

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

Form with fields: OBTS #, REPORT # 20-001980, DOCKET # 1832420, Person ID 311484762, SSN# 000-00-0000, Charge Description BATTERY ON A PERSON 65 YEARS OF AGE OR OLDER, Defendant's Name TURCOTTE, WENDI SU, etc.

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 29 day of FEBRUARY, 2020, at approximately 3:30 PM, at 7001 142ND AVE N, in Pinellas County did: DID ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE, AGAINST THE WILL OF SAMUEL WALLER, A PERSON 65 YEARS OF AGE OR OLDER.

THE VICTIM, DEFENDANT, AND CO-DEFENDANT WERE ENGAGED IN A VERBAL ARGUMENT AT THE COMMUNITY CENTER WHICH TURNED PHYSICAL. ACCORDING TO INDEPENDENT WITNESSES AND THE VICTIM, THE DEFENDANT PUSHED THE VICTIM'S CHEST WITH BOTH OF HER PALMS IN AN EFFORT TO PUSH HIM OUT OF THE COMMUNITY CENTER. WITNESSES FURTHER STATED THESE ACTIONS WERE UNPROVOKED AND UNWARRANTED; THE DEFENDANT AND CO-DEFENDANT WERE THE INSTIGATORS OF THE ARGUMENT. THE DEFENDANT DENIED PUSHING THE VICTIM. NO INJURIES WERE REPORTED.

Contrary to Florida Statute/Ordinance 784.08.2C, ARREST DATE: 2/29/2020 Time 11:04 PM, Booking Officer: MAGGIO, K 57191, Amount of Bond 5000, Bond Out Date 03/01/20, etc.

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: [Signature], LARGO POLICE DEPT., OFFICER MATTHEW GOSIER 493, 310207195

Table with 5 columns: DATE, OFFICER, HOURS X PAY RATE, OR, COST. Includes 'REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)' and 'TOTAL \$ \$150.00'.

**Defendant** TURCOTTE, WENDI SU

**Court Case No:** 20-02299-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.

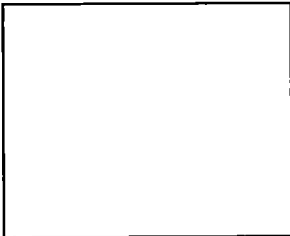
I FURTHER CERTIFY THAT:

- 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