UCN: 522019MM018567XXXXMM FL0520000

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

OBTS #		REPORT # SO19-370781	DOCKET # 1821674
Person ID 311424704		SSN# [redacted]	

Charge Description ☐Felony ☒Misdemeanor ☐Warrant ☐Traffic ☐Ordinance	Traffic Citation # (if any)	Court Case #
Charge: DOMESTIC BATTERY		19-18567-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
GOETZ, STEPHANIE J	01/12/1967	F	W	54	118	BLN	BRO	LGT

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	G320-790-67-512-0	FL	JAPANESSE SYMBOL ABOVE RIGHT BUTTOCKS

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2355 ALEXANDER CIR APT 206 CLEARWATER FL 33763	2673152004	PHILADELPH	US

Permanent Address (Street, City, State, Zip Code)	Telephone	Employed by / School
2355 ALEXANDER CIR APT 206 CLEARWATER FL 33763	2673152004	

Weapon Seized ☐Yes ☒No Type

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
N/A				☐Yes ☒No ☐Felony ☐Misdemeanor
N/A				☐Yes ☒No ☐Felony ☐Misdemeanor

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 18 day of NOVEMBER, 2019,

at approximately 2:53 PM, at 164 WEST LAKE RD, PALM HARBOR, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE ELIZABETH ZAROFF, HER SISTER AND CO-HABITANT, AGAINST THE WILL OF ELIZABETH ZAROFF, TO WIT: PUNCHED ELIZABETH ZAROFF IN THE FACE.

THE DEFENDANT PUNCHED HER SISTER, ELIZABETH ZAROFF, IN THE FACE DURING A VERBAL DISPUTE. ELIZABETH ZAROFF HAD A BRUISE ON HER RIGHT JAW LINE WHICH WAS CONSISTANT WITH ELIZABETH ZAROFF'S STATEMENT. WITNESS INTERVIEWS WERE CONDUCTED WITH FAMILY MEMBERS ON SCENE WHO PROVIDED STATEMENTS THAT WERE ALL CONSISTANT WITH THE INJURIES THAT WERE PRESENT ON ELIZABETH AND THE DEFENDANT.

FILED
COURT ASSISTANCE
2019 NOV 19 PM 1:14
KEN BURKE
CLERK OF CIRCUIT COURT
PINELLAS COUNTY, FL

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 11/18/2019 Time 2:53 PM . Aggravating/Mitigating Factors

Booking Officer: NEDIMYER, R 57379 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: Hire SNOK Contact granted NOFIA Rtn to Residence

The probable cause determination is passed for: ☐24 Hrs ☐24 Hrs on showing of extraordinary circumstances Received by Booking: 11/18/2019 5:00:21 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.

[signature]	PINELLAS COUNTY SHERIFF
Declarant Signature	Agency
DEPUTY JAMES DAVIS 58038	03332991
Printed Name	Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE		OR	COST
11/18/2019	DEP J. DAVIS	3	25.00		$75.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $75.00

COCR59 (Revised 10/2014)
813396 Copies to: Court

Defendant GOETZ, STEPHANIE J **Court Case No:** 19-18567-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.

11/19/19
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