

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) LAYFIELD, SANDRA MARTIN	DOB 12/14/1965	Sex F	Race W	Ht 504
		Wt 160	Hair BLN	Eyes BRO
Alias	DL # L143-793-65-954-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 292 ROGERS CT SAFETY HARBOR FL 34695		Telephone 727-735-5789	Place of Birth GA	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 292 ROGERS CT SAFETY HARBOR FL 34695		Telephone 727-735-5789	Employed by / School	
Weapon Seized Type ☐ Yes ☒ No	Indication of Drug Influence ☐ Y ☒ N ☐ UNK	Indication of Mental Health Issues ☐ Y ☒ N ☐ UNK	Indication of Alcohol Influence ☒ 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 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.

Contrary to Florida Statute/Ordinance 784.03

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

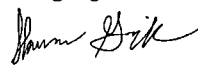
Booking Officer: GUGLIOTTA, A 54151 Amount of Bond NO BOND Bond Out Date _____ Time _____ a.m. ☐ p.m. ☐

Victim Notified of Advisory? ☒ 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
DEPUTY SHANNON GRILL 59488
Printed Name
PINELLAS COUNTY SHERIFF
Agency
310835676
Declarant ID#

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

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:

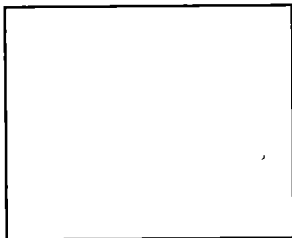
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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