UCN: 522020CF003736XXXXCF FL0521400

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

OBTS #		REPORT # 2020-014805	DOCKET # 1835711
Person ID 311509981		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge POSSESSION OF A CONTROLLED SUBSTANCE			20-03736-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
THOMSON, SETH ASHLEY	02/03/1979	M	W	600	160	BRO	BRO	FAR

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	T525781790430	FL	TREE ON RIGHT ARM

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
454 1/2 6TH AVE N ST.PETERSBURG FL 33701	7272635950	CALIFORNIA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
454 1/2 6TH AVE N ST.PETERSBURG FL 33701	7272635950	PCSO SCHOOL DISTRICT	

Weapon Seized Type	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence
☐Yes ☒No	Y ☒ N ☐ UNK ☐	Y ☐ N ☒ UNK ☐	Y ☒ N ☐ UNK ☐

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody / Felony / Misdemeanor
				☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	**DOB**	**Sex**	**Race**	**In Custody / Felony / Misdemeanor**
				☐Yes ☐No ☐Felony ☐Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 19 day of APRIL, 2020,

at approximately 6:43 AM, at 454 1/2 6TH AVE N, in Pinellas County did:

UNLAWFULLY HAVE IN HIS ACTUAL OR CONSTRUCTIVE POSSESSION, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: LYSERGIC ACID DIETHYLAMIDE (LSD), WITHOUT HAVING LAWFULLY OBTAINING SAID SUBSTANCE FROM A VALID PRACTITIONER. THE SUBSTANCE WEIGHED APPROXIMATELY .11 GRAMS.

A PRESUMPTIVE TEST WAS POSITIVE.

ON 04/19/2020, THE LISTED DEFENDANT WAS ARRESTED FOR DOMESTIC BATTERY. SEARCH INCIDENT TO ARREST REVEALED THE DEFENDANT TO BE IN POSSESSION OF A PIECE OF TIN FOIL, WHICH CONTAINED A PIECE OF AN OFF WHITE STRIP, WHICH I RECOGNIZED TO BE LYSERGIC ACID DIETHYLAMIDE (LSD). THE DEFENDANT ADMITTED TO OWNERSHIP OF THE NARCOTICS RECOVERED FROM HIS SHORTS.

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 4/19/2020 Time 6:56 AM. Aggravating/Mitigating Factors

Booking Officer: BROTHWELL, M 59720 Amount of Bond 2,000.00 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: 4/19/2020 7:57:50 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
OFFICER JOSE GONZALEZ 48499	311157238
Printed Name	Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
04/19/2020	J.GONZALEZ	2.0 25.00		$50.00
04/19/2020	D.ADAMS	2.0 25.00		50

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $100.00

COCR59 (Revised 10/2014)
839408 Copies to:

Court

Defendant THOMSON, SETH ASHLEY **Court Case No:** 20-03736-CF-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**

UCN: 522020CF003736XXXXCF FL0521400

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

OBTS #		REPORT # 2020-014805	DOCKET # 1835711
Person ID 311509981		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; DOMESTIC			20-03736-CF-2

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
THOMSON, SETH ASHLEY	02/03/1979	M	W	600	160	BRO	BRO	FAR

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	T525781790430	FL	TREE ON RIGHT ARM

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
454 1/2 6TH AVE N ST.PETERSBURG FL 33701	7272635950	CALIFORNIA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
454 1/2 6TH AVE N ST.PETERSBURG FL 33701	7272635950	PCSO SCHOOL DISTRICT	

Weapon Seized Type	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence
☐Yes ☒No	Y ☒ N ☐ UNK ☐	Y ☐ N ☒ UNK ☐	Y ☒ N ☐ UNK ☐

Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody / Felony / Misdemeanor
				☐Yes ☐No ☐Felony ☐Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody / Felony / Misdemeanor
				☐Yes ☐No ☐Felony ☐Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 19 day of APRIL, 2020,

at approximately 6:43 AM, at 454 1/2 6TH AVE N, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE CANDICE JARRELL, HIS FIANCE, AND CO-HABITANT, AGAINST THE WILL OF CANDICE JARRELL, TO-WIT: PUSHING HER DOWN TO THE LIVING ROOM FLOOR, CUASING A SMALL HEMATOMA (BUMP) TO THE TOP OF HER HEAD. THE SUSPECT ALSO KICKED THE VICTIM ABOUT THE ABDOMEN REGION, WHEN SHE WAS ON THE GROUND.

ON APRIL 19TH, 2020, THE LISTED DEFENDANT PUSHED HIS FIANCE DOWN TO THE LIVING ROOM FLOOR, CAUSING A SMALL BUMP TO THE TOP OF HER HEAD. THE LISTED DEFENDANT ALSO KICKED THE VICTIM ABOUT THE ABDOMEN REGION WHEN, WHEN SHE WAS LYING ON THE FLOOR.

FILED
2020 APR 20 AM 7:30
CLERK OF THE CIRCUIT COURT
COURT ASSISTANT

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 4/19/2020 Time 6:56 AM . Aggravating/Mitigating Factors

Booking Officer: BROTHWELL, M 59720 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: NO BOND

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 4/19/2020 7:57:22 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
	ST. PETERSBURG POLICE
OFFICER JOSE GONZALEZ 48499	311157238
Printed Name	Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
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04/19/2020	D.ADAMS	2.0	25.00		50

OTHER – Describe

Continuation sheet ____Yes ____No TOTAL $ $100.00

COCR59 (Revised 10/2014)
839407 Copies to:

Court

Defendant THOMSON, SETH ASHLEY **Court Case No:** 20-03736-CF-2

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

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I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

DEFENDANT'S SIGNATURE **DEFENDANT'S ATTORNEY'S SIGNATURE** **DATE**