

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

OBTS #	REPORT # SO19-370806		DOCKET # 1821675	
Person ID	311424705		SSN# [REDACTED]	
Charge Description	☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #
Charge	BATTERY; DOMESTIC		19-18568-MM-1	
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht
MCHICHOU, MOHAMMED	04/22/1978	M	U	5
Wt	Hair	Eyes	Skin	
11	BLN	BRO	FAR	
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features	
	M220-540-78-142-0	FL		
Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship	
2109 REDLEAF DR BRANDON FL 33510	813-506-4083	MOROCCO	US	
Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School		
2109 REDLEAF DR BRANDON FL 33510	813-506-4083	CONTRACTOR		
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 18 day of NOVEMBER, 2019, at approximately 2:26 PM, at 1755 HAWTHORNE CT OLDSMAR, FL 34677, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE MEHDI MCHICHOU, HIS BROTHER AND CO-HABITANT, AGAINST THE WILL OF MEHDI MCHICHOU, TO-WIT:

FOLLOWING A VERBAL ARGUMENT BETWEEN BROTHERS, THE DEFENDANT SHOVED THE VICTIM WHICH LED TO A FIST FIGHT. THE DEFENDANT STRUCK THE VICTIM AGAINST HIS WILL MULTIPLE TIMES IN THE FACE WITH A CLOSED FIST RESULTING IN REDNESS/BRUISING ON THE VICTIM.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 11/18/2019 Time 2:55 PM . Aggravating/Mitigating Factors _____

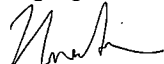
Booking Officer: NEDIMYER, R 57379 Amount of Bond ZERO Bond Out Date _____ Time _____ ☐ a.m. ☐ p.m.

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: PDAP \$1000

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 11/18/2019 5:01:03 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 _____
 DEPUTY NICHOLAS SIMMS 59963
 Printed Name _____
 PINELLAS COUNTY SHERIFF
 Agency _____
 311206265
 Declarant ID# _____

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
 DATE 11/18/2019 OFFICER N.SIMMS HOURS X PAY RATE 1.5 25.00 OR COST \$37.50
 OTHER – Describe _____
 Continuation sheet ☐ Yes ☐ No TOTAL \$ \$37.50

Defendant MCHICHOU, MOHAMMED

Court Case No: 19-18568-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.

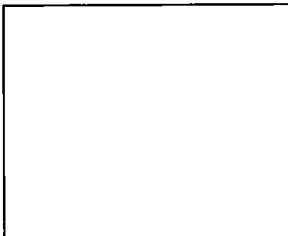
I FURTHER CERTIFY THAT:

- ☐ 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.

11/19/2019
DATE AND TIME

Holly J. Gussinger
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