UCN: 522020MM006819XXXXMM FL0520000

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

OBTS #		REPORT # SO20-148952	DOCKET # 1838673
Person ID 311526538		SSN# 000-00-0000	
Charge Description ☐ Felony ☒ Misdemeanor ☐ Warrant ☐ Traffic ☐ Ordinance		Traffic Citation # (if any)	Court Case #
Charge UNLAWFUL ASSEMBLY			20-06819-MM-1

Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
DISHMAN, WILLIAM	12/25/1992	M	W	600	160			

Alias	DL #	State	Scars/Marks/Tattoos/Physical Features
	D255924924650	FL	

Local Address (Street, City, State, Zip Code)	Telephone	Place of Birth	Citizenship
11504 CASA MARINA WAY TAMPA FL 22635		UNK	US
Permanent Address (Street, City, State, Zip Code)	**Telephone**	**Employed by / School**	
11504 CASA MARINA WAY TAMPA FL 22635			

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 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 UIROR

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.

L S SR

Declarant Signature

PINELLAS COUNTY SHERIFF

Agency

SO20-SODEPUTY LINDSEY CARPER 58885

Printed Name

310277570

Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST
06/01/2020	DEPUTY CARPER	1 25.00		$25.00

2020 JUN -1 AM 10:09

OTHER – Describe

Continuation sheet ☐Yes ☐No TOTAL $ $25.00

COCR59 (Revised 10/2014)

845855 Copies to:

Court

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**