

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

OBTS #	REPORT # CW20-36992	DOCKET # 1833528
Person ID 2348984	SSN# [REDACTED]	
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)	Court Case #
Charge BATTERY; AGGRAVATED (DEADLY WEAPON)		20-02713-CF-1
Defendant's Name (Last, First, Middle) ALLEN, STEPHANIE AMANDA JANE	DOB 01/29/1981	Sex F Race W Ht 503 Wt 112 Hair BRO Eyes BRO Skin MED
Alias	DL # A450781815290	State FL Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) 1301 EVERGREEN AVE CLEARWATER FL 33756	Telephone 813-919-9142	Place of Birth MICHIGAN Citizenship US
Permanent Address (Street, City, State, Zip Code) 1301 EVERGREEN AVE CLEARWATER FL 33756	Telephone 813-919-9142	Employed by / School
Weapon Seized Type <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK	Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK
		Indication of Alcohol Influence <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 11 day of MARCH, 2020, at approximately 3:53 AM, at 1301 EVERGREEN DR, in Pinellas County did:

BY USE OF A DEADLY WEAPON, TO-WIT: A GLASS BOTTLE, KNIFE, DID KNOWINGLY AND INTENTIONALLY CAUSE BODILY HARM TO RICHARD RAUCH BY STIKING HIM IN THE HEAD WITH A GLASS WHISKY BOTTLE AND CUTTING HIM A KNIFE.

DEF WAS INVOLVED IN A VERBAL ARGUMENT WHERE SHE STRUCK THE VIC, HER LIVE-IN BOYFRIEND, IN THE HEAD WITH A JAMESON WHISKY BOTTLE, DEF THEN LEFT THE RESIDENCE AND RETURNED HOURS LATER WHERE SHE THEN STRUCK THE VIC AGAIN IN THE HEAD WITH A CLOSED FIST. VIC HAS VISIBLE INJURIES AND MARKS CONSISTENT WITH THE BATTERY. AT SOME POINT DURING THE ALTERCATION THE VIC ALLGED SHE ARMED HER SELF WITH A RED FOLDING KNIFE AND SLASHED HIM IN THE NECK CAUSING A VISIBLE SUPERFICIAL INJURY. DEF IS EXTREMELY INTOXICATED AND WAS UNCOOPERATIVE.

Contrary to Florida Statute/Ordinance 784.045.1A2

ARREST DATE: 3/11/2020 Time 4:15 AM . Aggravating/Mitigating Factors _____

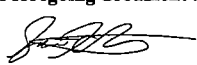
Booking Officer: CARLSON 57027 Amount of Bond ZERO Bond Out Date _____ Time _____ a.m. p.m.

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: 3/11/2020 9:48:09 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.



 Declarant Signature
 OFFICER JUSTIN HENNIS 9065
 Printed Name

CLEARWATER POLICE DEPT.

 Agency
 310501484
 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

Defendant ALLEN, STEPHANIE AMANDA JANE **Court Case No:** 20-02713-CF-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:

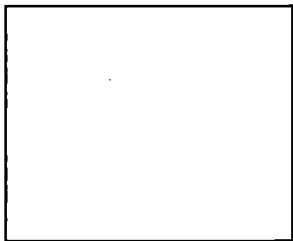
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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