UCN: 522020MM005753XXXXMM FL0520000

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)	Court Case #
Charge BATTERY; DOMESTIC			20-05753-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SULLIVAN, TARA ILINE	10/31/1972	F	W	501	200	BRO	BRO	

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S415-809-72-891-1	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
2500 54TH AVE N ST. PETERSBURG FL 33714		MA	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
2500 54TH AVE N ST. PETERSBURG FL 33714			

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 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 RECANTED HER STATEMENTS AND DENIED SHE INITITATED 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

FILED 2020 MAY 11 AM 7:55 COURT ASSISTANCE

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.

Anthony Kinsler

Declarant Signature — PINELLAS COUNTY SHERIFF (Agency)

DEPUTY ANTHONY KINSLER 58758 (Printed Name) — 311039969 (Declarant ID#)

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
05/10/2020	DEPUTY KINSLER	1.0 25.00		$25.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $25.00

COCR59 (Revised 10/2014)
842184 Copies to:

Court

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**