

## COMPLAINT/ARREST AFFIDAVIT – CIRCUIT/COUNTY COURT – PINELLAS COUNTY, FLORIDA

OBTS #	REPORT # 2025-026528		DOCKET # 2004822					
Person ID	312617300		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	DISORDERLY CONDUCT		25-11036-MM-1					
Defendant's Name (Last, First, Middle)	DOB	Sex	Race	Ht	Wt	Hair	Eyes	Skin
DICICCIO, DESTINY MARIE	02/01/1998	F	W	504	120	BLN	GRN	MED
Alias	DL #	State	Scars/Marks/Tattoos/Physical Features					
	D220173985410	FL						
Local Address (Street, City, State, Zip Code)	Telephone		Place of Birth		Citizenship			
1772 BUCKEYE RD DAVENPORT FL 33837			PA		CITIZEN			
Permanent Address (Street, City, State, Zip Code)	Telephone		Employed by / School					
1772 BUCKEYE RD DAVENPORT FL 33837								
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	Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Y N UNK <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Y N UNK <input checked="" type="checkbox"/> <input type="checkbox"/> <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 <u>02</u> day of <u>AUGUST</u> , 2025, at approximately <u>3:20</u> AM, at <u>210 1ST AV N</u> , in Pinellas County did:								
DID THEN AND THERE ENGAGE IN SUCH CONDUCT AS TO CONSTITUTE DISORDERLY CONDUCT, TO-WIT: BEGAN YELLING A SCREAMING AT ANOTHER CUSTOMER AND THEN THREW A SLICE OF PIZZA AT THE OTHER INVOLVED SUBJECT, WHICH CONSTITUTED A BREACH OF THE PEACE.								
THE DEFENDANT ENGAGED IN FIGHTING AN TUMULTUOUS BEHAVIOR ON THE PREMISES OF A LICENSED ESTABLISHMENT IN THE CITY OF ST PETERSBURG. THESE ACTIONS CORRUPTED THE PUBLIC MORALS INSIDE THE ESTABLISHMENT.								
Contrary to Florida Statute/Ordinance <u>877.03 - MISD2</u>								
ARREST DATE: <u>8/2/2025</u> Time <u>3:23 AM</u> Aggravating/Mitigating Factors _____								
Booking Officer: <u>LONG 60698</u> Amount of Bond <u>ZERO</u> Bond Out Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.								
Victim Notified of Advisory? <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No								
The Court reviewed this complaint and finds there: <input type="checkbox"/> is probable cause <input type="checkbox"/> is not probable cause to detain defendant <input type="checkbox"/> Bond Action, if any: _____								
The probable cause determination is passed for: <input type="checkbox"/> 24 Hrs <input type="checkbox"/> 24 Hrs on showing of extraordinary circumstances Received by Booking: 8/2/2025 4:04:10 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.				REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)				
[Signature]				DATE 08/02/2025 OFFICER S.GIARDINA HOURS X PAY RATE 2.0 35.00 OR COST \$70.00				
Declarant Signature				OTHER – Describe _____				
OFFICER STEPHEN GIARDINA 50059 311889687				Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ 70.00				
Printed Name				Declarant ID#				

**Defendant** DICICCIO, DESTINY MARIE **Court Case No:** 25-11036-MM-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:**

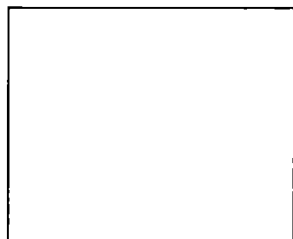
- ☐ A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- ☐ B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- ☐ C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.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

8.2.25

DATE AND TIME

*Yollet J. Grussinger*  
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