UCN: 522019MM019886XXXXMM

FL0520300

	DWIPLAIN I/ARRESI	AFFIDAVII						1 – PI				UKIDA	<b>`</b>	
OBTS#	REPORT # CW19-189413 DOCKET # 182443				24439									
Person ID	311440527				SSN#									
Charge Des	cription Felony X Misdemean	nor Warrant	Traffic	Ordinance	Traffi	c Cita	ation #	(if any)		Cour	t Case #			
Charge SIMPLE BATTERY- DOMESTOC RELATED				-	-					19-19886-MM-1				
Defendan	t's Name (Last, First, Middle)			DOB	L	1	Sex	Race	Ht	Wt	Hair	Eyes	Skin	
CALAN	MIA, SAMANTHA MAI	RIA		04/10/	/1992	1	F	W	506	175	BRO	GRN		
Alias C450793926300				00	State FL	Sca	rs/Marks/Tattoos/Physical Features							
Local Address (Street, City, State, Zip Code) 2471 SW UPLANDS AVE DUNNELLON FL 34431				352277757			Place of MI							
Permanent Address (Street, City, State, Zip Code)  Telephone  Employed by / School														
				Indication o			UNK Indication of Mental Y N UNK Indication of Y N Health Issues							
	No dant's Name (Last First Middle)			Drug Influe	nce 🔲 🗶		Heal DOB	th Issue	s L	Race				
Co-Defendant's Name (Last, First, Middle)									In Custody ☐Yes ☐No ☐Felony ☐Misdemeanor					
Co-Defend	dant's Name (Last, First, Middle)						DOB	}	Sex	Race	In Custody	□Yes	По	
											Felony [			
The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 14 day of DECEMBER, 2019,														
at approximately 10:24 PM , at 401 S GULFVIEW AVE , Ca , in Pinellas County did:														
COMMIT THE OFFENSE TO WIT; THE DEFENDANT, WHO LIVE TOGETHER AND HAVE A CHILD IN COMMON, WERE INVOLVED IN A VERBAL ALTERCATION THAT TURNED PHYSICAL. THE DEFENDANT INTENTIONALLY STRUCK THE VICTIM AGAINST HIS WILL ABOUT THE HEAD WITH A CLOSED FIST AND OPEN HANDS LEAVING A VISIBLE INJURY WHICH WAS CONSISTENT WITH SUCH ACTIONS. THE VICTIM SUSTAINED MINOR INJURY TO THE RIGHT CHEEK AND LEFT EAR WHICH WAS RED AND														
BLOODY. THE DEFENDANT DENIED THE ALLEGATION.  Under place of the contact of the c														
Contrary to Florida Statute/Ordinance 784.03														
ARREST DATE: 12/14/2019 Time 10:54 PM . Aggravating/Mittigating Factors														
Booking Officer: ANTHONY, S 58654 Amount of Bond ZERO Bond Out Date Time a.mp.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: 12/15/2019 1:47:46 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'	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  DATE OFFICER HOURS X PAY RATE OR COS 12/14/2019 G.PHILLIPS \$29.14					COST						
<u> </u>		CLEARWATER POL	ICE DEPT.	_						^	-10810c			
Declaran	t Signature	Agency								11 31.	در ال بدر			
POLICE	OFFICER GEORGE PHILLIPS 5962	02414416		OT	HER – Desci	ribe _			<u> </u>	VV - ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<sup>7,3</sup> 60,7		±	
Printed N	Name	Declarant ID	#	Соп	itinuation sh	eet 🛚		es 🗀	⊒No <sub>∞ ⇔</sub>	MI312 10	TAL \$ \$29	.14	-	

<b>~</b> ~	4	Case	No
60	urt	Case	NOi

19-19886-MM-1

files

## **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 C	ERTIFY THAT:
☐ A. Defendant has advised the Court that he has retained c	ounsel or will retain counsel.
☐ B. The Court investigated Defendant's solvency and foun	
X. C. The Court investigated Defendant's solvency and prov	
☐ D. The Defendant waived the right to counsel at the first :	··
D. The Detendant warved the right to counsel at the first a	appearance only.
12/15/19	
/0/////	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
DATE AND TIME	J.DGE
	/
☐ I hereby waive the right to counsel at the first appearance	e only.
☐ I, having been found solvent and financially able to s	ecure counsel, hereby waive counsel until my attorney
	for a review of my solvency and ability to secure counsel
	DEFENDANT'S SIGNATURE
	DEI ENDINNI D DIONITORE
Thumb Print	
I HEREBY acknowledge receipt of a copy of the foregoing	Complaint and Advisory.
DEFENDANT'S SIGNATURE DEFENDANT'S A	TTOPNEY'S SIGNATURE DATE