

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

OBTS #	REPORT # CW20-36342				DOCKET # 1833392														
Person ID	311490271			SSN#	[REDACTED]														
Charge Description	Felony	<input checked="" type="checkbox"/> Misdemeanor	Warrant	Traffic	Ordinance	Traffic Citation # (if any)	Court Case #												
Charge TRESPASS ON PROPERTY OTHER THAN STRUCTURE OR CONVEYANCE (ACTUAL COMMUNICATION)						20-03389-MM-1													
Defendant's Name (Last, First, Middle) PRESTAGE, PAUL EARL				DOB	08/07/1991	Sex	M	Race	W	Ht	604	Wt	190	Hair	BRO	Eyes	BRO	Skin	LGT
Alias	DL # 800778927			State	MS	Scars/Marks/Tattoos/Physical Features													
Local Address (Street, City, State, Zip Code) 1222 CROSSVIEW CT BRANDON MS 39042						Telephone	Place of Birth REFUSED		Citizenship US										
Permanent Address (Street, City, State, Zip Code) 1222 CROSSVIEW CT BRANDON MS 39042						Telephone	Employed by / School												
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Indication of Drug Influence Y N UNK <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Indication of Mental Health Issues Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Indication of Alcohol Influence Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
Co-Defendant's Name (Last, First, Middle)						DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor										
Co-Defendant's Name (Last, First, Middle)						DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor										

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 10 day of MARCH, 2020,

at approximately 2:18 AM, at 619 S GULFVIEW, in Pinellas County did:

DID THEN AND THERE, WITHOUT BEING AUTHORIZED, LICENSED OR INVITED, WILLFULLY ENTER UPON OR REMAIN ON THE PROPERTY OF SHEPHARDS RESORT LOCATED AT 619 S GULFVIEW AS TO WHICH NOTICE AGAINST ENTERING OR REMAINING ON SAID PROPERTY WAS GIVEN BY ACTUAL COMMUNICATION FROM MIKE MCARTHUR AN AUTHORIZED REPRESENTATIVE OF OWNER.

DEF WAS INVOLVED IN AN ALTERCATION WITH SHEPHARDS SECURITY. DEF WAS ISSUED TRESPASS WARNING IN THE PRESENCE OF OFFICERS AND WAS ESCORTED OFF THE PROPERTY. ARRESTING OFFICER EXPLAINED TO SUBJECT THAT HE WOULD BE ARRESTED IF HE RETURNED TO THE PROPERTY. DEF THEN CREATED A DISTURBANCE THAT DREW A CROWD OF APPROXIMATELY 15 SUBJECTS. DEF THEN RETURNED TO THE PROPERTY AND WAS TAKEN INTO CUSTODY. ALCOHOL SEEMS TO BE A FACTOR.

Contrary to Florida Statute/Ordinance 810.09.1.A.1

ARREST DATE: 3/10/2020 Time 2:18 AM, Aggravating/Mitigating Factors _____

Booking Officer: HIGGINS, H 59255 Amount of Bond 150 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 3/10/2020 4:16:37 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]
 CLEARWATER POLICE DEPT.
 Declarant Signature Agency
 OFFICER JOSHUA GIBSON CW8667 33517200
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
 DATE 03/10/2020 OFFICER J. GIBSON HOURS 4 PAY RATE 29.14 OR COST

61-0144 01 JVVW0702
 2020 MAR 10 AM 10:19
 COURT ASSISTANCE
 OTHER - Describe
 Continuation sheet Yes No TOTAL \$ \$0.00

Defendant PRESTAGE, PAUL EARL

Court Case No: 20-03389-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.

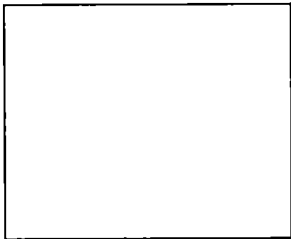
I FURTHER CERTIFY THAT:

- 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

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

OBTS #	REPORT # CW20-36342				DOCKET # 1833392			
Person ID	311490271				SSN# [REDACTED]			
Charge Description	<input type="checkbox"/> Felony	<input checked="" type="checkbox"/> Misdemeanor	<input type="checkbox"/> Warrant	<input type="checkbox"/> Traffic	<input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #
Charge	DISORDERLY CONDUCT						20-03389-MM-2	
Defendant's Name (Last, First, Middle)	PRESTAGE, PAUL EARL		DOB	08/07/1991	Sex	M	Race	W
					Ht	604	Wt	190
					Hair	BRO	Eyes	BRO
					Skin	LGT		
Alias	DL #	800778927		State MS	Scars/Marks/Tattoos/Physical Features			
Local Address (Street, City, State, Zip Code)	1222 CROSSVIEW CT BRANDON MS 39042				Telephone	Place of Birth	REFUSED	
						Citizenship	US	
Permanent Address (Street, City, State, Zip Code)	1222 CROSSVIEW CT BRANDON MS 39042				Telephone	Employed by / School		
Weapon Seized Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence	Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input checked="" type="checkbox"/>	Indication of Mental Health Issues	Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Alcohol Influence	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)			DOB		Sex		Race	
							In Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)			DOB		Sex		Race	
							In Custody	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 10 day of MARCH, 2020, at approximately 2:18 AM, at 619 S GULFVIEW, in Pinellas County did:

DID THEN AND THERE ENGAGE IN SUCH CONDUCT AS TO CONSTITUTE DISORDERLY CONDUCT, TO-WIT: DEF WAS INVOLVED A VERBAL CONFRONTATION WITH SHEPHARDS SECURITY. SECURITY ISSUED A VERBAL TRESPASS WARNING TO DEF AND HE WAS ESCORTED OFF THE PROPERTY, DEF THEN BEGAN YELLING AT OFFICERS AND SECURITY AT THE TOP OF HIS LUNGS, GATHERING A CROWD OF ON-LOOKERS. DEF THEN RETURNED TO THE PROPERTY AND BEGAN YELLING AT OFFICERS WHICH CONSTITUTED A BREACH OF THE PEACE. DEF WAS THEN TAKEN INTO CUSTODY.

Contrary to Florida Statute/Ordinance 877.03

ARREST DATE: 3/10/2020 Time 2:18 AM . Aggravating/Mitigating Factor _____

Booking Officer: HIGGINS, H 59255 Amount of Bond 250 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: 3/10/2020 4:16:20 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]
 CLEARWATER POLICE DEPT.
 Agency
 Declarant Signature
 OFFICER JOSHUA GIBSON CW8667
 Printed Name
 33517200
 Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)
 DATE 03/10/2020 OFFICER J. GIBSON HOURS X PAY RATE 4 29.14 OR COST \$116.56
 2020 MAR 10 AM 10:19
 COURT ASSISTANCE
 OTHER - Describe FILED
 Continuation sheet Yes No TOTAL \$ \$116.56

Defendant PRESTAGE, PAUL EARL

Court Case No: 20-03389-MM-2

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.

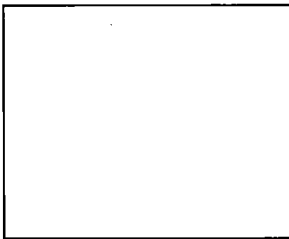
I FURTHER CERTIFY THAT:

- 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.
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DATE AND TIME

JUDGE

- I hereby waive the right to counsel at the first appearance only.
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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