UCN: 522020MM002055XXXXMM FL0520000

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)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
BLANCO, NICOLE H	04/03/1976	F	W	502	130	BRO	BRO	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	B452628766230		

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
1017 CHEROKEE ST SAFETY HARBOR FL 34695	7736777588	ILLINOIS	YES
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
1017 CHEROKEE ST SAFETY HARBOR FL 34695	7736777588		

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 MOUTH	☐ ☒ ☐	☐ ☒ ☐	☒ ☐ ☐

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, RECEIVEING 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.

FILED 2020 FEB 12 PM 4: COURT ASSISTANCE

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 ☐a.m. ☐p.

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: HOLD FOR NCIC 500

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.

59303

Declarant Signature — Agency: PINELLAS COUNTY SHERIFF

DEPUTY WILLIAM HECK 59303 — Printed Name

310663843 — 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

NO

OTHER – Describe OK

Continuation sheet ☐Yes ☐No TOTAL $ $150.00

COCR59 (Revised 10/2014)
829285 Copies to:

Court

D to leave residence Check

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 i financially unable to afford counsel, that counsel forthwith will be appointed; of his right to communicate with his counse 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 file an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.

DEFENDANT'S SIGNATURE

Thumb Print

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE **DEFENDANT'S ATTORNEY'S SIGNATURE** **DATE**