

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

|                                                                                                                                                                                                         |                           |                                                                                                                            |                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| OBTS #                                                                                                                                                                                                  |                           | REPORT # <b>SO20-148952</b>                                                                                                | DOCKET # <b>1838673</b>                                                                                                                           |
| Person ID <b>311526538</b>                                                                                                                                                                              |                           | SSN# <b>000-00-0000</b>                                                                                                    |                                                                                                                                                   |
| Charge Description <input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance |                           | Traffic Citation # (if any)                                                                                                |                                                                                                                                                   |
| Charge<br><b>UNLAWFUL ASSEMBLY</b>                                                                                                                                                                      |                           | Court Case #<br><b>20-06819-MM-1</b>                                                                                       |                                                                                                                                                   |
| Defendant's Name (Last, First, Middle)<br><b>DISHMAN, WILLIAM</b>                                                                                                                                       |                           | DOB<br><b>12/25/1992</b>                                                                                                   | Sex <b>M</b> Race <b>W</b> Ht <b>600</b> Wt <b>160</b> Hair Eyes Skin                                                                             |
| Alias                                                                                                                                                                                                   | DL # <b>D255924924650</b> | State <b>FL</b>                                                                                                            | Scars/Marks/Tattoos/Physical Features                                                                                                             |
| Local Address (Street, City, State, Zip Code)<br><b>11504 CASA MARINA WAY TAMPA FL 22635</b>                                                                                                            |                           | Telephone                                                                                                                  | Place of Birth <b>UNK</b> Citizenship <b>US</b>                                                                                                   |
| Permanent Address (Street, City, State, Zip Code)<br><b>11504 CASA MARINA WAY TAMPA FL 22635</b>                                                                                                        |                           | Telephone                                                                                                                  | Employed by / School                                                                                                                              |
| Weapon Seized Type<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                               |                           | Indication of Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK | Indication of Mental Health Issues <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK                  |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                               |                           | DOB                                                                                                                        | Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |
| Co-Defendant's Name (Last, First, Middle)                                                                                                                                                               |                           | DOB                                                                                                                        | Sex Race In Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor |

The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the 31 day of MAY, 2020,

at approximately 11:30 PM, at 1301 1ST AVENUE NORTH ST. PETERSBURG, in Pinellas County did:

**DID MEET TOGETHER WITH TWO OR MORE OTHERS TO COMMIT A BREACH OF THE PEACE OR TO DO ANY OTHER LAWFUL ACT.**

**DEFENDANT WAS WITH A GROUP OF THREE OTHER INDIVIDUALS WHO WERE INSTRUCTED MULTIPLE TIMES TO DISPERSE THE AREA AND DID NOT DO SO. DEFENDANT WAS TAKEN INTO CUSTODY.**

Contrary to Florida Statute/Ordinance 870.02.

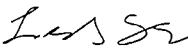
ARREST DATE: 5/31/2020 Time 11:30 PM . Aggravating/Mitigating Factors U/ROR

Booking Officer: LEIPSKI 59118 Amount of Bond 250\*\*\* Bond Out Date 06/01/20 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: 6/1/2020 1:33:20 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.<br><br><br>Declarant Signature<br>SO20-SODEPUTY LINDSEY CARPER 58885<br>Printed Name | REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)<br><table style="width:100%;"> <tr> <td>DATE<br/>06/01/2020</td> <td>OFFICER<br/>DEPUTY CARPER</td> <td>HOURS X PAY RATE<br/>1 25.00</td> <td>OR</td> <td>COST<br/>\$25.00</td> </tr> </table><br>OTHER – Describe _____<br>Continuation sheet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TOTAL \$25.00 | DATE<br>06/01/2020          | OFFICER<br>DEPUTY CARPER | HOURS X PAY RATE<br>1 25.00 | OR | COST<br>\$25.00 |
| DATE<br>06/01/2020                                                                                                                                                                                                                                                                                                 | OFFICER<br>DEPUTY CARPER                                                                                                                                                                                                                                                                                                                                                         | HOURS X PAY RATE<br>1 25.00 | OR                       | COST<br>\$25.00             |    |                 |

2020 JUN 1 AM 10:09

**Defendant** DISHMAN, WILLIAM

**Court Case No:** 20-06819-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.

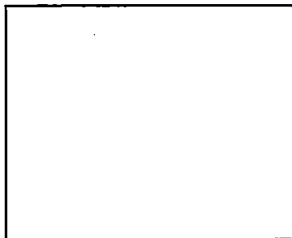
**I FURTHER CERTIFY THAT:**

- ☐ 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