

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

OBTS #	REPORT # SO21-44868				DOCKET # 1856662			
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	AGGRAVATED FLEEING AND ELUDING POLICE OFFICER				AE3BVVE		21-01554-CF-1	
Defendant's Name (Last, First, Middle)	HOLZAEPFEL, ROBERT ALLEN			DOB	06/03/1987	Sex	M	W
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	
Permanent Address (Street, City, State, Zip Code)	4604 SWORDFISH DR BRADENTON FL 34208			Telephone	941-264-6323	Employed by / School SELF		
Weapon Seized Type	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Indication of Drug Influence	Y	N	UNK	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Co-Defendant's Name (Last, First, Middle)				DOB		Sex		Race
Co-Defendant's Name (Last, First, Middle)				DOB		Sex		Race

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:

WHILE IN THE COURSE OF UNLAWFULLY LEAVING OR ATTEMPTING TO LEAVE THE SCENE OF A CRASH IN VIOLATION OF F.S.S. 316.027 OR F.S.S. 316.061 AND WHILE HAVING KNOWLEDGE THAT HE HAD BEEN DIRECTED TO STOP BY A DULY AUTHORIZED DEPUTY SHERIFF, AND AT THE TIME WAS IN AN AUTHORIZED LAW ENFORCEMENT PATROL VEHICLE WITH AGENCY MARKINGS AND INSIGNIAS PROMINENTLY DISPLAYED WITH EMERGENCY LIGHTS AND SIREN ACTIVATED, AND DURING THE COURSE OF THE FLEEING OR ATTEMPTED ELUDING, CAUSE INJURY TO ANOTHER PERSON OR DID CAUSE DAMAGE TO ANY PROPERTY BELONGING TO ANOTHER PERSON, TO WIT: THE DEFENDANT FLED THE SCENE OF A PROPERTY CRASH AND THEN FLED FROM LAW ENFORCEMENT. DURING THE COURSE OF THE FLEEING, THE DEFENDANT CRASHED INTO DEPUTY MICHAEL MAGLI AND CAUSED HIS DEATH.

CITATION: AE3BVE
CALL OF THE COURT
NORTH COUNTY TRAFFIC COURT

Contrary to Florida Statute/Ordinance 316.1935.4.B

Handwritten: \$100,000

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 3:34:34 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.

Signature: John F. Syers
PINELLAS COUNTY SHERIFF

Declarant Signature
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
02/18/2021	J. SYERS	12.0 25.00		\$300.00

OTHER - Describe _____
Continuation sheet Yes No TOTAL \$ 300.00

Defendant HOLZAEPFEL, ROBERT ALLEN

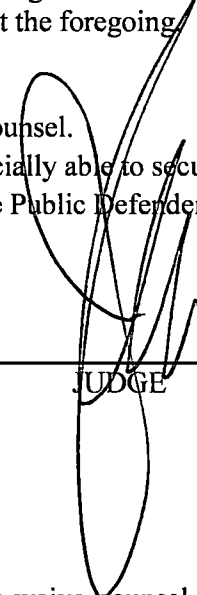
Court Case No: 21-01554-CF-1

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:

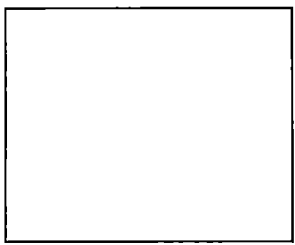
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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

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

OBTS #	REPORT # SO21-44868		DOCKET # 1856662	
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 DUI MANSLAUGHTER	AE3BVTE		21-01554-CF-2	
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	Scars/Marks/Tattoos/Physical Features TATTOO - L NECK - BLUE SWALLOW		
Alias	DL # H-421-761-87-203-0	State FL		
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence <input checked="" type="checkbox"/> Y <input 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 17 day of FEBRUARY, 2021,

at approximately 4:30 PM, at EAST LAKE RD/FORELOCK RD, PINELLAS COUNTY, in Pinellas County did:

DID DRIVE OR BE IN ACTUAL PHYSICAL CONTROL OF A VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES OR ANY CHEMICAL SUBSTANCE SET FORTH IN F.S.S. 877.111, OR ANY SUBSTANCE CONTROLLED UNDER CHAPTER 893, AND WAS AFFECTED TO THE EXTENT THAT DEFENDANT NORMAL FACULTIES WERE IMPAIRED OR HAD A BLOOD OR BREATH ALCOHOL LEVEL OF 0.08 PERCENT OR HIGHER AND AS A RESULT OF OPERATION OF THE VEHICLE DID CAUSE OR CONTRIBUTE TO CAUSING GREAT BODILY HARM TO, ANOTHER PERSON THEREBY INFLECTING MORTAL WOUNDS UPON ONE DEPUTY MICHAEL MAGLI OF THE PINELLAS COUNTY SHERIFF'S OFFICE, A HUMAN BEING, OF WHICH SAID MORTAL WOUNDS, AND BY THE MEANS AFORESAID AND AS A DIRECT RESULT THEREOF, THE SAID DEPUTY MICHAEL MAGLI DIED.

THE DEFENDANT WAS OPERATING A MOTOR VEHICLE IN A RECKLESS MANNER AFTER FLEEING AN ATTEMPTED TRAFFIC STOP. THE DEFENDANT CRASHED INTO DEPUTY MICHAEL MAGLI CAUSING FATAL INJURIES. THE DEFENDANT SHOWED INDICATORS OF IMPAIRMENT ON SCENE WHICH INCLUDED: DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE AND BLOODSHOT AND WATERY EYES. LATER, I NOTICED CONTACTED PUPILS AND DROOPY EYELIDS. THE DEFENDANT ADMITTED TO CONSUMING ALCOHOLIC BEVERAGES TO PARAMEDICS ON SCENE.

BRAC: PENDING BLOOD RESULTS BREATH: DISTINCT ODOR OF AN ALCOHOLIC BEVERAGE
BALANCE: NOT OBSERVED EYES: BLOODSHOT/GLASSY
PRIOR CONVICTIONS: 9/9/2014

COURT INFORMATION: NORTH COUNTY TRAFFIC COURT CALL OF THE COURT CITATION# AE3BVTE

Contrary to Florida Statute/Ordinance 316.193.3C3

3,100,000

ARREST DATE: 2/18/2021 Time 1:15 AM . Aggravating/Mitigating Factors DEPUTY KILLED IN LINE OF DUTY PER SAO

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 2:26:38 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.

Compton Persaud
PINELLAS COUNTY SHERIFF

Declarant Signature
DEPUTY COMPTON PERSAUD 57139 02775160
Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
02/17/2021	PERSAUD	8 25.00		\$200.00

OTHER - Describe _____
Continuation sheet Yes No TOTAL \$ 200.00

Defendant HOLZAEPFEL, ROBERT ALLEN

Court Case No: 21-01554-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.

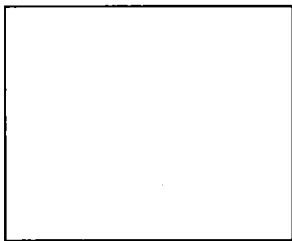
I FURTHER CERTIFY THAT:

- 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

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

OBTS #	REPORT # SO21-44868				DOCKET # 1856662			
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	MURDER IN THE FIRST DEGREE (FELONY MURDER)					21-01554-CF-4		
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	Scars/Marks/Tattoos/Physical Features			
				FL	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Indication of Drug Influence	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 17 day of FEBRUARY, 2021, at approximately 4:30 PM, at EAST LAKE RD / FORELOCK RD, PINELLAS COUNTY, in Pinellas County did:

UNLAWFULLY, WHILE ENGAGED IN THE PERPETRATION OF, OR IN AN ATTEMPT TO PERPETRATE THE CRIME OF AGGRAVATED FLEEING OR ELUDING WITH SERIOUS BODILY INJURY OR DEATH, DID CAUSE DEATH TO DEPUTY MICHAEL MAGLI, A HUMAN BEING, WITH A MOTOR VEHICLE, THEREBY INFLECTING UPON THE VICTIM MORTAL WOUNDS, OF WHICH SAID MORTAL WOUNDS, AND BY THE MEANS AFORESAID AND AS A DIRECT RESULT THEREOF, THE VICTIM DIED, TO WIT: THE DEFENDANT ENGAGED IN THE PERPETRATION OF, OR IN THE ATTEMPT TO PERPETRATE THE OFFENSE OF AGGRAVATED FLEEING OR ELUDING BY UNLAWFULLY LEAVING THE SCENE OF A CRASH AND WILLFULLY FLED IN AN ATTEMPT TO ELUDE LAW ENFORCEMENT AND CAUSED DEATH BY STRIKING DEPUTY MICHAEL MAGLI, A LAW ENFORCEMENT OFFICER.

Contrary to Florida Statute/Ordinance 782.04.1A2Q

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

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 3:04:05 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
 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
02/18/2021	J. SYERS	12.0 25.00	\$300.00

OTHER - Describe _____
 Continuation sheet Yes No TOTAL \$ 300.00

Defendant HOLZAEPFEL, ROBERT ALLEN

Court Case No: 21-01554-CF-4

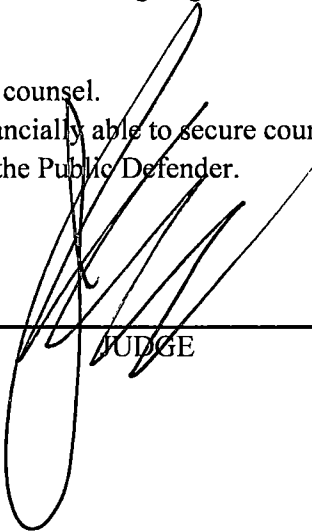
ADVISORY AND SOLVENCY HEARING

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:

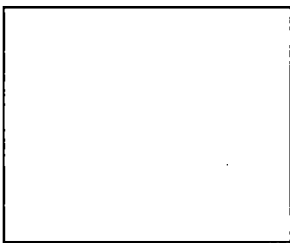
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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

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

OBTS #	REPORT # SO21-44868		DOCKET # 1856662	
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 D.W.L.S.R. FELONY (CAUSING INJURY OR DEATH)	AE3BVUE		21-01554-CF-3	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input checked="" type="checkbox"/>	Indication of Mental Health Issues Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK <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 17 day of FEBRUARY, 2021, at approximately 4:30 PM, at EAST LAKE RD / FORELOCK RD, PINELLAS COUNTY, in Pinellas County did:

THE DEFENDANT, ROBERT HOLZAEPFEL, DID OPERATE A MOTOR VEHICLE UPON THE HIGHWAYS OF THIS STATE DURING A TIME PERIOD WHEN HIS DRIVER'S LICENSE HAD BEEN CANCELED, SUSPENDED, OR REVOKED; THE SAID DEFENDANT HAVING BEEN CANCELED, SUSPENDED, OR REVOKED PREVIOUSLY CONVICTED OF DWLSR ON THE FOLLOWING DATES: 01/19/2018 AND 09/09/2014. BY CARELESS OR NEGLIGENT OPERATION OF THE MOTOR VEHICLE, HOLZAEPFEL CAUSED THE DEATH OF ANOTHER HUMAN BEING, DEPUTY MICHAEL MAGLI.

CITATION: AE3BVUE
CALL OF THE COURT
NORTH COUNTY TRAFFIC COURT

Contrary to Florida Statute/Ordinance 322.34.6.B

201000

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 3:58:55 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
2021 FEB 18 AM 10:05
PINELLAS COUNTY SHERIFF

Declarant Signature _____
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
02/18/2021	J. SYERS	12.0 25.00		\$300.00

OTHER - Describe _____

Continuation sheet Yes No TOTAL \$ 300.00

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA IN AND FOR PINELLAS COUNTY

Felony Driving While
License Suspended or Revoked

HOLZAEPFEL, ROBERT ALLEN
ARRESTEE'S NAME

LAW ENFORCEMENT OFFICER OATH FORM

Before me this day personally appeared DETECTIVE JOHN F. SYERS JR.
who is a material witness in this case and who attests to the truth of
the statements included in this offense report as being a summary of
the facts of the case as known by him/her as a result of his/her
investigation of Offense Report Number SO21-44868.

John F Syers Jr

OFFICER SIGNATURE

LAW ENFORCEMENT
WITNESS SIGNATURE
Florida Statute 117.10

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this ____ day
of _____, 2014, by _____, who is personally
known to me or who had produced _____ as
identification and did take an oath.

NOTARY PUBLIC

Defendant HOLZAEPFEL, ROBERT ALLEN

Court Case No: 21-01554-CF-3

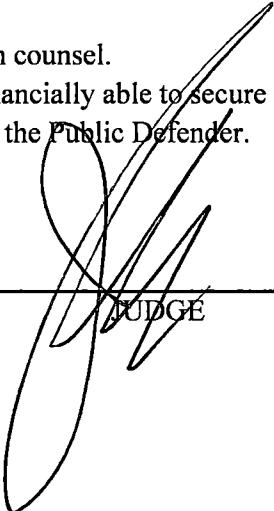
ADVISORY AND SOLVENCY HEARING

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:

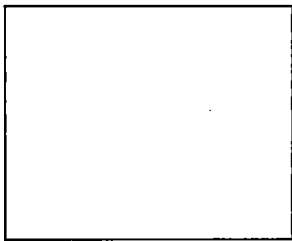
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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