

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

|                                                                     |                                                                                                                                                                                      |                             |                                                                                       |                                                                      |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| OBTS #                                                              | REPORT # <b>CW20-56789</b>                                                                                                                                                           |                             | DOCKET # <b>1835666</b>                                                               |                                                                      |
| Person ID                                                           | <b>311509952</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) |                                                                                       | Court Case #                                                         |
| Charge                                                              | <b>BATTERY; DOMESTIC</b>                                                                                                                                                             |                             | <b>20-04861-MM-1</b>                                                                  |                                                                      |
| Defendant's Name (Last, First, Middle)                              | DOB                                                                                                                                                                                  | Sex                         | Race                                                                                  | Ht                                                                   |
| <b>VILLANUEVA, YORMARIES M</b>                                      | <b>12/23/1984</b>                                                                                                                                                                    | <b>F</b>                    | <b>H</b>                                                                              | <b>505</b>                                                           |
| Wt                                                                  | Hair                                                                                                                                                                                 | Eyes                        | Skin                                                                                  |                                                                      |
| <b>130</b>                                                          | <b>BRO</b>                                                                                                                                                                           | <b>BRO</b>                  | <b>OLV</b>                                                                            |                                                                      |
| Alias                                                               | DL #                                                                                                                                                                                 | State                       | Scars/Marks/Tattoos/Physical Features                                                 |                                                                      |
|                                                                     | <b>4410479</b>                                                                                                                                                                       | <b>PR</b>                   |                                                                                       |                                                                      |
| Local Address (Street, City, State, Zip Code)                       | Telephone                                                                                                                                                                            | Place of Birth              | Citizenship                                                                           |                                                                      |
| <b>1500 CLEVELAND ST CLEARWATER FL 33756</b>                        | <b>813-327-2064</b>                                                                                                                                                                  | <b>PR</b>                   | <b>USA</b>                                                                            |                                                                      |
| Permanent Address (Street, City, State, Zip Code)                   | Telephone                                                                                                                                                                            | Employed by / School        |                                                                                       |                                                                      |
| <b>1500 CLEVELAND ST CLEARWATER FL 33756</b>                        | <b>813-327-2064</b>                                                                                                                                                                  | <b>NONE</b>                 |                                                                                       |                                                                      |
| Weapon Seized Type                                                  | Indication of Drug Influence                                                                                                                                                         | Y N UNK                     | Indication of Mental Health Issues                                                    | Y N UNK                                                              |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>                                                                                                |                             | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |                                                                      |
| 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 18 day of APRIL, 2020,

at approximately 1:57 AM, at 1500 CLEVELAND ST, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE JIMMY BORGES, HER BOYFRIEND AND CO-HABITANT, AGAINST THE WILL OF JIMMY BORGES, TO-WIT: DEF SLAPPED THE VICTIM MULTIPLE TIMES, WHILE HE WAS LAYING ON HIS BED.

WHILE SLEEPING IN HIS BED THE DEF BEGAN BANGING ON THE VICTIMS BEDROOM DOOR. THE DEF AND THE VICTIM LIVE TOGETHER AND HAVE BEEN IN A RELATIONSHIP FOR THE PAST 10 YEARS. THE DEF BROKE THE VICTIMS BEDROOM DOOR OPEN AND BEGAN STRIKING HIM WITH AN OPEN HAND SLAP, ABOUT THE FACE AND HEAD. THE VICTIM DID CAPTURE THE ATTACK ON HIS CELL PHONE.

POST MIRANDA THE DEF ATTEMPTED TO PRETEND TO BE ASLEEP AND DENIED ANY KNOWLEDGE OF THE ATTACK.

Contrary to Florida Statute/Ordinance 784.03.

ARREST DATE: 4/18/2020 Time 2:12 AM

Aggravating/Mitigating Factors DOMESTIC RELATED

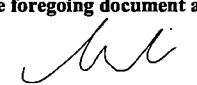
Booking Officer: WERNER 59414 Amount of Bond ZERO Bond Out Date Time ☐ a.m. ☐ p.m.

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: 4/18/2020 3:40:41 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.

  
Declarant Signature

CLEARWATER POLICE DEPT.

OFFICER SETH STIERS CW4079 310654647

Printed Name Declarant ID#

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

| DATE       | OFFICER   | HOURS X PAY RATE | COST     |
|------------|-----------|------------------|----------|
| 04/18/2020 | S. STIERS | 4 29.14          | \$116.56 |

OTHER – Describe

Continuation sheet ☐ Yes ☐ No TOTAL \$ \$116.56

**Defendant** VILLANUEVA, YORMARIES M

**Court Case No:** 20-04861-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.

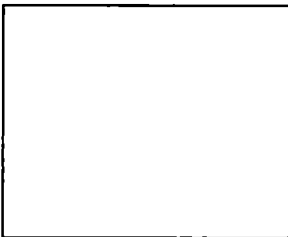
**I FURTHER CERTIFY THAT:**

- ☐ 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