UCN: 522020MM005740XXXXMM FL0520000

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

OBTS #	REPORT # SO20-128479	DOCKET # 1836943
Person ID 311518123	SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)	Court Case #
Charge DISORDERLY INTOXICATION (DISTURBANCE)		20-05740-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
DOBKOWSKI, ROBERT HENRY	10/04/1999	M	W	600	225	BRO	BLU	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	D122-768-99-364-1	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
5335 SE 103RD ST BELLEVIEW FL 34420	352-653-8624	FL	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
5335 SE 103RD ST BELLEVIEW FL 34420	352-653-8624		

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 09 day of MAY, 2020, at approximately 9:13 PM, at 5400 95TH ST N, in Pinellas County did:

WAS THEN AND THERE INTOXICATED AND CAUSED A PUBLIC DISTURBANCE, TO-WIT: WHILE AT THE KOA CAMPGROUND, THE DEFENDANT WAS INTOXICATED AND YELLING PROFANITIES AT STAFF WHO WERE ASKING THE DEFENDANT TO LEAVE AND DISTURBING NUMEROUS CAMPERS.

FILED
COURT ASSISTANCE
2020 MAY 10 AM 7:02
KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER

Contrary to Florida Statute/Ordinance 856.011

ARREST DATE: 5/9/2020 Time 9:51 PM . Aggravating/Mitigating Factors

Booking Officer: GUGLIOTTA, A 54151 Amount of Bond 100 Bond Out Date 05/10/20 Time CB tbd ☐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: 5/10/2020 12:38:26 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.

D. Boggess 5558

Declarant Signature

PINELLAS COUNTY SHERIFF
Agency

DEPUTY O. BOGGESS 55558
Printed Name

02813151
Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

COCR59 (Revised 10/2014)
842133 Copies to:

Court

Defendant DOBKOWSKI, ROBERT HENRY **Court Case No:** 20-05740-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.

_____

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