

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

OBTS # [ ] REPORT # SO21-44868 DOCKET # 1856662

Person ID 2811250 SSN# [REDACTED]

Charge Description [X] Felony [ ] Misdemeanor [ ] Warrant [ ] Traffic [ ] Ordinance Traffic Citation # (if any) Court Case # 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) 2316 ROBINSON AVE SARASOTA FL 34232 Telephone 941-264-6323 Place of Birth CA Citizenship USA

Permanent Address (Street, City, State, Zip Code) 4604 SWORDFISH DR BRADENTON FL 34208 Telephone 941-264-6323 Employed by / School SELF

Weapon Seized Type [ ] Yes [X] No Indication of Drug Influence Y N UNK [ ] [ ] [X] Indication of Mental Health Issues Y N UNK [ ] [X] [ ] Indication of Alcohol Influence Y N UNK [ ] [ ] [ ]

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 17 day of FEBRUARY, 2021,

at approximately 4:35 PM, at EAST LAKE RD / FORELOCK RD, PINELLAS COUNTY, in Pinellas County did:

\*\*\*\*AMENDED CASE NUMBER\*\*\*\*

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.

[Handwritten Signature]

FILED COURT ASSISTANCE 2021 FEB 20 AM 6:53 CLERK OF CIRCUIT COURT

Contrary to Florida Statute/Ordinance 812.019 / 948.06

ARREST DATE: 2/18/2021 Time 1:15 AM Aggravating/Mitigating Factors

Booking Officer: BROTHWELL, M 59720 Amount of Bond AMENDED 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: 2/19/2021 2:55:36 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.

Declarant Signature: John F. Syers Jr. PINELLAS COUNTY SHERIFF Agency: DETECTIVE JOHN F. SYERS JR. 54876 02056142 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** HOLZAEFFEL, 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.

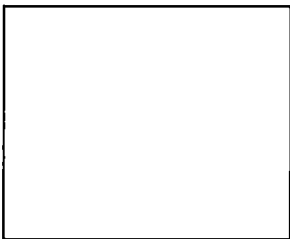
I FURTHER CERTIFY THAT:

- 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