEMBER, SO AS TO CREATE A RISK OF OR CAUSE GREAT BODILY HARM BY APPLYING PRESSURE ON THE THROAT OR NECK OF ANOTHER PERSON. TO-WIT: DEFENDANT MICHAEL SAWICKI GRABBED HIS GIRLFRIEND OF TEN YEARS BY HER THROAT WITH BOTH HANDS. MICHAEL THEN APPLIED PRESSURE TO THE LEVEL OF CUTTING OFF THE VICTIMS ABILITY TO BREATH. THE VICTIM NICOLE NILES ADVISED SHE WAS UNABLE TO BREATH AND "THOUGHT SHE WAS GOING TO DIE".

NICOLE SHOWED INJURIES CONSISTENT WITH BEING STRANGLED, NICOLE'S DAUGHTER ELLA WITNESSED HER MOTHER BEING ATTACKED BY MICHAEL.

FILED
KEN BURKE
CLERK OF CIRCUIT COURT
PINELLAS COUNTY, FL
2018 DEC 18 PM 6:05
CRIMINAL COURT RECORDS

Contrary to Florida Statute/Ordinance 784.041.2.A.

ARREST DATE: 12/18/2018 Time 2:15 AM . Aggravating/Mitigating Factors

Booking Officer: SEAY, E 58861 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: $ 5,000.

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 12/18/2018 3:17:21 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.

Declarant Signature	Agency
	PINELLAS COUNTY SHERIFF
DEPUTY KYLE LANGE 58869	03348181
Printed Name	Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
12/18/2018	LANGE	3	25.00		$75.00

OTHER – Describe

Continuation sheet ☐ Yes ☐ No TOTAL $ $75.00

COCR59 (Revised 10/2014)
744668 Copies to:

Court

Defendant SAWICKI, MICHAEL W **Court Case No:** 18-15554-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.

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**