

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

OBTS #	REPORT # 2020-012378		DOCKET # 1834625												
Person ID	311501698		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	DOMESTIC BATTERY					20-04174-MM-1									
Defendant's Name (Last, First, Middle)	JONES, ROBERT W		DOB	07/09/1965	Sex	M	Race	W	Ht	511	Wt	185	Hair	Eyes	Skin
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features												
Local Address (Street, City, State, Zip Code)						Telephone	Place of Birth	Citizenship							
3332 COQUINA KEY DR SE ST PETERSBURG FL 33705							NM	USA							
Permanent Address (Street, City, State, Zip Code)						Telephone	Employed by / School								
3332 COQUINA KEY DR SE ST PETERSBURG FL 33705															
Weapon Seized Type			Indication of Drug Influence			Indication of Mental Health Issues			Indication of Alcohol Influence						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK						
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 26 day of MARCH, 2020,

at approximately 11:06 PM, at 3332 COQUINA KEY DR SE, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE JENNIFER HERL HIS WIFE AND CO-HABITANT, AGAINST THE WILL OF JENNIFER HERL, TO WIT:

THE DEFENDANT AND HIS WIFE WERE INVOLVED IN A VERBAL ARGUMENT AFTER BOTH CONSUMED ALCOHOL. THE VICTIM REPORTED THAT DEFENDANT SHOVED HER TO THE GROUND WHICH RESULTED IN HER SUSTAINING A SIGNIFICANT INJURY TO HER CHIN. THE VICTIM SUSTAINED A LACERATION ROUGHLY 4 INCHES LONG AND 3 INCHES DEEP. SHE ALSO SUSTAINED MINOR BRUISING ON HER HAND AND FOREARM. THE DEFENDANT ADMITTED TO SHOVING THE VICTIM BUT ADVISED THAT HE DID NOT MEAN TO HURT HER.

FILED COURT ASSISTANT 20 MAR 27 AM 11:13 KEN BURKE CLERK OF CIRCUIT COURT AND COUNTY CLERK

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 3/26/2020 Time 11:06 PM . Aggravating/Mitigating Factors

Booking Officer: SEAY, E 58861 Amount of Bond NO BOND 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: PDAP S202K

The probable cause determination is passed for:  24 Hrs  24 Hrs on showing of extraordinary circumstances Received by Booking: 3/27/2020 12:11:16 PM NEW IXLID

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] ST. PETERSBURG POLICE Agency OFFICER D JONES 47923 10995618 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 03/26/2020 OFFICER D. JONES HOURS X PAY RATE 4 25.00 OR \$100.00 OTHER - Describe Continuation sheet  Yes  No TOTAL \$ \$100.00 NO FIA

**Defendant** JONES, ROBERT W

**Court Case No:** 20-04174-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:

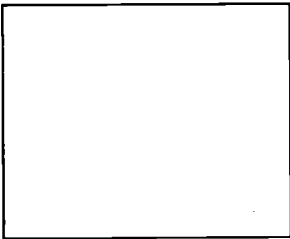
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. The Defendant waived the right to counsel at the first appearance only.

3/27/20

DATE AND TIME

*Holly T. Hussinger*  
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