

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

OBTS #	REPORT # S		DOCKET # 1783875	
Person ID 310744163	SSN#			
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) SAWICKI, MICHAEL W	DOB 11/28/1985	Sex M	Race W	Ht 510
		Wt 175	Hair BRO	Eyes HAZ
Alias	DL # S95367711	State MA	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 2291 SHELLY DR UNIT A PALM HARBOR FL 34684	Telephone 9783283866	Place of Birth NH	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 2291 SHELLY DR UNIT A PALM HARBOR FL 34684	Telephone 9783283866	Employed by / School UNK		
Weapon Seized Type ☐ Yes ☒ No	Indication of Drug Influence ☐ Y ☐ N ☒ UNK	Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK	Indication of Alcohol Influence ☒ 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 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 BREATHE. THE VICTIM NICOLE NILES ADVISED SHE WAS UNABLE TO BREATHE 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.

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.

[Signature]
PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

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

Defendant SAWICKI, MICHAEL W

Court Case No: 18-15554-CF-1

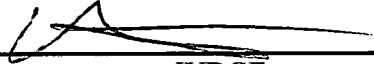
ADVISORY AND SOLVENCY HEARING

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:

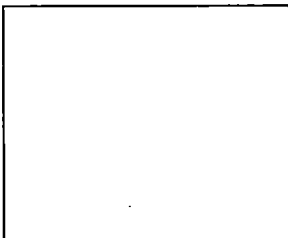
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☒ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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