

** Amended **

PASCO COUNTY COMPLAINT AFFIDAVIT

PSO FLO 510000

NPR PD FLO 510200

PR PD FLO 510200

DC PD FLO 510100

ZPD FLO 510300

FHP FLO 279000

| | | | | | | | | | | |
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| ADMINISTRATIVE | OBTS NUMBER | FELONY MISD. | CO. ORD. CIVIL INF. | SHIFT 3RD | SECTOR Z3 | SEC. | TWP. | RNG. | AGENCY REPORT NUMBER 24-015548 SW | |
| | ARREST CHECK ALL THAT APPLY | 1. FELONY | 3. MISD. | 5. ORDINANCE | 7. V.O.P. | 9. CIVIL INF. | ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> | | | |
| | NOTICE TO APPEAR CHECK ONLY ONE | MANDATORY APPEARANCE | JUVENILE NON / ARREST REF | REQUEST FOR CHECK ONLY ONE | CAPIAS | SUMMONS | REVIEWED BY ASSISTANT STATE ATTORNEY DATE | | | |
| | LOCATION OF ARREST (INCLUDE NAME OF BUSINESS) | | | | | LOCATION OF OFFENSE (BUSINESS NAME, ADDRESS) | | | | |
| DEFENDANT | 11003 EGERIA DR, ODESSA, FL 34656, 11003 EGERIA DR, NEW | | | | | 3209 FRANCOA DR/FELICIA DR, NEW PORT RICHEY, FL 34656 | | | | |
| | DATE OF ARREST 05/06/2024 | TIME OF ARREST 19:16 | BOOKING DATE | BOOKING TIME | JAIL DATE | JAIL TIME | WEAPON SEIZED <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO | WEAPON TYPE UNARMED | F.P.S.S. Notified <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | |
| | JAIL NUMBER | SPN NUMBER | FDLE NUMBER | DOC NUMBER | FBI NUMBER | Domestic Related <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | |
| | NAME (LAST, FIRST, MIDDLE) CULLUM, EDWARD JAMES | | | | | ALIAS | | | | |
| | RACE W - WHITE | | | | | HAIR COLOR BALD | | | | |
| | HISPANIC / AMERICAN INDIAN / ORIENTAL / ASIAN | | | | | COMPLEXION FAR | | | | |
| | DATE OF BIRTH 06/22/1968 | | | | | AGE 55 | | | | |
| | HEIGHT 5'10" | | | | | WEIGHT 210 | | | | |
| | EYE COLOR HAZEL | | | | | BUILD FAR | | | | |
| | SCARS, MARKS, TATTOOS, ETC. | | | | | INDICATION OF ALCOHOL INFLUENCE / DRUG INFLUENCE | | | | |
| CO-DEF | PHYSICAL ADDRESS (STREET & APT #) 11003 EGERIA DR, ODESSA, FL 33556 | | | | | PHONE (516) 807-2710 | | | | |
| | MAILING ADDRESS (STREET & APT #) | | | | | PHONE | | | | |
| | BUSINESS ADDRESS (NAME & STREET) | | | | | PHONE | | | | |
| | DRIVER'S LICENSE STATE / NUMBER FL C450230682220 | | | | | SOCIAL SECURITY NUMBER / INS NUMBER / PLACE OF BIRTH US / CITIZENSHIP US | | | | |
| JUVENILE | CO-DEFENDANT NAME (LAST, FIRST, MIDDLE) | | | | | RACE / SEX / DATE OF BIRTH / AGE | | | | |
| | NAME OF PARENT OR CUSTODIAN (LAST, FIRST, MIDDLE) | | | | | RESIDENTIAL PHONE / BUSINESS PHONE | | | | |
| | ADDRESS (STREET, APT NUMBER) | | | | | NOTIFIED BY (NAME) / DATE / TIME | | | | |
| | RELEASED TO (NAME) | | | | | RELATIONSHIP / DATE / TIME | | | | |
| CHARGE | CHARGE DESCRIPTION AGGRAVATED ASSAULT | | | | | STATUTE VIOLATION NUMBER 784.021.1A | | | | |
| | ACTIVITY S. SELL N. N/A P. POSSESS | | | | | TYPE N. N/A A. AMPHETAMINE | | | | |
| | CHARGE DESCRIPTION AGGRAVATED ASSAULT | | | | | STATUTE VIOLATION NUMBER 784.021.1A | | | | |
| | ACTIVITY S. SELL N. N/A P. POSSESS | | | | | TYPE N. N/A A. AMPHETAMINE | | | | |
| COST RECOVERY | REQUEST FOR INVESTIGATIVE COSTS RECOVERY FSS 938.27(1) | | | | | THE UNDERSIGNED CERTIFIED AND SWEARS THAT HE / SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT THE ABOVE-NAMED DEFENDANT COMMITTED THE FOLLOWING VIOLATION OF LAW: | | | | |
| | CJIS # 7380 | | | | | ON THE 6 DAY OF May, 2024 AT 7:25 P.M. | | | | |
| PROBABLE CAUSE STATEMENT | # of Investigative hrs. 2 x \$26.00 = \$52.00 | | | | | (SPECIFICALLY INCLUDE FACTS CONSTITUTING CAUSE FOR ARREST.) | | | | |
| | On the above listed date and approximate time, the defendant brandished a pocket knife and held it in his right hand after an argument with the two juvenile victims. The defendant then chased the juveniles while still armed with the knife, placing them in a well-founded fear that danger was imminent. A witness observed the defendant chasing the victims. The incident was captured on video recording. | | | | | | | | | |
| NOTICE | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED WHEN I AM NOTIFIED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED ONCE I AM NOTIFIED, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. IF CITED FOR A CIVIL INFRACTION, I AGREE TO APPEAR BEFORE THE COUNTY COURT OR COMPLY WITH THE REQUIREMENTS FOR PAYING THE FINE AND MEETING ANY OTHER SPECIFIED CONDITIONS AS INDICATED ON THE BACK SIDE OF THIS AFFIDAVIT. | | | | | P.C. EXISTS FOR CHARGE(S) | | | | |
| | SIGNATURE OF DEFENDANT / JUVENILE AND PARENT OR CUSTODIAN | | | | | JUDGE'S SIGNATURE DATE | | | | |
| ADMINISTRATIVE | MIRANDA WARNING | HOLD FOR OTHER AGENCY | VERIFIED BY | RIGHT THUMB | DATE | VICTIM NOTIFIED | BOND CHARGE # | BOND CHARGE # | BOND TYPE | |
| | ADULT ONLY | HOLD FOR FIRST APPEARANCE | DO NOT BOND OUT - REASON: | UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING (DOCUMENT) AND THAT THE FACTS STATED IN IT ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF. | RETURNABLE COURT DATE | RETURNABLE COURT TIME | RELEASE DATE | RELEASE TIME | RELEASING OFFICER | |
| | ROSS, A. | 7380 | CJIS # | | | | | | | |
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*** Continued ***

Amended

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|------------------------------------------|---------------------------------|------------------------------------|----------------------------|-----------------------------------------|----------|----------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------|-------------------------------------------|-----------------------------------------------------|-------------------------------------------------|------------------------|------|
| DEFENDANT CULLUM, EDWARD JAMES | | | | | | AGENCY REPORT NO. 24-015548 <i>SW</i> | | | | | | | |
| CHARGE DESCRIPTION | | | | | | <input type="checkbox"/> F.S. <input type="checkbox"/> ORD. | <input type="checkbox"/> CIVIL <input type="checkbox"/> INF. | STATUTE VIOLATION NUMBER | | | NCIC # | COURT CASE # | |
| ACTIVITY N. N/A P. POSSESS | S. SELL B. BUY T. TRAFFIC | R. SMUGGLE D. DELIVER E. USE | K. DISPENSE/ DISTRIBUTE | M. MANUFACTURE PRODUCE/ CULTIVATE | Z. OTHER | CODE | AMOUNT | TYPE N. N/A A. AMPHETAMINE | B. BARBITURATE C. COCAINE E. HEROIN | H. HALLUCINOGEN M. MARIJUANA O. OPIUM / DERIV | P. PARAPHERNALIA / EQUIPMENT S. SYNTHETIC | U. UNKNOWN Z. OTHER | CODE |
| CHARGE DESCRIPTION | | | | | | <input type="checkbox"/> F.S. <input type="checkbox"/> ORD. | <input type="checkbox"/> CIVIL <input type="checkbox"/> INF. | STATUTE VIOLATION NUMBER | | | NCIC # | COURT CASE # | |
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NARRATIVE / CONTINUATION

UNOFFICIAL DOCUMENT

*** End ***

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| ADMINISTRATIVE | UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING (DOCUMENT) AND THAT THE FACTS STATED IN IT ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF. |
| | <input checked="" type="checkbox"/> <i>[Signature]</i> ROSS, L. 7380 NAME (PRINTED) CJIS # |

CLERK OF COURT

* Amended *

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|----------------------------------------------|------------------------------------------------|----------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| NOTICE TO APPEAR-WITNESSES | Name (Last) _____ (First) _____ (Middle) _____ | | Race _____ | Sex _____ | Date of Birth _____ |
| | Home Address (Street, Apt. Number) _____ | | City _____ | State _____ | (Zip) _____ Phone _____ |
| | Business (Name and Address) _____ | | City _____ | State _____ | (Zip) _____ Phone _____ |
| | Synopsis of Testimony _____ | | | | |
| | Name (Last) _____ (First) _____ (Middle) _____ | | Race _____ | Sex _____ | Date of Birth _____ |
| DEFENDANT | Home Address (Street, Apt. Number) _____ | | City _____ | State _____ | (Zip) _____ Phone _____ |
| | Business (Name and Address) _____ | | City _____ | State _____ | (Zip) _____ Phone _____ |
| | Synopsis of Testimony _____ | | | | |
| | Marital Status _____ | No. Dependents _____ | Length in County _____ | Property Owner _____ | Address of Property _____ |
| | Place of Employment (Name and Address) _____ | | | Length of Employment Years _____ Months _____ | If Less Than Two Years List Previous _____ |
| Previous Employment (Name and Address) _____ | | | Annual Income <input type="checkbox"/> Below \$10,000 | <input type="checkbox"/> 10,000 - 15,000 <input type="checkbox"/> 15,000 - 20,000 <input type="checkbox"/> 20,000 - 30,000 <input type="checkbox"/> Above 30,000 | |

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| ADVISORY AND SOLVENCY HEARING | <p>The Defendant named on the reverse side of this document came before me for Advisory and Solvency hearing on the _____ day of _____, 20____, at _____ am/pm, and was advised by me of the charge 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.</p> | | | | | | | | | | | |
| | <p>I FURTHER CERTIFY THAT:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Defendant has advised the Court that he has retained counsel, or will retain counsel.</td> <td><input type="checkbox"/> The Defendant waived the right to counsel at the first appearance only.</td> </tr> <tr> <td><input type="checkbox"/> The Court investigated Defendant's solvency and found the Defendant solvent and financially able to secure counsel.</td> <td><input type="checkbox"/> The Court reviewed this Advisory and finds there is/there is not probable cause to hold and bind over the Defendant for trial.</td> </tr> <tr> <td><input type="checkbox"/> The Court investigated Defendant's solvency and appointed the Public Defender to represent Defendant.</td> <td><input type="checkbox"/> The probable cause determination is hereby passed 72 hours.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Order of No Imprisonment (ONI).</td> </tr> </table> | | | | | <input type="checkbox"/> Defendant has advised the Court that he has retained counsel, or will retain counsel. | <input type="checkbox"/> The Defendant waived the right to counsel at the first appearance only. | <input type="checkbox"/> The Court investigated Defendant's solvency and found the Defendant solvent and financially able to secure counsel. | <input type="checkbox"/> The Court reviewed this Advisory and finds there is/there is not probable cause to hold and bind over the Defendant for trial. | <input type="checkbox"/> The Court investigated Defendant's solvency and appointed the Public Defender to represent Defendant. | <input type="checkbox"/> The probable cause determination is hereby passed 72 hours. | |
| <input type="checkbox"/> Defendant has advised the Court that he has retained counsel, or will retain counsel. | <input type="checkbox"/> The Defendant waived the right to counsel at the first appearance only. | | | | | | | | | | | |
| <input type="checkbox"/> The Court investigated Defendant's solvency and found the Defendant solvent and financially able to secure counsel. | <input type="checkbox"/> The Court reviewed this Advisory and finds there is/there is not probable cause to hold and bind over the Defendant for trial. | | | | | | | | | | | |
| <input type="checkbox"/> The Court investigated Defendant's solvency and appointed the Public Defender to represent Defendant. | <input type="checkbox"/> The probable cause determination is hereby passed 72 hours. | | | | | | | | | | | |
| | <input type="checkbox"/> Order of No Imprisonment (ONI). | | | | | | | | | | | |

BOND ACTION TAKEN, If any _____ JUDGE: _____

| | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| WAVER | <input type="checkbox"/> I have 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. | |
| | <input type="checkbox"/> I hereby waive the right to counsel at the first appearance only. Defendant's Signature _____ | |
| | <input type="checkbox"/> I HEREBY acknowledge receipt of a copy of the foregoing complaint and advisory. | |
| Defendant's Signature: _____ Defendant's Attorney's Signature: _____ | | |

I, have been advised of my right to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s).
 Defendant's Signature: _____

| | | |
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| FIRST APPEARANCE | CASE NUMBER _____ ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER | |
| | Said Defendant was arraigned for trial on _____ and entered a plea of _____ guilty to the charge as set forth herein. | |
| | After hearing the evidence and duly considering the same, the Court finds you, the Defendant, _____ guilty of said charge; AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ guilty as charged of said offense as set forth herein. | |
| | IT IS, THEREFORE, the Judgment, Order, and Sentence of the Court that you, the Defendant, be imprisoned in the County Jail of _____ County, Florida, for the term of _____ days, and pay a fine of \$ _____ and \$ _____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, Florida, for a term of _____ days. | |
| | DONE, ORDERED, AND ADJUDGED in open Court at _____ County, Florida, on _____ Judge _____, County Court in and for _____ County, Florida. | |
| | Charge _____ Action _____ Date _____ | |

| | | |
|---------------------|--------------------------------------------------------|--|
| ACTION/OTHER ORDERS | Bond Amount \$ _____ Cash/Surety: Receipt Number _____ | |
| | ESTREATED BY (Judge): _____ DATE: _____ | |
| | | |

NOTICE TO DEFENDANT

INSTRUCTIONS TO DEFENDANT O CRIMINAL

PRIOR TO THE COURT DATE, YOU MUST DO ONE OF THE FOLLOWING:

1. As you are a defendant in this criminal matter, you will receive, by mail, a Notice to Appear in County Court. Notice concerning the date, time and place of all court hearings will be sent to the physical address listed on the front of this notice. **YOU MUST NOTIFY** the Clerk of the Circuit Court if your address changes and you must do so in writing at one of the addresses listed below. **IF YOU DO NOT APPEAR FOR COURT A WARRANT MAY BE ISSUED FOR YOUR ARREST.**

INSTRUCTIONS TO VIOLATOR O CITY/COUNTY ORDINANCE VIOLATION(S)

YOU MUST WITHIN 30 DAYS OF TODAY'S DATE DO ONE OF THE FOLLOWING:

1. If you decide to plead guilty or no contest and NOT appear in Court, you must pay a Fine in the amount of _____ including court costs within thirty (30) days. Payment can be made in person or by mail to the Clerk of Circuit Court at one of the addresses below. If you pay the Fine, you will be deemed to have admitted the civil infraction and you must sign the Plea and Waiver below and enclose it with your citation and payment. **CASHIERS CHECKS OR MONEY ORDERS are to be made payable to Nikki Alvarez-Sowles, Clerk of Circuit Court. Personal checks will be accepted only in person with proper identification. PERSONAL CHECKS WILL BE RETURNED IF MAILED.**

FINE #2 _____

Clerk of the Circuit Court
Pasco County Courthouse
38053 East Live Oak Avenue
Dade City, FL 33525

Clerk of the Circuit Court
Pasco County Judicial Center
P.O. Box 338
7530 Little Road
New Port Richey, FL 34656-0338

PLEA AND WAIVER

I understand the nature of the charge against me; I understand I am waiving my right to be represented by an attorney, to request a continuance of my hearing and my right to a trial before a Judge or a jury.

I plead _____ GUILTY _____ NO CONTEST

Date _____

Defendant's Signature

Address

City

State

Zip

2. If you desire to plead not guilty to the violation or if you choose not to pay the Fine within 30 days YOU MUST APPEAR in County Court for arraignment hearing on _____, 20____, at _____, a.m./p.m. at the following location:

() East Pasco County Courthouse, County Courtroom, 38053 East Live Oak Avenue, Dade City, Florida

() West Pasco Judicial Center, Courtroom D, 7530 Little Road, New Port Richey, Florida

FAILURE TO PAY THE FINE IN THE AMOUNT STATED ABOVE WITHIN 30 DAYS FROM TODAY'S DATE OR FAILURE TO APPEAR FOR COURT MAY RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.

INSTRUCTIONS TO DEFENDANT O CIVIL INFRACTIONS

1. If you have been cited for a civil infraction, YOU ARE RESPONSIBLE FOR CONTACTING THE CLERK OF THE COURT at the location indicated above and complying with the specified conditions of the violation within thirty (30) days. Depending on the violation, there may be options available, or specific requirements, and you may always request a court hearing as an alternative. Failure to comply with the penalties imposed may result in additional penalties or a mandatory court appearance.