UCN: 522019MM018713XXXXMM

FL0520300

Person ID 310900073 SSN#					
310900073	REPORT # CW19-177152 DOCKET # 1821951				
	Person ID 310900073 SSN#				
Charge Description Felony Misdemeanor Warrant Traffic Ordinance Traffic Citation # (if any) Court Cas	ise#				
	19-18713-MM-1				
	air Eyes	Skin			
KOVALESKI, STEVEN C 11/26/1973 M W 604 245 BI  Alias DL# State Scars/Marks/Tattoos/Physical Features	LK GRN	MED			
1490019643 IN					
	Citizenship US				
Permanent Address (Street, City, State, Zip Code)  1331 DUNCAN LOOP N #2002 DUNEDIN FL 34698  Telephone 8125828684  SELF					
		N UNK			
DOD O D	Custody Yes				
□Felony □Misdemeanor					
Co-Defendant's Name (Last, First, Middle)  DOB  Sex  Race  In (	Custody Yes	No			
	Felony <b></b> Misden	ieanor			
The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 20 day of NOVEMBER , 2019, at approximately 10:17 PM , at O2699 GULF TO BAY BVLD					
$\sim$ to $\sim$ 10 $^{\circ}$ . The $\sim$ 10 $^{\circ}$ . Th	FILED COURT ASSISTANCE 19 NOV 21 AM III:				
Contrary to Florida Statute/Ordinance 784.03	FILED COURT ASSISTANCE 19 NOV 21 AM III:				
Contrary to Florida Statute/Ordinance 784.03  ARREST DATE: 11/20/2019 Time 11:24 PM  ARgravating/Mitigating Factors	FILED COURT ASSISTANCE 19 NOV 21 AM II: 34	n. □p.m.			
Contrary to Florida Statute/Ordinance 784.03  ARREST DATE: 11/20/2019 Time 11:24 PM .Aggravating/Mitigating Factors	COURT ASSISTANCE	n. □p.m.			
Contrary to Florida Statute/Ordinance 784.03  ARREST DATE: 11/20/2019 Time 11:24 PM .Aggravating/Mitigating Factors  Booking Officer: MAGGIO, K 57191 .Amount of Bond .ZERO .Bond Out Date	COURT ASSISTANCE  19 NOV 21 AM II: 34	n. □p.m.			
Contrary to Florida Statute/Ordinance 784.03  ARREST DATE: 11/20/2019 Time 11:24 PM .Aggravating/Mitigating Factors	COURT ASSISTANCE	n. □p.m.			
Contrary to Florida Statute/Ordinance 784.03  ARREST DATE: 11/20/2019 Time 11:24 PM .Aggravating/Mitigating Factors	9 NOV 2   ASSISTANCE	n. □p.m. 80 80 WV			
Contrary to Florida Statute/Ordinance 784.03  ARREST DATE: 11/20/2019 Time 11:24 PM .Aggravating/Mitigating Factors  Booking Officer: MAGGIO, K 57191 .Amount of Bond .ZERO Bond Out Date	9 ROV 2   AM   COURT ASSISTANCE   COURT ASSISTANCE	n. □p.m. 80 80 WV			
Contrary to Florida Statute/Ordinance 784.03  ARREST DATE: 11/20/2019Time 11:24 PM	9 NOV 2   AN   CONTINUE   COURT ASSISTANCE   COURT	n. □p.m. 80 80 WV			
Contrary to Florida Statute/Ordinance 784.03  ARREST DATE: 11/20/2019 Time 11:24 PM Aggravating/Mitigating Factors  Booking Officer: MAGGIO, K 57191 Amount of Bond ZERO Bond Out Date Time  Victim Notified of Advisory? Yyes No Injuries to Victim? Yes No Medical Treatment to Victim  The Court reviewed this complaint and finds there: His probable cause is not probable cause to detain defendant Agond Action, if any: 10 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.    CLEARWATER POLICE DEPT.   Time   Tim	9 NOV 2   AN   CONTINUE   COURT ASSISTANCE   COURT	n. □p.m. 80 80 WV			

**Court Case No:** 

19-18713-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 the	hat he has retained counsel or will retain couns	sel.
•	's solvency and found the Defendant financiall	
,	's solvency and provisionally appointed the Pu	
D. The Defendant waived the right to		Ilit husinger
	at the first appearance only.  financially able to secure counsel, hereby was file a written request for a review of my solver	
	DEED	NDANT'S SIGNATURE
	DEFE	NDANT S SIGNATURE
Thumb Print		
I HEREBY acknowledge receipt of a co	opy of the foregoing Complaint and Advisory.	
DEFENDANT'S SIGNATURE	DEFENDANT'S ATTORNEY'S SIGNATURE	DATE