UCN: 522019MM018220XXXXMM FL0520000

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

OBTS #		REPORT # SO19-361692	DOCKET # 1820805
Person ID 311419486		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DOMESTIC BATTERY			19-18220-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
LAYFIELD, SANDRA MARTIN	12/14/1965	F	W	504	160	BLN	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	L143-793-65-954-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
292 ROGERS CT SAFETY HARBOR FL 34695	727-735-5789	GA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
292 ROGERS CT SAFETY HARBOR FL 34695	727-735-5789		

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 NOVEMBER, 2019,

at approximately 11:27 PM, at 292 ROGERS CT, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE JEFFREY MUSGROVE, HER BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF JEFFREY MUSGROVE, TO WIT: THE DEFENDANT STRUCK THE DEFENDANT WITH A WOODEN STICK.

ACCORDING TO THE VICTIM, THE DEFENDANT WAS HIGHLY INTOXICATED AND UPSET WITH HIM. SHE TRIED TO WAKE HIM UP BY SLAPPING/HITTING HIS FACE. THE DEFENDANT THEN HIT THE VICTIM IN THE HEAD WITH A WOODEN STICK. I COULD SEE RED MARKS ON THE VICTIMS FACE AND NECK THAT CORROBORATED WITH HIS STORY. THE VICTIM AND THE DEFENDANT RESIDE TOGETHER IN THE SAME HOME AND THEY ARE IN AN INTIMATE RELATIONSHIP.

FILED
KEN BURKE
CLERK OF CIRCUIT COURT
2019 NOV 10 AM 10:09
COURT ASSISTANCE

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 11/9/2019 Time 11:48 PM . Aggravating/Mitigating Factors

Booking Officer: GUGLIOTTA, A 54151 Amount of Bond NO BOND Bond Out Date Time ☐a.m. ☐p.m.

Victim Notified of Advisory? Y 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: 11/10/2019 2:09:34 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

Printed Name: DEPUTY SHANNON GRILL 59488 — Declarant ID#: 310835676

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
11/10/2019	DEPUTY GRILL	2 25.00		$50.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
811924 Copies to:

Court

Defendant LAYFIELD, SANDRA MARTIN **Court Case No:** 19-18220-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**