

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

OBTs #		REPORT # SO20-129284		DOCKET # 1837011	
Person ID 311070511			SSN# [REDACTED]		
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)		Court Case #	
Charge BATTERY; DOMESTIC				20-05773-MM-1	
Defendant's Name (Last, First, Middle) SPANGLER, STAR DAWN		DOB 06/07/1976	Sex F	Race W	Ht 509
Wt 220		Hair BLN	Eyes BRO	Skin MED	
Alias NONE	DL # S-152-784-76-707-0	State FL	Scars/Marks/Tattoos/Physical Features LIZARD LEFT SHOULDER		
Local Address (Street, City, State, Zip Code) 9820 87TH ST N SEMINOLE FL 33777		Telephone 765-391-3347	Place of Birth IN		Citizenship US
Permanent Address (Street, City, State, Zip Code) 9820 87TH ST N SEMINOLE FL 33777		Telephone 765-391-3347	Employed by / School APPLEBEES		
Weapon Seized Type ☐ Yes ☒ No HANDS		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 11 day of MAY, 2020, at approximately 3:42 AM, at 9820 87TH WAY N, in Pinellas County did:
ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE THE VICTIM, HER BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF THE VICTIM, TO-WIT: PUNCHED, HIT, AND THREW MAIL AT THE VICTIM.

THE VICTIM STATED THAT DEFENDANT STRUCK HIM IN THE FACE, ARMS, AND BACK WITH OPEN HANDS BECAUSE SHE BELIEVES HE CHEATED ON HER. POST-MIRANDA THE DEFENDANT ADMITS TO THROWING THE MAIL AT THE VICTIM BUT DENIES STRIKING HIM. THEY HAVE BEEN IN A DATING RELATIONSHIP FOR 3 YEARS.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 5/11/2020 Time 4:20 AM . Aggravating/Mitigating Factors _____

Booking Officer: LEVEA 59816 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: 5/11/2020 5:14:25 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.

Elizabeth Temple
 PINELLAS COUNTY SHERIFF
 Declarant Signature _____ Agency _____
 DEPUTY ELIZABETH TEMPLE 58112 03287102
 Printed Name _____ Declarant ID# _____

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)			
DATE 05/11/2020	OFFICER E TEMPLE	HOURS X PAY RATE 1.5 25.00	OR COST \$37.50
OTHER – Describe _____ Continuation sheet ☐ Yes ☐ No TOTAL \$ 37.50			

Defendant SPANGLER, STAR DAWN

Court Case No: 20-05773-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:

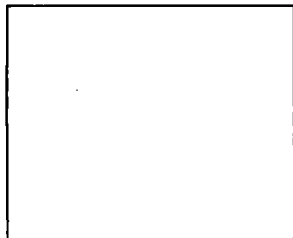
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- ☐ 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