UCN: 522020MM005084XXXXMM FL0521100

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

OBTS #		REPORT # 2020-27233	DOCKET # 1836057
Person ID 311512660		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge DOMESTIC BATTERY			20-05084-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
FOWLER, SHAUN R	07/11/1983	M	W	602	250	BAL	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	F460796832510	FL	ARMS, BACK, STOMACH, CHEST

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
21261 GIDDINGS AVE PORT CHARLOTTE FL 33952	9412813176	US	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
21261 GIDDINGS AVE PORT CHARLOTTE FL 33952	9412813176		

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 25 day of APRIL, 2020,

at approximately 11:52 PM, at 8461 59TH LN N, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE RONALD FOWLER, HIS BROTHER, AND CO-HABITANT, AGAINST THE WILL OF RONALD FOWLER, TO WIT: PUSHED THE VICTIM WITH BOTH HANDS AND WAS THE PRIMARY AGGRESSOR IN A PHYSICAL ALTERCATION.

THE SUBJECT AND VICTIM ARE BROTHERS BY BIRTH AND HAVE LIVED TOGETHER PREVIOUSLY. THE SUBJECT WAS VISITING THE VICTIM AT HIS RESIDENCE. BOTH PARTIES HAD CONSUMED COPIOUS AMOUNTS OF ALCOHOLIC BEVERAGES THROUGHOUT THE DAY. THE VICTIM STATED THAT THE SUBJECT STARTED A VERBAL ARGUMENT AND WAS ATTEMPTING TO ENTICE THE VICTIM INTO A PHYSICAL ALTERCATION. THE VICTIM STATED THAT THE SUBJECT THEN PUSHED HIM SEVERAL TIMES AND THE VICTIM DEFENDED HIMSELF. THE SUBJECT ADMITTED THAT HE WAS ATTEMPTING TO FACILITATE A PHYSICAL ALTERCATION. THE SUBJECT DOES NOT HAVE ANY PREVIOUS BATTERY CONVICTIONS.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 4/25/2020 Time 12:27 PM . Aggravating/Mitigating Factors DOMESTIC RELATED (BROTHERS)

Booking Officer: LEIPSKI 59118 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: _____.

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 4/26/2020 1:27:06 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.

574

Declarant Signature

PINELLAS PARK POLICE
Agency

OFFICER JACOB LUCHUK 574
Printed Name

311210247
Declarant ID#

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
04/25/2020	J. LUCHUK 574	2	25.00		$50.00

2020 APR 26 AM 6:59

OTHER – Describe COURT ASSISTANCE

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
840280 Copies to:

Court

Defendant FOWLER, SHAUN R **Court Case No:** 20-05084-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.

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**