

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

OBTS #	REPORT # SO19-405259		DOCKET # 1824831					
Person ID 311442919	SSN# [REDACTED]							
Charge Description ☒ Felony ☐ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance	Traffic Citation # (if any)		Court Case #					
Charge POSSESSION OF A CONTROLLED SUBSTANCE - LORAZEPAM			19-15115-CF-1					
Defendant's Name (Last, First, Middle) STASNEY, THOMAS JOSEPH	DOB 08/14/1985	Sex M	Race W	Ht 505	Wt 150	Hair BRO	Eyes HAZ	Skin FAR
Alias	DL # S325-830-85-294-0	State FL	Scars/Marks/Tattoos/Physical Features TAT "AVERY" RIGHT BICEP					
Local Address (Street, City, State, Zip Code) 1868 LA GRANDE DRIVE DUNEDIN FL 34698		Telephone		Place of Birth FL		Citizenship US		
Permanent Address (Street, City, State, Zip Code) 1868 LA GRANDE DRIVE DUNEDIN FL 34698		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 18 day of DECEMBER, 2019,

at approximately 9:31 PM, at 1868 LA GRANDE, DUNEDIN FL 34698, in Pinellas County did:

UNLAWFULLY HAVE IN HIS ACTUAL OR CONSTRUCTIVE POSSESSION, A SUBSTANCE DEFINED BY FLORIDA STATE STATUTE CHAPTER 893, TO WIT: LORAZEPAM, WITHOUT HAVING LAWFULLY OBTAINING SAID SUBSTANCE FROM A VALID PRACTITIONER. THE DEFENDANT HAD 2 TABLETS IN HIS RIGHT POCKET OF THE JEANS HE WAS WEARING.

AFTER BEING ARRESTED FOR DUI, I SEARCHED THE DEFENDANT INCIDENT TO THE ARREST. IN THE SMALL RIGHT POCKET OF THE JEANS HE WAS WEARING, I FOUND TWO SMALL WHITE TABLETS WITH EP-905-1 IMPRINTED ON THEM. CHECKING THE WEBSITE WWW.DRUGS.COM, I LEARNED THE PILLS WERE IDENTIFIED AS LORAZEPAM. WHEN ASKED, THE DEFENDANT STATED HE HAS A VALID PRESCRIPTION FOR LEXAPRO.

Contrary to Florida Statute/Ordinance 893.13.6A.

ARREST DATE: 12/18/2019 Time 10:01 PM

Aggravating/Mitigating Factors _____

Booking Officer: LEIPSKI 59118 Amount of Bond 2,000 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: 12/19/2019 12:32:41 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 STEPHEN KASELAK 57470

Printed Name

PINELLAS COUNTY SHERIFF

Agency

02813080

Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
12/18/2019	KASELAK	4 25.00		

OTHER – Describe

Continuation sheet ☐ Yes ☐ No

TOTAL \$ 0.00

Defendant STASNEY, THOMAS JOSEPH

Court Case No: 19-15115-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:

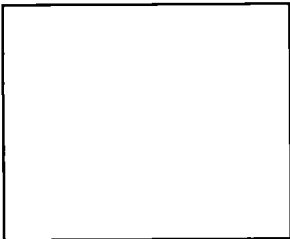
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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

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