

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)	
Charge	POSSESSION OF A CONTROLLED SUBSTANCE		Court Case # 20-03736-CF-1	
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht
THOMSON, SETH ASHLEY	02/03/1979	M	W	600
Wt	Hair	Eyes	Skin	
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 ☐ 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 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.

ST. PETERSBURG POLICE

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

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.

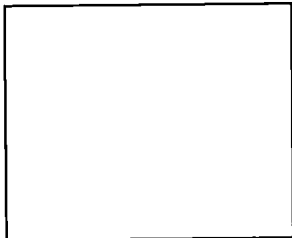
I FURTHER CERTIFY THAT:

- ☐ 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

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) THOMSON, SETH ASHLEY		DOB 02/03/1979	Sex M	Race W
Ht 600		Wt 160	Hair BRO	Eyes BRO
Skin FAR		Scars/Marks/Tattoos/Physical Features TREE ON RIGHT ARM		
Alias	DL # T525781790430	State FL		
Local Address (Street, City, State, Zip Code) 454 1/2 6TH AVE N ST.PETERSBURG FL 33701		Telephone 7272635950	Place of Birth CALIFORNIA	Citizenship US
Permanent Address (Street, City, State, Zip Code) 454 1/2 6TH AVE N ST.PETERSBURG FL 33701		Telephone 7272635950	Employed by / School PCSO SCHOOL DISTRICT	
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 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.

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: _____

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 OFFICER JOSE GONZALEZ 48499 Printed Name ST. PETERSBURG POLICE Agency 311157238 Declarant ID#		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="5">REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</th> </tr> <tr> <th>DATE</th> <th>OFFICER</th> <th>HOURS X PAY RATE</th> <th>OR</th> <th>COST</th> </tr> <tr> <td>04/19/2020</td> <td>J.GONZALEZ</td> <td>2.0 25.00</td> <td></td> <td>\$50.00</td> </tr> <tr> <td>04/19/2020</td> <td>D.ADAMS</td> <td>2.0 25.00</td> <td></td> <td>50</td> </tr> <tr> <td colspan="5">OTHER – Describe _____</td> </tr> <tr> <td colspan="4">Continuation sheet ☐ Yes ☐ No</td> <td>TOTAL \$ <u>100.00</u></td> </tr> </table>	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 \$ <u>100.00</u>
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 \$ <u>100.00</u>																												

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.

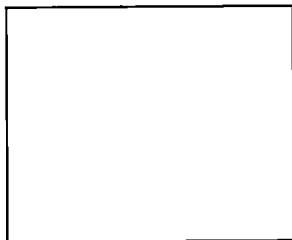
I FURTHER CERTIFY THAT:

- ☐ 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

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