

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

OBTS #		REPORT # SO20-128673	DOCKET # 1836969
Person ID 310584773		SSN# [REDACTED]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	
Charge BATTERY; DOMESTIC		Court Case # 20-05753-MM-1	
Defendant's Name (Last, First, Middle) SULLIVAN, TARA ILINE		DOB 10/31/1972	Sex F Race W Ht 501 Wt 200 Hair BRO Eyes BRO Skin
Alias	DL # S415-809-72-891-1	State FL	Scars/Marks/Tattoos/Physical Features
Local Address (Street, City, State, Zip Code) 2500 54TH AVE N ST. PETERSBURG FL 33714		Telephone	Place of Birth MA Citizenship USA
Permanent Address (Street, City, State, Zip Code) 2500 54TH AVE N ST. PETERSBURG FL 33714		Telephone	Employed by / School
Weapon Seized Type ☐ Yes ☒ No		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 ☐ 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 MAY, 2020, at approximately 6:30 AM, at 2500 54TH AVENUE NORTH LOT 435 ST. PETERSBURG FLOR, in Pinellas County did: ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE, HER BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF DAVID STEWART, TO-WIT:

ON THE ABOVE LISTED DATE AND TIME CONTACT WAS MADE WITH THE DEFENDANT IN REFERENCE TO A DOMESTIC IN PROGRESS. UPON ARRIVAL I SPOKE TO THE VICTIM, DAVID STEWART, WHO ADVISED HE HAS BEEN DATING AND LIVING WITH THE DEFENDANT FOR FOUR YEARS. THE VICTIM EXPLAINED HE RETURNED HOME THIS MORNING AFTER LEAVING ON FRIDAY NIGHT BECAUSE THE TWO HAVE BEEN CONSTANTLY ARGUING WITH EACHOTHER. UPON RETURNING AN ARGUMENT TOOK PLACE AND THE DEFENDANT TOLD HIM TO LEAVE. THE ARGUMENT ESCALATED AND THE DEFENDANT REPORTEDLY PUSHED THE VICTIM WITH OPEN HANDS, WITH ON OF HER HANDS HITTING HIM IN TE FACE. I OBSERVED WHAT APPEARED TO BE FRESH BLOOD AND A SMALL CUT ON HIS NOSE. UPON INTERVIEWING THE DEFENDANT, PRIOR TO MIRANDA AND WITHOUT ANY INCRIMINATING QUESTIONING, SHE ADMITTED TO PUSHING THE VICTIM FIRST BECAUSE SHE WAS UPSET HE HADN'T COME HOME IN TWO DAYS. POST MIRANDA THE DEFENDANT RECENTED HER STATEMENTS AND DENIED SHE INITIATED CONTACT. AFTER HER ARREST, AND WHILE IN THE CRUISER SHE EXCLAIMED TO HAVE LIED, STATED THE VICTIM BETTER WATCH HIS BACK, AND THREATENED TO DO HARM TO HIM IMMEDIATELY AFTER RELEASE. AS WELL AS YELLING RACIAL SLURS AND USING PROFANITY. ALL OF THE DEFENDANTS STATEMENTS HAVE BEEN RECORDED VIA COBAN.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 5/10/2020 Time 6:43 AM . Aggravating/Mitigating Factors THREATS TO DO HARM TO VICTIM UPON RE

Booking Officer: PATRICK 58099 Amount of Bond NO BOND 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: 5/10/2020 8:26:47 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 DEPUTY ANTHONY KINSLER 58758 Printed Name PINELLAS COUNTY SHERIFF Agency 311039969 Declarant ID#	REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) DATE 05/10/2020 OFFICER DEPUTY KINSLER HOURS X PAY RATE 1.0 25.00 2020 MAY 16 AM 7:55 COURT ASSISTANCE FILED OTHER – Describe _____ Continuation sheet ☐ Yes ☐ No TOTAL \$ <u>25.00</u>
---	--

Defendant SULLIVAN, TARA ILINE

Court Case No: 20-05753-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:

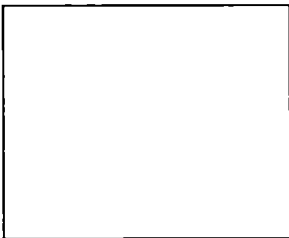
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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

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