UCN: 522020CF001920XXXXCF

FL0520000

COMPLAINT/ARREST A	AFFIDAVIT -	- CIRC	CUIT/C	OUNTY	CO	UR'	T – PI	NELLA	S COU	VTY, FL	ORIDA	\
		т# SO2	SO20-56107				DOCK	роскет # 1831325				
Person ID 2940231 SSN#												
Charge Description Felony Misdemean	or Warrant I	raffic	Ordinance	Trafi	ic Cita	tion #	(if any)		Cou	rt Case #		
POSSESSION OF CONTROL	LED SUBST	TANCE	≣						20-0)1920-C	CF-1	
Defendant's Name (Last, First, Middle)			DOB	(4000	- 1	Sex		Ht	Wt	Hair	Eyes	Skin
JARRELL, ROBERT CHRIS	DL#		12/16/	1966 State		M ma/M/m		510 os/Physical	300	GRY	BLU	MED
Alias	J-640-7	763-66-	456-0	FL	<u>. </u>							
Local Address (Street, City, State, Zip Code) 3655 57TH AVE N ST. PETERSBURG FL 33762						phone 7-32()-4499	Place of I		Citizens) US	hip	
Permanent Address (Street, City, State, Zip C 3655 57TH AVE N ST. PETERSBURG F				Telephone Employed by / School 727-320-4499								
Weapon Seized Type			Indication o						N UNK			
Co-Defendant's Name (Last, First, Middle)		<u> </u>	Drug Innue	HCE []	<u> </u>	Health Issues Alcohol Influence DOB Sex Race In Custody						
N/A									1	Felony	-	
Co-Defendant's Name (Last, First, Middle)						DOB Sex			Race	In Custody Yes No		
										□Felony		
									+	<u> </u>		
The undersigned swears that he/she has reason	onable grounds to b	elieve that	t the above 1	named defer	idant o	n the	_20_ da	y of F	EBRUARY		20	
at approximately 8:58 AM	, at5447 HAIN	IES RD	, ST. PE	TERSBU	RG					in Pinellas C	ounty did:	
THEN AND THERE UNLAWFUL						/. OF	R CON	TROL A			•)
SUBSTANCE, TO-WIT: A CLEAF	ROCK-LIKE	SUBST	ANCE W	/HICH S	HOW							
METHAMPHETAMINE; FIELD TE	ST KIT AND A	WEIG	HT OF 4	.8 GRAM	18							
UPON MAKING CONTACT WITH												
	NOTICED A FIREARM HOLSTER ON THE PASSENGER SIDE OF THE VEHICLE. YOUR AFFIANT ASKED THE DEFENDANT TO EXIT THE VEHICLE FOR MY SAFETY AT WHICH POINT YOUR AFFIANT NOTICED A NEEDLE ON THE											
DEFENDANT TO EXIT THE VEH DRIVER SIDE FLOORBOARD W												
AND USES METHAMPHETAMIN												
THE VEHICLE. THE BAG CONT												
	OF THE CONTAINER, I NOTICED A CLEAR BAG WITH A ROCK CRYSTAL LIKE SUBSTANCE WHICH SHOWED POSITIVE							IIIVE				
ON A METHAMPHETAMINE FIELD TEST KIT AND A WEIGHT OF 4.8 GRAMS.												
Dans Garage												
Contrary to Florida Statute/Ordinance 893.13.6A												
ARREST DATE: 2/20/2020 Time 9:35 AM .Aggravating/Mitigating Factors												
Booking Officer: POWERS, M 54040 Amount of Bond 2000.00 Bond Out Date Time a.m. p.m.												
Victim Notified of Advisory?Yes No Medical Treatment 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: 2/20/2020 11:10:15 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. REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE OFFICER HOURS X PAY RATE OR COST \$50.00						Г						
9 1 1 ala		-	02/20/2020 E. DONOFIDE 2 25.00 \$50.00					-				
(·) ////·	PINELLAS COUNTY	SHERIFF	_ _									- -
Declarant Signature	Agency											_
DEPUTY EDWARD DONOHUE 59578	310904993		-	HER – Desc					mie.		n nn	<u>.</u>
Printed Name	Declarant ID#		Cor	itinuation sl	ueet 崖		Yes 🖳	N₀	TC	TAL <u>\$ \$5</u>	0.00	_

Court Case No:

20-01920-CF-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 CER		
			nsel or will retain counsel.	
☐ B. The Co	urt investigated Defendar	nt's solvency and found t	he Defendant financially ab	le to secure counsel.
C. The Co	urt investigated Defendar	nt's solvency and provision	onally appointed the Publig	Defender
□ D. The De	fendant waived the right	to counsel at the first app	earance only.	
	•			
			Green Control of the	
_	DATE AND		<u> </u>	UDGE
	DATE AND T	IME	J	UDGE
		•		
□ Thereby	waive the right to counsel	l at the first appearance of	nlv.	
				counsel until my attorney fi
an annear	rance in this case or until	I file a written request for	or a review of my solvency	and ability to secure counsel.
		<u> </u>		
i i			DEFENDA	ANT'S SIGNATURE
			DEI ENDI	nt b biolizatore
Thumb	Print			
	-			
I HEREBY a	acknowledge receipt of a	copy of the foregoing Co	mplaint and Advisory.	
	- -	- · · · · · · · · · · · · · · · · · · ·		
DEFEN	NDANT'S SIGNATURE	DEFENDANT'S ATT	TORNEY'S SIGNATURE	DATE

UCN: 522020CF001920XXXXCF

FL0520000

COMPLAINT/ARREST A	FFIDAVIT -	- CIRC	CUIT/C	OUNTY	CO	UR'	<u>r – Pl</u>	NELLA	AS COU	NTY, FL	ORIDA	<u> </u>	
		r# SO 2	20-56107				DOCI	роскет# 1831325					
Person ID 2940231				SSN#									
			Ordinance	ce Traffic Citation # (if any)					Court Case #				
POSSESSION OF DRUG PA	RAPHERNAI	_IA							20-01920-CF-2				
Defendant's Name (Last, First, Middle)			DOB	ľ		Sex	Race	Ht	Wt	Hair	Eyes	Skin	
JARRELL, ROBERT CHRIST			12/16/	1966 State	M W 510 300 GRY Scars/Marks/Tattoos/Physical Features			BLU	MED				
Alias	DL# J-640-7	63-66-4	1 56-0	FL	<u></u>			<u>-</u>					
Local Address (Street, City, State, Zip Code) 3655 57TH AVE N ST. PETERSBURG	FL 33762					phone 7-320) -4499	Place of KENT		Citizens US	hip		
Permanent Address (Street, City, State, Zip C 3655 57TH AVE N ST. PETERSBURG F	Code)			Telephone Employed by / School 727-320-4499									
Weapon Seized Type □Yes ⊠No			ndication of							N UNK			
Co-Defendant's Name (Last, First, Middle)			or ug minue		1	DOB Sex Race In Custody Yes							
N/A								,			Misdem	_	
Co-Defendant's Name (Last, First, Middle)						DOI	3	Sex	Race	In Custod	y ∐Yes ∐No		
					,					□Felony	∐Misdem	eanor	
The undersigned swears that he/she has reason	onable grounds to be	lieve that	the above r	named defen	dant o	n the	20 d	ay of	FEBRUAR'	y <u>,</u> 20	20,		
at approximately 8:58 AM	, at5447 HAIN	ES RD	, ST. PE	TERSBUR	RG_					,in Pinellas C	ounty did:		
UNLAWFULLY USE OR HAVE IN HIS POSSESSION, CUSTODY, OR CONTROL A CERTAIN ITEM OF DRUG PARAPHERNALIA WITH THE INTENT TO USE SAID PARAPHERNALIA FOR UNLAWFULLY SMOKING, INGESTING OR INJECTING A DANGEROUS DRUG CONTROLLED BY CHAPTER 893 OF FLORIDA STATE STATUTES INTO THE HUMAN BODY, TO-WIT: SEVERAL NEEDLES AND A AWS SCALE WHICH ARE USED TO WEIGH NARCOTICS.													
UPON MAKING CONTACT WITH NOTICED A FIREARM HOLSTEI DEFENDANT TO EXIT THE VEH DRIVER SIDE FLOORBOARD W AND USES METHAMPHETAMIN THE VEHICLE. THE BAG CONT OF THE CONTAINER, I NOTICE ON A METHAMPHETAMINE FIE	R ON THE PASSICLE FOR MY VITH A CLEAR IE. A SEARCH AINED A AWS ID A CLEAR BA ILD TEST KIT A	SSENG SAFE LIQUID OF TH SCALE AG WIT	ER SIDE TY AT W D SUBST IE VEHIO E USED TH A RO	E OF THE MICH PO TANCE. T CLE REV TO WEIO CK CRYS	E VE DINT THE 'EAL GH N STAL	HICI YOU DEF ED A IARO LIK	LE. YOUR AF ENDA A TAN COTIC E SUE	OUR AFF FIANT N NT STA BAG OF S AND	FIANT AS NOTICEI TED HE N THE P A BLACK	SKED THE D A NEED WAS NO ASSENGE (CONTAII	ELE ON TO DIABET SIDE NER. INSEED POSI	HE TIC OF SIDE	
Contrary to Florida Statute/Ordinance 893	3.147			<u>.</u>) P						<u>.</u>	
ARREST DATE: 2/20/2020 Time 9:35 AM .Aggravating/Mitigating Factors													
Booking Officer: POWERS, M 54040	A	amount of	Bond	150.00		_Bon	d Out Da	ate		Time Time		. □p.m.	
Victim Notified of Advisory? _Yes _ No Injuries to Victim? _ Yes _ No Medical Treatment to Victim? No													
The Court reviewed this complaint and finds	there: □is probabl	e cause 🗌	is not prob	able cause t	o deta	in def	endant [☐Bond Act	ion, if any:			 .	
The probable cause determination is passed in	for: 24 Hrs 24	Hrs on she	owing of ex	traordinary	circur	nstan	ces R	eceived by E	Booking: 2/20	/2020 11:11:25	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.		DA'	TE (REQU DFFIC . DON	ER			PAY RAT	rs, F.S. 938.27 re or	COS	г -		
(./ /M/	PINELLAS COUNTY	SHERIFF											
Declarant Signature	Agency		- —									-	
DEPUTY EDWARD DONOHUE 59578	310904993		OT	HER – Desc	ribe	_							
Printed Name	Declarant ID#	_	-	ntinuation sl	=		Yes 🗀	No	1	TOTAL \$ \$0	.00	_	

Defendant	JARRELL, ROBERT CHRISTOPHER	Court Case No:_	20-01920-CF-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.

	II ORTIDA ODA	141 1 11411.
A. Defendant has advised the Co	ourt that he has retained coun	sel or will retain counsel.
B. The Court investigated Defen	dant's solvency and found th	ne Defendant financially able to secure counsel.
		onally appointed the Public Defender.
D. The Defendant waived the rig		
D. The Belendam warved the fig	, it to comise at the mot app	
DATE AN	D TIME	JUDGE
DIRECTION AND AND		
☐ I hereby waive the right to com	nsel at the first annearance or	nlv
Thereby warve the right to com	and financially able to see	are counsel, hereby waive counsel until my attorney fi
Li, having been found solvent	and mancially able to secu	ire counsel, hereby waive counsel until my attorney in
an appearance in this case or u	ntil I file a written request for	r a review of my solvency and ability to secure counsel.
1		
		DEFENDANT'S SIGNATURE
		DEFENDANT'S SIGNATURE
Thumb Print		
HEREBY acknowledge receipt o	f a copy of the foregoing Co	mplaint and Advisory.
5 2		•
		OF THE STORY AND
DEFENDANT'S SIGNATURE	DEFENDANT'S ATT	ORNEY'S SIGNATURE DATE