

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

OBTS #	REPORT # SO20-156292		DOCKET # 1839295	
Person ID 311530855	SSN# [REDACTED]			
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #	
Charge BATTERY; DOMESTIC			20-07229-MM-1	
Defendant's Name (Last, First, Middle) LEVINE, SETH DAVID	DOB 10/21/1970	Sex M	Race W	Ht 508
			Wt 165	Hair BRO
			Eyes BRO	Skin FAR
Alias	DL # L083562811	State OK	Scars/Marks/Tattoos/Physical Features SCARS ON BACK	
Local Address (Street, City, State, Zip Code) 3514 GULF BLVD ST PETE BEACH FL 33706	Telephone 7272957472	Place of Birth OK	Citizenship YES	
Permanent Address (Street, City, State, Zip Code) 3514 GULF BLVD ST PETE BEACH FL 33706	Telephone 7272957472	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 JUNE, 2020, at approximately 9:36 PM, at 3514 GULF BLVD, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE MEGAN DAVIS, HIS GIRLFRIEND OF A YEAR AND CO-HABITANT, AGAINST THE WILL OF MEGAN DAVIS TO-WIT: GRABBED HER ARMS AND FACE CAUSING MINOR INJURIES AND ABRASIONS.

POST MIRANDA THE DEF ADMITTED TO GRABBING THE VICTIM BY THE ARMS AND FACE BUT ONLY IN DEFENSE AFTER SHE HIT AND KICKED HIM. THE DEF ADVISED THE ARGUMENT WAS ALL OVER A TV SHOW AND THE VICTIM REFUSING TO LEAVE THE LIVING ROOM AREA.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 6/9/2020 Time 10:24 PM

. Aggravating/Mitigating Factors

Booking Officer: MAGGIO, K 57191

Amount of Bond

ZERO

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: HIDE SPOR NEW

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 6/10/2020 12:14:30 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.

Brian H. Overton

PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DEPUTY BRIAN OVERTON 58376

03038561

Printed Name

Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
06/09/2020	OVERTON	2 25.00		\$50.00

OTHER - Describe TRANSPORT 50

Continuation sheet ☐ Yes ☐ No

TOTAL \$ \$100.00

Defendant LEVINE, SETH DAVID

Court Case No: 20-07229-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.

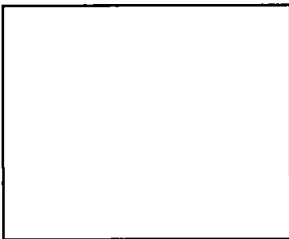
I FURTHER CERTIFY THAT:

- ☒ 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.

6/10/20
DATE AND TIME

Holly Shingler
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