

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

|                                                                                                                                                                                                         |                                                                                                                            |                                                                                                                                  |                                                                                                                               |                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                                                                                                                                  | REPORT # <b>SO20-149160</b>                                                                                                |                                                                                                                                  | DOCKET # <b>1838720</b>                                                                                                       |                                                                                                                                             |
| Person ID <b>3193505</b>                                                                                                                                                                                | SSN# <span style="background-color: black; color: black;">[REDACTED]</span>                                                |                                                                                                                                  |                                                                                                                               |                                                                                                                                             |
| Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance | Traffic Citation # (if any)                                                                                                |                                                                                                                                  | Court Case #                                                                                                                  |                                                                                                                                             |
| Charge<br><b>DOMESTIC BATTERY</b>                                                                                                                                                                       |                                                                                                                            |                                                                                                                                  | <b>20-06887-MM-1</b>                                                                                                          |                                                                                                                                             |
| Defendant's Name (Last, First, Middle)<br><b>NATHER, SUZANNE NEDHALL</b>                                                                                                                                | DOB<br><b>03/07/1999</b>                                                                                                   | Sex<br><b>F</b>                                                                                                                  | Race<br><b>W</b>                                                                                                              | Ht<br><b>502</b>                                                                                                                            |
|                                                                                                                                                                                                         |                                                                                                                            | Wt<br><b>120</b>                                                                                                                 | Hair<br><b>BLK</b>                                                                                                            | Eyes<br><b>GRN</b>                                                                                                                          |
| Alias                                                                                                                                                                                                   | DL # <b>N-360-794-99-587-0</b>                                                                                             | State<br><b>FL</b>                                                                                                               | Scars/Marks/Tattoos/Physical Features                                                                                         |                                                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br><b>230 94TH AVE N ST. PETERSBURG FL 33702</b>                                                                                                          | Telephone<br><b>727-300-8058</b>                                                                                           | Place of Birth<br><b>GA</b>                                                                                                      | Citizenship<br><b>US</b>                                                                                                      |                                                                                                                                             |
| Permanent Address (Street, City, State, Zip Code)<br><b>230 94TH AVE N ST. PETERSBURG FL 33702</b>                                                                                                      | Telephone<br><b>727-300-8058</b>                                                                                           | Employed by / School                                                                                                             |                                                                                                                               |                                                                                                                                             |
| Weapon Seized Type<br><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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK |                                                                                                                                             |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                               | DOB                                                                                                                        | Sex                                                                                                                              | Race                                                                                                                          | In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No<br><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<br><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 01 day of JUNE, 2020, at approximately 5:11 PM, at 4450 44TH AVE N, ST. PETERSBURG, FL, 33714, in Pinellas County did:  
**ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE SAMI NEDHALL-GORDY NATHER, HER BROTHER, AGAINST THE WILL OF SAMI NEDHALL-GORDY NATHER, TO WIT: PHYSICALLY STRIKE AND SCRATCH.**

DEPUTIES WERE CALLED TO THE LOCATION IN REFERENCE TO A DOMESTIC CALL FOR SERVICE. THE MOTHER CALLED IN REFERENCE TO THE DEF COMING TO LOCATION ACTING IRATE AND STRIKING HER SON. THE MOTHER ADVISED THE DEF DOES NOT LIVE AT THE LOCATION BUT CAME BECAUSE OF A ARGUEMENT THAT OCCURED WITH HER FATHER. THE VICTIM HEARD THE DEF ARGUEING WITH THE MOTHER AND AS HE CAME OUT OF THE ROOM, THE DEF BEGAN TO ARGUE WITH THE VICTIM. THE DEF THEN STRUCK THE VICTIM AND THEY GOT INTO PHYSICAL ALTERICATION. THE VICTIM INFORMED ME HE ATTEMPTED TO HOLD THE DEF DOWN BECAUSE SHE WOULDN'T STOP ATTACKING HIM. THE VICTIM HAD MULTIPLE MARKS ON HIS ARMS AND UPPER LEFT CHEST AREA.

POST MIRANDA THE DEF ADVISED HER BROTHER STARTED THE ALTERICATION.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 6/1/2020 Time 5:27 PM Aggravating/Mitigating Factors DOMESTIC RELATED  
 Booking Officer: AUGUSTA 58493 Amount of Bond ZERO Bond Out Date Time 6/1/2020 6:36:44 PM

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: PDAPS 500R

The probable cause determination is passed for: ☐ 24 Hrs ☐ 24 Hrs on showing of extraordinary circumstances Received by Booking: 6/1/2020 6:36:44 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.

Angelo Terrasi  
 Declarant Signature  
 DEPUTY ANGELO TERRASI 59580  
 Printed Name  
 PINELLAS COUNTY SHERIFF  
 Agency  
 310905015  
 Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE 06/01/2020 OFFICER DEPUTY TERRASI HOURS X PAY RATE 1.5 25.00 OR \$37.50

OTHER – Describe  
 Continuation sheet ☐ Yes ☐ No TOTAL \$ 37.50

**Defendant** NATHER, SUZANNE NEDHALL

**Court Case No:** 20-06887-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.

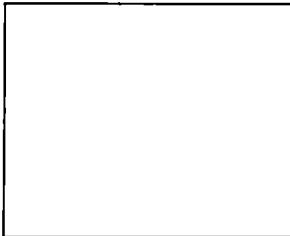
**I FURTHER CERTIFY THAT:**

- ☐ 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.

6/2/20  
DATE AND TIME

Hellebush  
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