

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

OBTS #	REPORT # SO24-171967		DOCKET # 1966140	
Person ID 2182638	SSN# [REDACTED]		Court Case #	
Charge Description <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Warrant <input type="checkbox"/> Traffic <input type="checkbox"/> Ordinance	Traffic Citation # (if any)		Court Case #	
Charge CAPIAS PASCO			24-02981-OC-CF-1	
Defendant's Name (Last, First, Middle) MASON, JEANA	DOB 04/29/1982	Sex F	Race W	Ht 506
	Wt 160	Hair BRO	Eyes BLU	Skin
Alias	DL # M250436826490	State FL	Scars/Marks/Tattoos/Physical Features MULTYPLE	
Local Address (Street, City, State, Zip Code) 127 ATOLL AVE REDINGTON SHORES FL 33708	Telephone 727-303-8503	Place of Birth OHIO	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) 127 ATOLL AVE REDINGTON SHORES FL 33708	Telephone 727-303-8503	Employed by / School		
Weapon Seized Type <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	Indication of Alcohol Influence <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 21 day of MARCH, 2024, at approximately 12:58 PM, at [REDACTED], in Pinellas County did:

CAPIAS ISSUED BY PASCO COUNTY

**PASCO COUNTY CAPIAS #2024CF001261CFAXWS
FAMILY OFFENSE-INTERFERE WITH CUSTODY OF MINOR/INCOMP.PERSON
DATE ISSUED 3-21-2024**

BOND: TWO COUNTS EACH COUNT \$5000.00 TOTAL \$10,000

I HAVE NO FURTHER KNOWLEDGE OF THIS CASE.

Contrary to Florida Statute/Ordinance 7870301

ARREST DATE: 6/5/2024 Time 9:40 AM . Aggravating/Mitigating Factors _____

Booking Officer: PATRICK 58099 Amount of Bond 10,000 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: 6/5/2024 11:37:21 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.

Craig D. Davie
 Declarant Signature PINELLAS COUNTY SHERIFF Agency
DEPUTY CRAIG DAVIE 61691 312079471
 Printed Name Declarant ID#

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

DATE	OFFICER	HOURS X PAY RATE	OR	COST

OTHER - Describe _____
 Continuation sheet Yes No TOTAL \$ \$0.00

Defendant MASON, JEANA

Court Case No: 24-02981-OC-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.

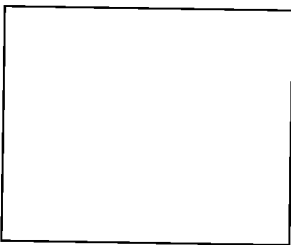
I FURTHER CERTIFY THAT:

- 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