

522019 CF00048XXXX

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

OBTS #											REPORT #											DOCKET #	1828769											
Person ID															SSN#																			
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance															Traffic Citation # (if any)										Court Case #									
Charge <i>Direct Information Capias</i> <i>Defrauding A Financial Institution</i>																																		
Defendant's Name (Last, First, Middle) <i>meding Sarali</i>															DOB <i>2/06/73</i>					Sex <i>F</i>		Race		Ht <i>502</i>		Wt <i>120</i>		Hair <i>Blk</i>		Eyes <i>Bro</i>		Skin		
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) <i>9706 Mark Twain Ln. Port Richey FL 34668</i>															Telephone					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 28 day of Jan, 2020,
at approximately ☐ a.m. ☐ p.m., at PCJ, in Pinellas County did:

ARREST ON WARRANT/CAPIAS
19-00048-CF
I HAVE NO KNOWLEDGE OF THIS CASE

FILED
COURT ASSISTANCE
2020 JAN 29 PM 3:45
2020 JAN 28 AM 9:42

Contrary to Florida Statute/Ordinance 653.032

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

Booking Officer: *[Signature]* Amount of Bond *15,000⁰⁰* 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 <u> </u>				
Continuation sheet ☐ Yes ☐ No				TOTAL \$ <u> </u>

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.

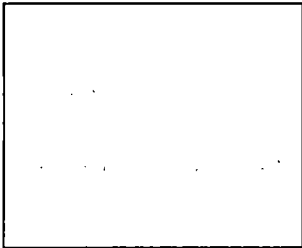
I FURTHER CERTIFY THAT:

- ☐ 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.



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