

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

OBTS #	REPORT # 2023-009647		DOCKET # 1924022	
Person ID 1438943	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 BATTERY ON A PERSON 65 YEARS OF AGE OR OLDER			23-02494-CF-1	
Defendant's Name (Last, First, Middle) BISWANGER, KARLEEN JAME	DOB 09/09/1983	Sex F	Race W	Ht 5-10
Wt 160	Hair BRO	Eyes BRO	Skin LGT	
Alias	DL # B252-510-83-829-0	State FL	Scars/Marks/Tattoos/Physical Features	
Local Address (Street, City, State, Zip Code) [REDACTED] ST. PETERSBURG FL 33701	Telephone [REDACTED]	Place of Birth FL	Citizenship USA	
Permanent Address (Street, City, State, Zip Code) [REDACTED] PETERSBURG FL 33701	Telephone [REDACTED]	Employed by / School		
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 type="checkbox"/> N <input checked="" type="checkbox"/> UNK	Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UNK	
Co-Defendant's Name (Last, First, Middle) [REDACTED]	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) SP, FL	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 12 day of MARCH, 2023

at approximately 7:45 PM, at [REDACTED] RD AVE S, in Pinellas County did:

DID ACTUALLY AND INTENTIONALLY TOUCH OR STRIKE, AGAINST THE WILL OF [REDACTED], A PERSON 65 YEARS OF AGE OR OLDER.

THE DEFENDANT AND VICTIM HAVE BEEN LIVING TOGETHER FOR ROUGHLY 1 YEAR AND HAVE BEEN ENGAGING IN CONSENSUAL SEXUAL INTERCOURSE. THE VICTIM IS 68 YEARS OF AGE. THE DEFENDANT THREW AN AVOCADO AT THE VICTIMS FACE CAUSING INJURY TO HIS RIGHT EYE. THE DEFENDANT ALSO THREW A METAL HANGING ROD AT THE VICTIM CAUSING INJURIES TO HIS UPPER RIGHT ARM AND FOREARM. A PORTION OF THIS INCIDENT WAS WITNESSED BY A NEIGHBOR. THE SUSPECT WAS READ HER MIRANDA RIGHTS BUT DENIED DIRECTLY STRIKING HIM.

Contrary to Florida Statute/Ordinance 784.08(2)(C) - F3

*No Firearms, No Weapons
PC, PDAP, NCWV, No Alcohol*

ARREST DATE: 3/12/2023 Time 9:28 PM

Aggravating/Mitigating Factors

Sup. Rod

Booking Officer: GOODRICH 58205 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: 3/12/2023 11:10:01 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.

[Signature]
 ST. PETERSBURG POLICE
 Declarant Signature Agency
 OFFICER FASANELLA 47577 10771637
 Printed Name Declarant ID#

REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
DATE	OFFICER	HOURS X PAY RATE	OR	COST
03/12/2023	FASANELLA	2 35.00		\$70.00
03/12/2023	CONLEY	2 29.14		58.28

OTHER - Describe
 Continuation sheet Yes No TOTAL \$ 128.28

Defendant BISWANGER, KARLEEN JAME

Court Case No: 23-02494-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.

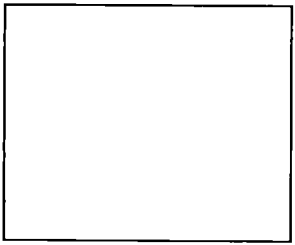
I FURTHER CERTIFY THAT:

- 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

[Handwritten Signature]
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