

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

OBTS #	REPORT # <b>CW19-103850</b>		DOCKET # <b>1806757</b>	
Person ID <b>311341630</b>	SSN# <span style="background-color: black; color: black;">XXXXXXXXXX</span>			
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 <b>FALSE IMPRISONMENT</b>			<b>19-08216-CF-1</b>	
Defendant's Name (Last, First, Middle) <b>SORENSEN, JARED SCOTT</b>	DOB <b>03/28/1976</b>	Sex <b>M</b>	Race <b>W</b>	Ht <b>5'5</b>
		Wt <b>170</b>	Hair <b>BRO</b>	Eyes <b>GRN</b>
			Skin <b>LGT</b>	
Alias	DL # <b>S652-437-76-108-0</b>	State <b>FL</b>	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) <b>2315 WARD AVE LEESBURG FL 34748</b>	Telephone <b>3526386326</b>	Place of Birth <b>FL</b>	Citizenship <b>USA</b>	
Permanent Address (Street, City, State, Zip Code) <b>2315 WARD AVE LEESBURG FL 34748</b>	Telephone <b>3526386326</b>	Employed by / School <b>CITY OF OCALA</b>		
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 checked="" type="checkbox"/> Y <input 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 06 day of JULY, 2019, at approximately 7:37 PM, at 1060 GULF BLVD CLEARWATER FL, in Pinellas County did:

WITHOUT LAWFUL AUTHORITY FORCIBLY, BY THREAT OR SECRETLY CONFINE, ABDUCT, IMPRISON OR DETAIN ANOTHER PERSON, TO-WIT: TINA GLEASON AGAINST HER WILL WITH THE INTENT TO NOT ALLOW HER TO SPEAK TO LAW ENFORCEMENT.

THE VICTIM CONTACTED POLICE AFTER SHE WAS BATTERED BY THE DEFENDANT WHILE ENGAGED IN A VERBAL ARGUMENT. SHE WAS THE PASSENGER OF THE DEFENDANT'S VEHICLE AT THE TIME OF THE BATTERY. THE VICTIM STATED THAT THE DEFENDANT WOULD NOT STOP THE VEHICLE TO LET HER OUT SO SHE COULD SEPARATE THEMSELVES BUT HE REFUSED. THE VICTIM STATED DUE TO THE FACT THE DEFENDANT WOULD NOT STOP THE VEHICLE, SHE BEGAN KICKING OUT THE FRONT WINDSHIELD OF THE VEHICLE RESULTING IN A SIGNIFICANT CRACK ON THE PASSENGER SIDE. THE DEFENDANT ONLY PULLED OVER AFTER I INITIATED A TRAFFIC STOP.

Contrary to Florida Statute/Ordinance 787.02.2  
 ARREST DATE: 7/6/2019 Time 8:39 PM . Aggravating/Mitigating Factors DUI -- DOMESTIC PER A/O  
 Booking Officer: FRENCH, KATHERINE 57842 Amount of Bond NO BOND 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: 7/6/2019 10:46:26 PM

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.

Kelsey Viars  
 CLEARWATER POLICE DEPT.  
 Declarant Signature Agency  
 OFFICER KELSEY VIARS 9236 310219225  
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE 07/06/2019 OFFICER K. VIARS HOURS X PAY RATE 3 29.14 OR COST \$87.42

OTHER - Describe \_\_\_\_\_  
 Continuation sheet  Yes  No TOTAL \$ 87.42

*NO A/C CAM JSTK*

17:11:44 7-10-2019

**Defendant** SORENSEN, JARED SCOTT

**Court Case No:** 19-08216-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.

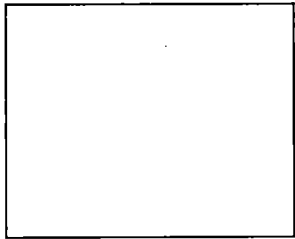
I FURTHER CERTIFY THAT:

- 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.



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\_\_\_\_\_  
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

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

OBTS #	REPORT # <b>CW19-103850</b>		DOCKET # <b>1806757</b>															
Person ID	311341630		SSN# [REDACTED]															
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>19-08216-CF-2</b>												
Defendant's Name (Last, First, Middle)	<b>SORENSEN, JARED SCOTT</b>		DOB	<b>03/28/1976</b>	Sex	<b>M</b>	Race	<b>W</b>	Ht	<b>5'5</b>	Wt	<b>170</b>	Hair	<b>BRO</b>	Eyes	<b>GRN</b>	Skin	<b>LGT</b>
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										<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 06 day of JULY, 2019,

at approximately 7:37 PM, at 1060 GULF BLVD CLEARWATER FL, in Pinellas County did:

ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE TINA GLEASON, HIS GIRLFRIEND, AGAINST THE WILL OF TINA GLEASON, TO-WIT: PUNCHED TO THE FACE.

THE DEFENDANT AND THE VICTIM WERE TRAVELING SOUTHBOUND ON GULF BLVD IN THE DEFENDANT'S VEHICLE. THE VICTIM STATED SHE REQUESTED THE DEFENDANT TO STOP SO SHE COULD GET OUT BUT HE REFUSED. SHE STATED SHE BEGAN KICKING THE WINDOW FOR FEAR THAT HE WOULD NOT STOP. AS A RESULT THE DEFENDANT BECAME ANGRY AND BEGAN PUNCHING HER IN THE FACE. THE VICTIM SUSTAINED A MINOR BRUISED LIP AND BLOODY NOSE. PICTURES WERE TAKEN AT THE SCENE. POST MIRANDA, THE DEFENDANT REFUSED TO MAKE ANY STATEMENTS.

Contrary to Florida Statute/Ordinance 784.03

ARREST DATE: 7/6/2019 Time 8:39 PM Aggravating/Mitigating Factors \$1K Plea Deal

Booking Officer: FRENCH, K 57842 Amount of Bond NO BOND 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

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Kelsey Viars  
 Declarant Signature CLEARWATER POLICE DEPT.  
 Agency  
 OFFICER KELSEY VIARS 9236 310219225  
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)  
 DATE OFFICER HOURS X PAY-RATE OR COST  
 07/06/2019 K. VIARS 3 29.14

17:11:57 7-700 6102  
 OTHER - Describe \_\_\_\_\_  
 Continuation sheet  Yes  No TOTAL \$ \$0.00

**Defendant** SORENSEN, JARED SCOTT

**Court Case No:** 19-08216-CF-2

**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.

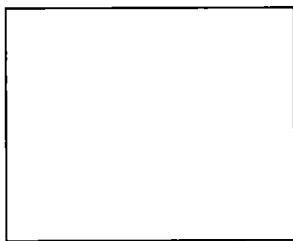
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\_\_\_\_\_  
DEFENDANT'S SIGNATURE

I HEREBY acknowledge receipt of a copy of the foregoing Complaint and Advisory.

\_\_\_\_\_  
DEFENDANT'S SIGNATURE      DEFENDANT'S ATTORNEY'S SIGNATURE      DATE