UCN: 522019CF015115XXXXCF FL0520000

# 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) | DOB | Sex | Race | Ht | Wt | Hair | Eyes | Skin |
|---|---|---|---|---|---|---|---|---|
| STASNEY, THOMAS JOSEPH | 08/14/1985 | M | W | 505 | 150 | BRO | HAZ | FAR |

| Alias | DL # | State | Scars/Marks/Tattoos/Physical Features |
|---|---|---|---|
| | S325-830-85-294-0 | FL | TAT "AVERY" RIGHT BICEP |

| Local Address (Street, City, State, Zip Code) | Telephone | Place of Birth | Citizenship |
|---|---|---|---|
| 1868 LA GRANDE DRIVE DUNEDIN FL 34698 | | FL | US |
| **Permanent Address (Street, City, State, Zip Code)** | **Telephone** | **Employed by / School** | |
| 1868 LA GRANDE DRIVE DUNEDIN FL 34698 | | | |

| 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 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.

Da SK 57470

PINELLAS COUNTY SHERIFF

Declarant Signature — Agency

DEPUTY STEPHEN KASELAK 57470 — 02813080

Printed Name — 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 | | |

2019 DEC 19 PM 12:08

COURT ASSISTANCE

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $0.00

COCR59 (Revised 10/2014)
819180 Copies to:

Court

**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**