522019CF000048XXXX

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

OBTS #	REPORT #	DOCKET #
		1828769

Person ID	SSN#
310941925	

Charge Description	Traffic Citation # (if any)	Court Case #
☑ Felony ☐ Misdemeanor ☑ Warrant ☐ Traffic ☐ Ordinance		

Charge: Direct Information Capias
Defrauding A Financial Institution

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
Meding, Sarah	2/06/73	F		502	120	BLK	BRO	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship

Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School
9706 Mark Twain Ln. Port Richey FL. 34668		

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 28 day of Jan, 2020,

at approximately _____ ☐ a.m. ☐ p.m., at PCJ, in Pinellas County did:

ARREST ON WARRANT/CAPIAS
19-000048-CF
I HAVE NO KNOWLEDGE OF THIS CASE

FILED
KEN BURKE
CLERK OF CIRCUIT COURT
AND COMPTROLLER
2020 JAN 28 AM 9:42
2020 JAN 29 PM 3:45
COURT ASSISTANCE

Contrary to Florida Statute/Ordinance 655.032

ARREST DATE: _____ Time _____ ☐ a.m. ☐ p.m. Aggravating/Mitigating Factors _____

Booking Officer: [signature] 8099 Amount of Bond 15,000 CC 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

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.

Transported from Pasco Co.
Declarant Signature — Agency

Printed Name — 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 $ _____

COCR59 (Revised 10/2014)
Copies to: White - Court Blue - State Attorney Green - Jail Pink - Officer Copy Goldenrod - Defendant

Defendant_____ **Court Case No:**_____

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**