UCN: 522020MM000019XXXXMM FL0520000

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

OBTS #		REPORT # SO20-000211	DOCKET # 1825979
Person ID 311449184		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DOMESTIC BATTERY			20-00019-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
DELA TORRE, NHIEL PITOGO	05/02/1976	M	A	507	160	BLK		

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	D436-635-76-162-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
3398 CLARINE WAY W DUNEDIN FL 34698	727--656-1053	PHILIPPINE	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
3398 CLARINE WAY W DUNEDIN FL 34698	727--656-1053		

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
1241 San Carlos Dunlin 34698				☐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 JANUARY, 2020,

at approximately 5:41 AM, at 3398 CLARINE WAY W, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE ROSEMARIE DELA TORRE, HIS WIFE AND CO-HABITANT, AGAINST THE WILL OF ROSEMARIE DELA TORRE, TO WIT:

DEF AND VIC THREW PARTY, AND GOT INTO AN ARGUMENT AFTER THE GUESTS LEFT. VIC STATED DEF STUCK HER ACROSS THE FACE DURING AN ARGUMENT. DEF ADMITTED TO GRABBING VIC BY THE HAIR AND SHOULDER DURING AN ARGUMENT IN AN ATTEMPT TO MAKE HER BE QUIET.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 1/1/2020 Time 5:59 AM . Aggravating/Mitigating Factors

Booking Officer: MAGGIO, K 57191 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:

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 1/1/2020 7:09:10 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 — PINELLAS COUNTY SHERIFF (Agency)

DEPUTY MATTHEW SKYPACK 59877 (Printed Name) — 311143036 (Declarant ID#)

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
01/01/2020	M SKYPACK	2 25.00		$50.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

FILED
CRIMINAL COURT RECORDS
JAN - 2 2020
KEN BURKE
Clerk Of Circuit Court & Comptroller

COCR59 (Revised 10/2014)
821295 Copies to: Court

Defendant DELA TORRE, NHIEL PITOGO **Court Case No:** 20-00019-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**