UCN: 522019MM018963XXXXMM FL0520000

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

OBTS #		REPORT # SO19-378389	DOCKET # 1822397
Person ID 1675300		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; SIMPLE			19-18963-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
GREYTAK, ROBERT	01/09/1970	M	W	600	215	GRY	BRO	FAR

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	G632765700090	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
1355 LISABELLE LANE #6105 HOLIDAY FL 34691	727-597-4378	NY	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	

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	☐ ☒ ☐	☒ ☐ ☐	☐ ☒ ☐

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 25 day of NOVEMBER, 2019,

at approximately 7:00 AM, at 38724 US HIGHWAY 19 / QUALITY INN, in Pinellas County did:

DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE SHADEL THOMAS AGAINST THE WILL OF SHADEL THOMAS, AND DID CAUSE BODILY HARM. DEFENDANT PUSHED VICTIM SEVERAL TIMES AND THROWN A BOOK AS WELL. VICTIM RECEIVED A SMALL LACERATION OVER HER RIGHT EYE AS WELL AS SCRAPES AND REDNESS TO HER RIGHT WRIST.

DEFENDANT AND VICTIM ARE EMPLOYEES OF QUALITY INN THAT BEGAN AS A VERBAL CONFRONTATION AND ENDED IN A PHYSICAL ALTERCATION.

FILED
KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER
2019 NOV 26 AM 9:52
COURT ASSISTANCE

Contrary to Florida Statute/Ordinance 784.03.

SB

ARREST DATE: 11/25/2019 Time 10:23 AM . Aggravating/Mitigating Factors

Booking Officer: CARLSON 57027 Amount of Bond 500 Bond Out Date 11-25-19 Time 16:55 ☐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: 11/25/2019 11:42:14 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	Agency
	PINELLAS COUNTY SHERIFF
DEPUTY THOMAS SWETOKOS 54606	01814072
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
11/25/2019		1.5	25.00		$37.50

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $37.50

COCR59 (Revised 10/2014)
814690 Copies to:

Court

Defendant GREYTAK, ROBERT **Court Case No:** 19-18963-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**