UCN: 522020OC002911XXXXOC FL0521400

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

OBTS #		REPORT # 2020-021211	DOCKET # 1839320
Person ID 311531228		SSN# [redacted]	
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge SMUGGLE CONTRABAND INTO PRISON			20-02911-OC-CF-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
RIZVI, SUFIA IMTIAZ	05/06/1988	F	U	504	131	BLK	BRO	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	R210789886660	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
596 79 TE N ST.PETERSBURG FL 33703	8503947742	LA	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
596 79 TE N ST.PETERSBURG FL 33703	8503947742	NONE	

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	☐ ☒ ☐	☐ ☒ ☐	☐ ☒ ☐

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 10 day of JUNE, 2020,

at approximately 8:20 AM, at 901 43 AV N ST.PETERSBURG, in Pinellas County did:

DEF DID THEN AND THERE HAVE AN ACTIVE WARRANT FOR HER ARREST OUT OF JACKSON COUNTY SHERIFF OFFICE
DATE OF WARRANT 06-05-20
WARRANT NUMBER 20-319CF
NO BOND
I HAVE NO KNOWLEDGE OF THIS CASE
6 CT PRINCIPAL TO INTRUCT OF CONTRABAND INTO ST CORR INST
4 CT PRINCIPAL TO POSS OF CONTROLLED SUBSTANCE W/INTENT TO DISTRIBUTE IN ST CORR INST

25,000

2020 JUN 11 PM 12:43 FILED

Contrary to Florida Statute/Ordinance 901.04.

ARREST DATE: 6/10/2020 Time 8:20 AM . Aggravating/Mitigating Factors

Booking Officer: PASKALAKIS, B 59541 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: 6/10/2020 10:30:51 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.

M. E. Andrews

Declarant Signature

ST. PETERSBURG POLICE
Agency

OFFICER MERI ANDREWS 32479
Printed Name

1839556
Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
06/10/2020	M. ANDREWS	2 25.00		$50.00

OTHER – Describe

Continuation sheet ____Yes ____No TOTAL $ $50.00

COCR59 (Revised 10/2014)
847178 Copies to:

Court

Defendant RIZVI, SUFIA IMTIAZ **Court Case No:** 20-02911-OC-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.

6-11-2020
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