UCN: 522020MM006031XXXXMM FL0520000

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

OBTS #		REPORT # SO20-133515	DOCKET # 1837390
Person ID 300343		SSN# [redacted]	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge BATTERY; SIMPLE			20-06031-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
SOULE, TODD ANTHONY		M	W	6	0	GRY		

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	S400-801-57-391-0	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
3503 58TH AVE N LOT 46 ST. PETERSBURG FL 33714		NY	USA
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
3503 58TH AVE N LOT 46 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 15 day of MAY, 2020,

at approximately 9:55 PM, at 3503 58TH AVE N LOT 46, in Pinellas County did:

DID THEN AND THERE ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE JULIE,ANN,WILLIAMS AGAINST THE WILL OF JULIE,ANN,WILLIAMS , AND DID CAUSE BODILY HARM. THE DEFENDANT PAID THE VICTIM FOR SEXUAL ACTIVITIES AND THEN STRUK THE VICTIM IN THE LEFT FOREHEAD LACERATING HER FACE.

FILED
COURT ASSISTANCE
2020 MAY 16 PM 12:15

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 5/15/2020 Time 10:17 PM . Aggravating/Mitigating Factors CB

Booking Officer: LEIPSKI 59118 Amount of Bond 500 Bond Out Date 05/16/20 Time N/A ☐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: 5/16/2020 12:40:51 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	Agency
	PINELLAS COUNTY SHERIFF
DEPUTY ALEXANDRA MITCHELL 59961	311206260
Printed Name	**Declarant ID#**

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

DATE	OFFICER	HOURS X	PAY RATE	OR	COST
05/15/2020	MITCHELL	2	25.00		$50.00

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $50.00

COCR59 (Revised 10/2014)
843088 Copies to:

Court

Defendant SOULE, TODD ANTHONY **Court Case No:** 20-06031-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**