UCN: 522020MM005773XXXXMM FL0520000

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)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SPANGLER, STAR DAWN	06/07/1976	F	W	509	220	BLN	BRO	MED

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
NONE	S-152-784-76-707-0	FL	LIZARD LEFT SHOULDER

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
9820 87TH ST N SEMINOLE FL 33777	765-391-3347	IN	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
9820 87TH ST N SEMINOLE FL 33777	765-391-3347	APPLEBEES	

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 HANDS	☐ ☒ ☐	☐ ☒ ☐	☒ ☐ ☐

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? Y 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.

E Temple

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

DEPUTY ELIZABETH TEMPLE 58112

Printed Name

03287102

Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/11/2020	E TEMPLE	1.5 25.00		$37.50

2020 MAY 12 PM 12:35

COURT ASSISTANT

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $37.50

COCR59 (Revised 10/2014)

842256 Copies to:

Court

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**