

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

OBTS #	REPORT # CW20-38230		DOCKET # 1833822	
Person ID 311493828	SSN# [REDACTED]			
Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge PROVIDING FALSE NAME OR IDENTITY TO LAW ENFORCEMENT		20-03642-MM-1		
Defendant's Name (Last, First, Middle) THOMAS, SPENCER MITCHELL	DOB 02/05/2002	Sex M	Race W	Ht 5'1
		Wt 140	Hair BRO	Eyes BRO
			Skin LGT	
Alias	DL # T520793020450	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) 1505 GULF STREAM CIR #203 BRANDON FL 33511		Telephone n/a	Place of Birth MD	Citizenship USA
Permanent Address (Street, City, State, Zip Code) 1505 GULF STREAM CIR #203 BRANDON FL 33511		Telephone n/a	Employed by / School UNEMPLOYED	
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Mental Health Issues Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/>	
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)	DOB	Sex	Race	In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 13 day of MARCH, 2020,

at approximately 1:00 PM, at 1 CAUSEWAY BLVD, in Pinellas County did:

DID, AFTER BEING ARRESTED OR LAWFULLY DETAINED BY A LAW ENFORCEMENT OFFICER, GIVE A FALSE NAME OR OTHERWISE FALSELY IDENTIFY (HIMSELF) TO (OFFICER C. ROBERTS), A LAW ENFORCEMENT OFFICER WITH THE (CLEARWATER POLICE DEPARTMENT), TO-WIT: (ENTER FALSE INFORMATION).

AFTER DETAINING THE DEFENDANT FOR A SEPARATE OFFENSE THE DEFENDANT PROVIDED ME WITH A MARYLAND IDENTIFICATION AND ADVISED THAT HIS NAME WAS "JEFFREY ROUX" (DL # R200390067704). AS I CONTINUED TO ASK THE DEFENDANT QUESTIONS PERTAINING TO HIS IDENTITY HE ADVISED ME THAT HE GAVE ME A FAKE IDENTIFICATION INITIALLY.

THE DEFENDANT WENT ON TO SAY THAT HE WAS GIVEN THE ID FROM A FRIEND WHOM HE WISHED NOT TO NAME. THE DEFENDANT ADVISED ME THAT HE WAS SCARED TO GIVE ME HIS REAL IDENTIFICATION BECAUSE HE WAS NOT 21.

Contrary to Florida Statute/Ordinance 901.36.1

ARREST DATE: 3/13/2020 Time 1:00 PM . Aggravating/Mitigating Factors SB

Booking Officer: ZENOSKI, A 59785 Amount of Bond 150.00 Bond Out Date 3/14/20 Time 3:06 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: 3/13/2020 2:58:16 PM

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.

CP
 Declarant Signature _____ Agency CLEARWATER POLICE DEPT.
 OFFICER CHRISTOPHER ROBERTS 9424 310731752
 Printed Name _____ Declarant ID# _____

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST

OTHER - Describe _____
 Continuation sheet Yes No TOTAL \$ 0.00

FILED
MAR 11 PM 12:53
2020
COURT ASSISSTANT

Defendant THOMAS, SPENCER MITCHELL

Court Case No: 20-03642-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.

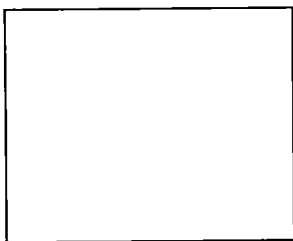
I FURTHER CERTIFY THAT:

- 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

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

OBTS #	REPORT # CW20-38230		DOCKET # 1833822	
Person ID	311493828	SSN#	[REDACTED]	
Charge Description	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input checked="" type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #	
Charge	OPEN CONTAINER (6.31(4))		20-03642-MM-2	
Defendant's Name (Last, First, Middle)	THOMAS, SPENCER MITCHELL	DOB	Sex	Race
		02/05/2002	M	W
			Ht	Wt
			5'1	140
			Hair	Eyes
			BRO	BRO
			Skin	
			LGT	
Alias	DL # T520793020450	State	Scars/Marks/Tattoos/Physical Features	
	FL			
Local Address (Street, City, State, Zip Code)	1505 GULF STREAM CIR #203 BRANDON FL 33511	Telephone	Place of Birth	Citizenship
		n/a	MD	USA
Permanent Address (Street, City, State, Zip Code)	1505 GULF STREAM CIR #203 BRANDON FL 33511	Telephone	Employed by / School	
		n/a	UNEMPLOYED	
Weapon Seized Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence	Indication of Mental Health Issues	Indication of Alcohol Influence
		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Co-Defendant's Name (Last, First, Middle)		DOB	Sex	Race
				In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 13 day of MARCH, 2020, at approximately 1:00 PM, at 1 CAUSEWAY BLVD, in Pinellas County did: **DID COMMIT THE OFFENSE OF OPEN ALCOHOL TO WIT:**

WHILE ON ROUTINE PATROL I OBSERVED THE DEFENDANT HOLDING WHAT APPEARED TO BE AN OPEN ALCOHOL CAN. AS I MADE CONTACT WITH THE DEFENDANT HE BEGAN TO CONEAL THE CAN. WHEN I ASKED THE DEFENDANT WHAT WAS IN HIS HAND, HE STATED "ITS WHITE CLAW." THE CAN WAS HALF FULL, COLD TO THE TOUCH, AND HAD AN ODOR OF ALCOHOL COMING FROM IT.

Contrary to Florida Statute/Ordinance 6.31

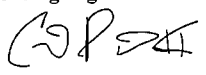
ARREST DATE: 3/13/2020 Time 1:10 PM Aggravating/Mitigating Factors SB

Booking Officer: ZENOSKI, A 59785 Amount of Bond 250.00 Bond Out Date 3/14/20 Time 3:06 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: 3/13/2020 2:58:06 PM

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 CHRISTOPHER ROBERTS 9424 Printed Name	CLEARWATER POLICE DEPT. Agency 310731752 Declarant ID#	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE OFFICER HOURS X PAY RATE OR COST _____ _____ OTHER - Describe Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 0.00
	COURT ASSISTANT FILED 2020 MAR 14 PM 12:53	

Defendant THOMAS, SPENCER MITCHELL **Court Case No:** 20-03642-MM-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.

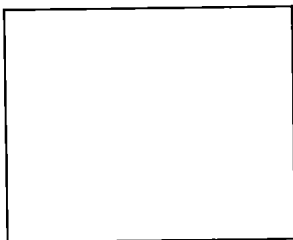
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DEFENDANT'S ATTORNEY'S SIGNATURE

DATE