

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

OBTS #	REPORT # SO20-46818				DOCKET # 1830477						
Person ID 310998024				SSN# [REDACTED]							
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance				Traffic Citation # (if any)		Court Case #					
Charge BATTERY; DOMESTIC						20-02055-MM-1					
Defendant's Name (Last, First, Middle) BLANCO, NICOLE H				DOB 04/03/1976	Sex F	Race W	Ht 502	Wt 130	Hair BRO	Eyes BRO	Skin
Alias		DL # B452628766230		State	Scars/Marks/Tattoos/Physical Features						
Local Address (Street, City, State, Zip Code) 1017 CHEROKEE ST SAFETY HARBOR FL 34695					Telephone 7736777588		Place of Birth ILLINOIS		Citizenship YES		
Permanent Address (Street, City, State, Zip Code) 1017 CHEROKEE ST SAFETY HARBOR FL 34695					Telephone 7736777588		Employed by / School				
Weapon Seized Type ☐ Yes ☒ No MOUTH				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 12 day of FEBRUARY, 2020,

at approximately 2:35 AM, at 1017 CHEROKEE ST, SAFETY HARBOR, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE VICTIM, HER HUSBAND AND CO-HABITANT, AGAINST THE WILL OF VICTIM, TO-WIT:

THE VICTIM SAID HE AND THE DEFENDANT HAVE BEEN MARRIED FOR 8 YEARS AND HAVE A CHILD IN COMMON. THE DEFENDANT CAME HOME INTOXICATED AND DURING AN ARGUMENT BIT THE VICTIM ON THE UPPER LEFT PORTION OF HIS BACK, BELOW THE SHOULDER, RECEIVING INJURY. THE VICTIM WAS BIT AGAINST HIS WILL.

I OBSERVED A HALF DOLLAR SIZED FRESH PURPLE BRUISE AND BITE MARKS ON THE VICTIMS UPPER LEFT BACK.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 2/12/2020 Time 3:22 AM

Aggravating/Mitigating Factors

Booking Officer: PASKALAKIS, B 59541

Amount of Bond ZERO

Bond Out Date

Time 4:00 ☐ 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: ADP \$100.00

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 2/12/2020 3:54:38 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.

W. Heck 59303

PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DEPUTY WILLIAM HECK 59303

310663843

Printed Name

Declarant ID#

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

DATE	OFFICER	HOURS	X PAY RATE	OR	COST
02/12/2020	HECK	3	25.00		\$75.00
02/12/2020	NAGEL	3	25.00		75

OTHER – Describe

Continuation sheet ☐ Yes ☒ No

TOTAL \$ 150.00

Defendant BLANCO, NICOLE H

Court Case No: 20-02055-MM-1

ADVISORY AND SOLVENCY HEARING

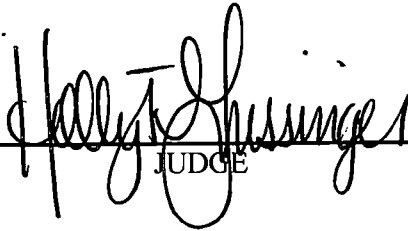
The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith 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:

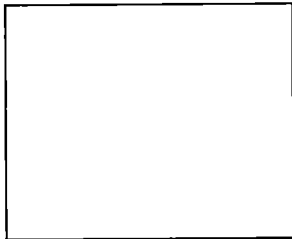
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☒ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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

2.12.20

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