

UCN: N/A

FL0520000

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

OBTS #	REPORT # <b>SO21-44846</b>		DOCKET # <b>1856662</b>															
Person ID	2811250		SSN# [REDACTED]															
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	VOP - FALSE INFO TO PAWNBROKER					21-00579-OC-CF-1												
Defendant's Name (Last, First, Middle)	HOLZAEPFEL, ROBERT ALLEN		DOB	06/03/1987	Sex	M	Race	W	Ht	510	Wt	175	Hair	BLK	Eyes	BRO	Skin	MED
Alias	DL #	H-421-761-87-203-0		State	FL	Scars/Marks/Tattoos/Physical Features TATTOO - L NECK - BLUE SWALLOW												
Local Address (Street, City, State, Zip Code)					Telephone		Place of Birth		Citizenship									
2316 ROBINSON AVE SARASOTA FL 34232					941-264-6323		CA		USA									
Permanent Address (Street, City, State, Zip Code)					Telephone		Employed by / School											
4604 SWORDFISH DR BRADENTON FL 34208					941-264-6323		SELF											
Weapon Seized Type			Indication of Drug Influence			Indication of Mental Health Issues			Indication of Alcohol Influence									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK			<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK			<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 17 day of FEBRUARY, 2021, at approximately 4:30 PM, at EAST LAKE RD / FORELOCK RD, PINELLAS COUNTY, in Pinellas County did:

VIOLATE THE CONDITIONS OF HIS FELONY PROBATION AS SET FORTH UNDER COURT CASE NUMBER 1603799 FROM MANATEE COUNTY 09/18/2017 UNTIL 06/04/2022 TO WIT: DEFENDANT WAS ARRESTED FOR NUMEROUS CHARGES TO INCLUDE FELONY MURDER.

FILED  
 COURT ASSISTANCE  
 2021 FEB 18 AM 10:45  
 KEN ELLIOTT  
 CLERK OF CIRCUIT COURT  
 PINELLAS COUNTY, FL

Contrary to Florida Statute/Ordinance 812.019 / 948.06

ARREST DATE: 2/18/2021 Time 1:15 AM . Aggravating/Mitigating Factors NUMEROUS CHARGES - VOP PER SAO ZER

Booking Officer: PEREZ, A 59501 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: 2/18/2021 4:55:26 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.

*John F. Syers Jr.*

PINELLAS COUNTY SHERIFF

Declarant Signature

Agency

DETECTIVE JOHN F. SYERS JR. 54876

02056142

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** HOLZAEPFEL, ROBERT ALLEN

**Court Case No:** 21-00579-OC-CF-1

**ADVISORY AND SOLVENCY HEARING**

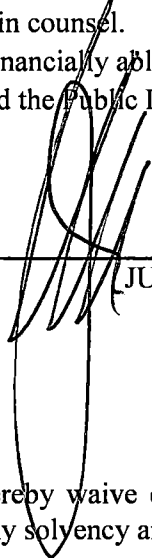
The above named Defendant came before me for Advisory and Solvency hearing and was advised by me of the charge(s) against him; his right to remain silent; that any statements by him may be used against him; his right to counsel, and, if he is financially unable to afford counsel, that counsel forthwith 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:

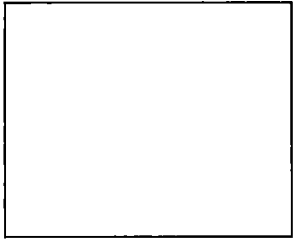
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D. 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