

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
GREYTAK, ROBERT	01/09/1970	M	W	600
Wt	Hair	Eyes	Skin	
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	Indication of Mental Health Issues	Indication of Alcohol Influence	
☐ Yes ☒ No	☐ Y ☒ N ☐ UNK	☒ Y ☐ N ☐ UNK	☐ 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 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.

Contrary to Florida Statute/Ordinance 784.03

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


 PINELLAS COUNTY SHERIFF
 Declarant Signature Agency
 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 \$ <u>37.50</u>

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.

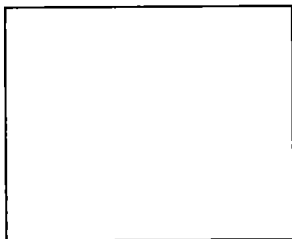
I FURTHER CERTIFY THAT:

- ☐ 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