

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

| | | | | | | | | |
|---|--|--------------------------------------|--|---|--|-----------------------------|--------------|------|
| OBTS # | REPORT # 2026-009846 | | DOCKET # 2028248 | | | | | |
| Person ID | 312060059 | | | | | | | |
| 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 | ARMED KIDNAPPING | | | | | 26-02637-CF-1 | | |
| Defendant's Name (Last, First, Middle) | DOB | Sex | Race | Ht | Wt | Hair | Eyes | Skin |
| JULIANO, BRIAN DAVID | 10/16/1980 | M | W | 600 | 200 | BRO | BRO | LGT |
| Alias | DL # | State | Scars/Marks/Tattoos/Physical Features | | | | | |
| | J235-490-60-600-0 | FL | | | | | | |
| | Telephone | Place of Birth | Citizenship | | | | | |
| | 727-744-4383 | IL | US | | | | | |
| | Telephone | Employed by / School | | | | | | |
| | 727-744-4383 | HILLSBOROUGH COUNTY SO | | | | | | |
| Weapon Seized Type | Indication of Drug Influence | | Indication of Mental Health Issues | | Indication of Alcohol Influence | | | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No FIREARM | 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 type="checkbox"/> <input checked="" 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 28 day of SEPTEMBER, 2025

at approximately 4:00 PM, [redacted], in Pinellas County did:

DID FORCIBLY, SECRETLY, OR BY THREAT CONFINED, ABDUCTED, OR IMPRISONED ANOTHER PERSON, TO WIT: C.C., AGAINST HER WILL AND WITHOUT LAWFUL AUTHORITY AND IN SO DOING, INTENDED TO:

COMMIT OR FACILITATE COMMISSION OF ANY FELONY AND INFLICT BODILY HARM UPON OR TERRORIZE THE VICTIM OR ANOTHER PERSON

THE DEFENDANT AND VICTIM ARE IN A DATING RELATIONSHIP AND ON THE LISTED DATE, TIME, AND LOCATION, BECAME INVOLVED IN AN ALTERCATION IN THEIR HOME. DURING THIS INCIDENT, THE DEFENDANT POINTED A FIREARM AT THE VICTIM, ORDERED HER TO THE GROUND AND HANDCUFFED HER WITH HIS ISSUED HANDCUFFS. THE DEFENDANT THEN SPENT SEVERAL HOURS BEATING THE VICTIM, WHO REMAINED IN HANDCUFFS AND WAS UNABLE TO ESCAPE OR CALL THE POLICE. THE DEFENDANT STRUCK THE VICTIM IN THE FACE MULTIPLE TIMES WITH A FIREARM, DRUG HER AROUND THE RESIDENCE BY HER HAIR, AND URINATED ON HER AFTER SEVERAL HOURS OF ABUSE. THE DEFENDANT RELEASED THE VICTIM FROM HANDCUFFS BUT WOULD NOT ALLOW HER TO SEEK MEDICAL ATTENTION DESPITE HER INJURIES, AND WOULD NOT ALLOW HER TO GO TO WORK FOR A WEEK. THE VICTIM PROVIDED PHOTOGRAPHS OF HER INJURIES WHICH WERE TAKEN TWO DAYS AFTER THE OFFENSE AND SAVED IN A PLACE THE DEFENDANT COULD NOT ACCESS, SHOWING HER FACE TO BE BADLY BEATEN WITH BRUISING, BLACK EYES AND LACERATIONS AS WELL AS EXTENSIVE BRUISING ON HER ARMS AND LEGS. OF NOTE, THE VICTIM HAS LACERATIONS ON HER WRISTS WHICH ARE CONSISTENT WITH TIGHT HANDCUFFS AND STILL HAS SCARRING FROM THESE INJURIES. DURING THE ABUSE, THE DEFENDANT TOLD THE VICTIM HE WOULD KILL HER ANIMALS, HER, HIMSELF, AND LEAVE IT ALL FOR HER FAMILY TO FIND. WHEN ARRESTED FOR A SIMILAR INCIDENT AND INTERVIEWED, THE DEFENDANT WAS SHOWN THE IMAGES AND REFUSED TO COMMENT.

Contrary to Florida Statute/Ordinance 787.01(2) - F1

ARREST DATE: 3/26/2026 Time 12:00 PM

Aggravating/Mitigating Factors: HIGH BOND / GPS REQUESTED QUAL CHRG

Booking Officer: WILLIAMS, M 56952 Amount of Bond: NO BOND 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: 3/26/2026 1:39:46 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: [Signature] ST. PETERSBURG POLICE Agency
DETECTIVE CORY POPE 48877 311351806
Printed Name Declarant ID#

| REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1) | | | | |
|---|---------|------------------|----|----------|
| DATE | OFFICER | HOURS X PAY RATE | OR | COST |
| 03/26/2026 | C POPE | 5 35.00 | | \$175.00 |

OTHER - Describe: Continuation sheet Yes No TOTAL \$ \$175.00

Defendant JULIANO, BRIAN DAVID **Court Case No:** 26-02637-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:

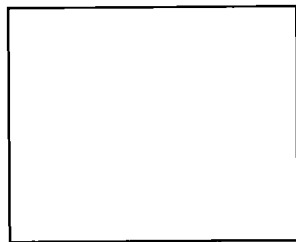
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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

DATE AND TIME

Elizabeth H. Zroweste

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 # 2026-009846 | | DOCKET # 2028248 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person ID | 312060059 | | [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 | TAMPERING WITH A WITNESS | | | | | 26-02637-CF-2 | | | | | | | | | | | | | | | | | | | | | | |
| Defendant's Name (Last, First, Middle) | JULIANO, BRIAN DAVID | | DOB | 10/16/1980 | Sex | M | Race | W | Ht | 600 | Wt | 200 | Hair | BRO | Eyes | BRO | Skin | LGT | | | | | | | | | | |
| Alias | DL # | J235-490-60-600-0 | State | FL | Scars/Marks/Tattoos/Physical Features | | | | | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | Telephone | 727-744-4383 | Place of Birth | IL | Citizenship | | US | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | Telephone | 727-744-4383 | Employed by / School HILLSBOROUGH COUNTY SO | | | | | | | | | | | | | | | | | | | | | | | |
| Weapon Seized Type | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | FIREARM | Indication of Drug Influence | <input type="checkbox"/> Y | <input checked="" 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 type="checkbox"/> Y | <input checked="" 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 | | | | | | | | | | | | | | |
| Co-Defendant's Name (Last, First, Middle) | | | DOB | | | Sex | | | Race | | | In Custody | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | |
| <p>The undersigned swears that he/she has reasonable grounds to believe that the above named defendant on the <u>28</u> day of <u>SEPTEMBER</u>, <u>2025</u>, at approximately <u>4:00</u> PM, a [REDACTED], in Pinellas County did:</p> <p>DID KNOWINGLY USE INTIMIDATION OR PHYSICAL FORCE OR THREATEN C.C., OR ATTEMPT TO DO SO, OR ENGAGE IN MISLEADING CONDUCT TOWARD C.C., OR OFFER PECUNIARY BENEFIT OR GAIN TO C.C., WITH INTENT TO CAUSE OR INDUCE C.C. TO HINDER, DELAY, OR PREVENT THE COMMUNICATION TO A LAW ENFORCEMENT OFFICER OR JUDGE OF INFORMATION RELATING TO THE COMMISSION OR POSSIBLE COMMISSION OF AN OFFENSE OR A VIOLATION OF A CONDITION OF PROBATION, PAROLE, OR RELEASE PENDING OF PROBATION, PAROLE, OR RELEASE PENDING A JUDICIAL PROCEEDING.</p> <p>THE DEFENDANT AND VICTIM ARE IN A DATING RELATIONSHIP AND ON THE LISTED DATE, TIME AND LOCATION, BECAME INVOLVED IN AN ALTERCATION IN THEIR HOME. DURING THIS INCIDENT, THE DEFENDANT POINTED A FIREARM AT THE VICTIM, ORDERED HER TO THE GROUND AND HANDCUFFED HER WITH HIS ISSUED HANDCUFFS. THE DEFENDANT THEN SPENT SEVERAL HOURS BEATING THE VICTIM, WHO REMAINED IN HANDCUFFS AND WAS UNABLE TO ESCAPE OR CALL THE POLICE. THE DEFENDANT STRUCK THE VICTIM IN THE FACE MULTIPLE TIMES WITH A FIREARM, DRUG HER AROUND THE RESIDENCE BY HER HAIR, AND URINATED ON HER. AFTER SEVERAL HOURS OF ABUSE, THE DEFENDANT RELEASED THE VICTIM FROM HANDCUFFS BUT WOULD NOT ALLOW HER TO SEEK MEDICAL ATTENTION DESPITE HER INJURIES, AND WOULD NOT ALLOW HER TO GO TO WORK FOR A WEEK. THE VICTIM PROVIDED PHOTOGRAPHS OF HER INJURIES WHICH WERE TAKEN TWO DAYS AFTER THE OFFENSE AND SAVED IN A PLACE THE DEFENDANT COULD NOT ACCESS, SHOWING HER FACE TO BE BADLY BEATEN WITH BRUISING, BLACK EYES AND LACERATIONS AS WELL AS EXTENSIVE BRUISING ON HER ARMS AND LEGS. OF NOTE, THE VICTIM HAS LACERATIONS ON HER WRISTS WHICH ARE CONSISTENT WITH TIGHT HANDCUFFS AND STILL HAS SCARRING FROM THESE INJURIES. DURING THE ABUSE, THE DEFENDANT TOLD THE VICTIM HE WOULD KILL HER ANIMALS, HER, HIMSELF, AND LEAVE IT ALL FOR HER FAMILY TO FIND. WHEN ARRESTED FOR A SIMILAR INCIDENT AND INTERVIEWED, THE DEFENDANT WAS SHOWN THE IMAGES AND REFUSED TO COMMENT.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Contrary to Florida Statute/Ordinance <u>914.22(1) - F1</u></p> <p>ARREST DATE: <u>3/26/2026</u> Time <u>12:00</u> PM</p> <p>Booking Officer: <u>WILLIAMS, M 56952</u> Amount of Bond <u>NO BOND</u> Bond Out Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</p> <p>Victim Notified of Advisory? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Court reviewed this complaint and finds there <input checked="" type="checkbox"/> is probable cause <input type="checkbox"/> is not probable cause to detain defendant <input type="checkbox"/> Bond Action, if any: _____</p> <p>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: <u>3/26/2026 1:40:33 PM</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> <p><u>[Signature]</u> ST. PETERSBURG POLICE Declarant Signature Agency</p> <p>DETECTIVE CORY POPE 48877 311351806 Printed Name Declarant ID#</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</p> <table border="1"> <tr> <td>DATE</td> <td>OFFICER</td> <td>HOURS X PAY RATE</td> <td>OR</td> <td>COST</td> </tr> <tr> <td>03/26/2026</td> <td>C POPE</td> <td>5 35.00</td> <td></td> <td>\$175.00</td> </tr> </table> <p>OTHER - Describe _____</p> <p>Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL \$ <u>175.00</u></p> | | | | | | | | | | | | | | | | | | | DATE | OFFICER | HOURS X PAY RATE | OR | COST | 03/26/2026 | C POPE | 5 35.00 | | \$175.00 |
| DATE | OFFICER | HOURS X PAY RATE | OR | COST | | | | | | | | | | | | | | | | | | | | | | | | |
| 03/26/2026 | C POPE | 5 35.00 | | \$175.00 | | | | | | | | | | | | | | | | | | | | | | | | |

PDAP *SPS & Forfeit*
NCW & FIA; Weapons
Aggravating/Mitigating Factors HIGH BOND / GPS REQUESTED QUAL CHRGE
150,000

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:

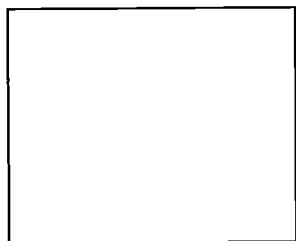
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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

DATE AND TIME

Elizabeth H. Zroweste

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 # 2026-009846 | | DOCKET # 2028248 | | | | | | | | | | | | | | | |
| Person ID | 312060059 | | [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 | ASSAULT; AGGRAVATED | | | | | 26-02637-CF-3 | | | | | | | | | | | | |
| Defendant's Name (Last, First, Middle) | JULIANO, BRIAN DAVID | | DOB | 10/16/1980 | Sex | M | Race | W | Ht | 600 | Wt | 200 | Hair | BRO | Eyes | BRO | Skin | LGT |
| Alias | DL # | J235-490-60-600-0 | | State | FL | Scars/Marks/Tattoos/Physical Features | | | | | | | | | | | | |
| [REDACTED] | | | Telephone | 727-744-4383 | | Place of Birth | IL | Citizenship | | US | | | | | | | | |
| [REDACTED] | | | Telephone | 727-744-4383 | | Employed by / School HILLSBOROUGH COUNTY SO | | | | | | | | | | | | |
| [REDACTED] | | | Indication of Drug Influence | Y | N | UNK | Indication of Mental Health Issues | Y | N | UNK | Indication of Alcohol Influence | Y | N | UNK | | | | |
| [REDACTED] | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | FIREARM | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 <u>28</u> day of <u>SEPTEMBER</u> , <u>2025</u> , at approximately <u>4:00</u> PM, a <u>[REDACTED]</u> , in Pinellas County did: | | | | | | | | | | | | | | | | | | |
| DID THEN AND THERE INTENTIONALLY AND UNLAWFULLY THREATEN TO DO VIOLENCE TO C.C. WHILE HAVING THE APPARENT ABILITY TO CARRY OUT SAID THREAT AND DID CREATE A WELL-FOUNDED FEAR IN C.C. THAT SUCH VIOLENCE WAS IMMINENT AND IN THE COMMISSION OF SAID ASSAULT DID USE A DEADLY WEAPON, TO-WIT: A BLACK SEMI-AUTOMATIC HANDGUN, A BETTER DESCRIPTION OF WHICH TO THE STATE ATTORNEY IS UNKNOWN, BY POINTING THE FIREARM AT C.C. AND INFORMING HER HE WAS GOING TO KILL HER ANIMALS, HER, AND HIMSELF, WITH THE FIREARM. | | | | | | | | | | | | | | | | | | |
| THE DEFENDANT AND VICTIM ARE IN A DATING RELATIONSHIP AND ON THE LISTED DATE, TIME AND LOCATION, BECAME INVOLVED IN AN ALTERCATION IN THEIR HOME. DURING THIS INCIDENT, THE DEFENDANT POINTED A FIREARM AT THE VICTIM, ORDERED HER TO THE GROUND AND HANDCUFFED HER WITH HIS ISSUED HANDCUFFS. THE DEFENDANT THEN SPENT SEVERAL HOURS BEATING THE VICTIM, WHO REMAINED IN HANDCUFFS AND WAS UNABLE TO ESCAPE OR CALL THE POLICE. THE DEFENDANT STRUCK THE VICTIM IN THE FACE MULTIPLE TIMES WITH A FIREARM, DRUG HER AROUND THE RESIDENCE BY HER HAIR, AND URINATED ON HER. AFTER SEVERAL HOURS OF ABUSE, THE DEFENDANT RELEASED THE VICTIM FROM HANDCUFFS BUT WOULD NOT ALLOW HER TO SEEK MEDICAL ATTENTION DESPITE HER INJURIES, AND WOULD NOT ALLOW HER TO GO TO WORK FOR A WEEK. THE VICTIM PROVIDED PHOTOGRAPHS OF HER INJURIES WHICH WERE TAKEN TWO DAYS AFTER THE OFFENSE AND SAVED IN A PLACE THE DEFENDANT COULD NOT ACCESS, SHOWING HER FACE TO BE BADLY BEATEN WITH BRUISING, BLACK EYES AND LACERATIONS AS WELL AS EXTENSIVE BRUISING ON HER ARMS AND LEGS. OF NOTE, THE VICTIM HAS LACERATIONS ON HER WRISTS WHICH ARE CONSISTENT WITH TIGHT HANDCUFFS AND STILL HAS SCARRING FROM THESE INJURIES. DURING THE ABUSE, THE DEFENDANT TOLD THE VICTIM HE WOULD KILL HER ANIMALS, HER, HIMSELF, AND LEAVE IT ALL FOR HER FAMILY TO FIND. WHEN ARRESTED FOR A SIMILAR INCIDENT AND INTERVIEWED, THE DEFENDANT WAS SHOWN THE IMAGES AND REFUSED TO COMMENT. | | | | | | | | | | | | | | | | | | |
| Contrary to Florida Statute/Ordinance <u>784.021(1)(A) - F3</u> | | | | | | | | | | | | | | | | | | |
| ARREST DATE: <u>3/26/2026</u> Time <u>12:00 PM</u> . Aggravating/Mitigating Factors <u>HIGH BOND / GPS REQUESTED QUAL CHRGC</u> | | | | | | | | | | | | | | | | | | |
| Booking Officer: <u>WILLIAMS, M 56952</u> Amount of Bond <u>NO BOND</u> Bond Out Date _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | | | | | | | | | | | | | | | | | |
| Victim Notified of Advisory? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Injuries to Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Treatment to Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |
| The Court reviewed this complaint and finds there <input checked="" 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: 3/26/2026 1:40:49 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. | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><u>[Signature]</u> Declarant Signature</p> <p>DETECTIVE CORY POPE 48877 Printed Name</p> </div> <div style="width: 45%;"> <p>ST. PETERSBURG POLICE Agency</p> <p>311351806 Declarant ID#</p> </div> </div> | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>DATE 03/26/2026</p> <p>OFFICER C POPE</p> <p>HOURS X PAY RATE 5 35.00</p> <p>OTHER - Describe _____</p> <p>Continuation sheet <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div style="width: 45%;"> <p>REQUEST FOR INVESTIGATIVE COSTS, F.S. 938.27(1)</p> <p>OR COST 35.00 \$175.00</p> <p>TOTAL \$ 175.00</p> </div> </div> | | | | | | | | | | | | | | | | | | |

Court

Defendant JULIANO, BRIAN DAVID

Court Case No: 26-02637-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:

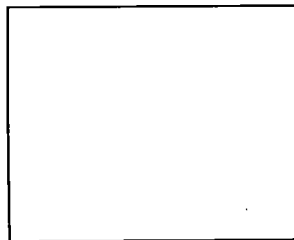
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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

DATE AND TIME

Elizabeth H. Znowiecki

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

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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 # 2026-009846 DOCKET # 2028248

Person ID 312060059 [REDACTED]

Charge Description [X] Felony [] Misdemeanor [] Warrant [] Traffic [] Ordinance [] Traffic Citation # (if any) [] Court Case #

Charge BATTERY; AGGRAVATED (DEADLY WEAPON) 26-02637-CF-4

Defendant's Name (Last, First, Middle) JULIANO, BRIAN DAVID DOB 10/16/1980 Sex M Race W Ht 600 Wt 200 Hair BRO Eyes BRO Skin LGT

Alias [] DL # J235-490-60-600-0 State FL Scars/Marks/Tattoos/Physical Features []

[REDACTED] Telephone 727-744-4383 Place of Birth IL Citizenship US

[REDACTED] Telephone 727-744-4383 Employed by / School HILLSBOROUGH COUNTY SO

[X] Yes [] No FIREARM Indication of Drug Influence Y [] N [X] UNK [] Indication of Mental Health Issues Y [] N [X] UNK [] Indication of Alcohol Influence Y [] N [X] 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 28 day of SEPTEMBER, 2025

at approximately 4:00 PM, at [REDACTED], in Pinellas County did:

BY USE OF A DEADLY WEAPON, TO-WIT: A BLACK SEMI-AUTOMATIC HANDGUN, DID KNOWINGLY AND INTENTIONALLY CAUSE BODILY HARM TO C.C. BY STRIKING THE VICTIM IN THE FACE MULTIPLE TIMES WITH THE FIREARM.

THE DEFENDANT AND VICTIM ARE IN A DATING RELATIONSHIP AND ON THE LISTED DATE, TIME AND LOCATION, BECAME INVOLVED IN AN ALTERCATION IN THEIR HOME. DURING THIS INCIDENT, THE DEFENDANT POINTED A FIREARM AT THE VICTIM, ORDERED HER TO THE GROUND AND HANDCUFFED HER WITH HIS ISSUED HANDCUFFS. THE DEFENDANT THEN SPENT SEVERAL HOURS BEATING THE VICTIM, WHO REMAINED IN HANDCUFFS AND WAS UNABLE TO ESCAPE OR CALL THE POLICE. THE DEFENDANT STRUCK THE VICTIM IN THE FACE MULTIPLE TIMES WITH A FIREARM, DRUG HER AROUND THE RESIDENCE BY HER HAIR, AND URINATED ON HER. AFTER SEVERAL HOURS OF ABUSE, THE DEFENDANT RELEASED THE VICTIM FROM HANDCUFFS BUT WOULD NOT ALLOW HER TO SEEK MEDICAL ATTENTION DESPITE HER INJURIES, AND WOULD NOT ALLOW HER TO GO TO WORK FOR A WEEK. THE VICTIM PROVIDED PHOTOGRAPHS OF HER INJURIES WHICH WERE TAKEN TWO DAYS AFTER THE OFFENSE AND SAVED IN A PLACE THE DEFENDANT COULD NOT ACCESS, SHOWING HER FACE TO BE BADLY BEATEN WITH BRUISING, BLACK EYES AND LACERATIONS AS WELL AS EXTENSIVE BRUISING ON HER ARMS AND LEGS. OF NOTE, THE VICTIM HAS LACERATIONS ON HER WRISTS WHICH ARE CONSISTENT WITH TIGHT HANDCUFFS AND STILL HAS SCARRING FROM THESE INJURIES. DURING THE ABUSE, THE DEFENDANT TOLD THE VICTIM HE WOULD KILL HER ANIMALS, HER, HIMSELF, AND LEAVE IT ALL FOR HER FAMILY TO FIND. WHEN ARRESTED FOR A SIMILAR INCIDENT AND INTERVIEWED, THE DEFENDANT WAS SHOWN THE IMAGES AND REFUSED TO COMMENT.

Contrary to Florida Statute/Ordinance 784.045(1)(A)(2) - F2

ARREST DATE: 3/26/2026 Time 12:00 PM Aggravating/Mitigating Factors HIGH BOND / GPS REQUESTED QUAL CHRG

Booking Officer: WILLIAMS, M 56952 Amount of Bond NO BOND Bond Out Date [] Time [] a.m. [] p.m.

Victim Notified of Advisory? [X] Yes [] No Injuries to Victim? [] Yes [] No Medical Treatment to Victim? [X] Yes [] No

The Court reviewed this complaint and finds there: [X] 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: 3/26/2026 1:41:06 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 Agency DETECTIVE CORY POPE 48877 311351806 Declared ID#

Table with 4 columns: DATE, OFFICER, HOURS X PAY RATE, OR COST. Row 1: 03/26/2026, C POPE, 5 35.00, \$175.00. OTHER - Describe [] Continuation sheet [] Yes [] No TOTAL \$ 175.00

Defendant JULIANO, BRIAN DAVID

Court Case No: 26-02637-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:

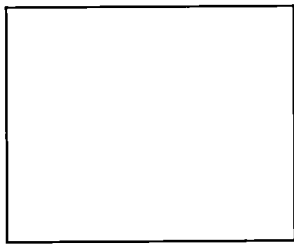
- A. Defendant has advised the Court that he has retained counsel or will retain counsel.
- B. The Court investigated Defendant's solvency and found the Defendant financially able to secure counsel.
- C. The Court investigated Defendant's solvency and provisionally appointed the Public Defender.
- D.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

DATE AND TIME

Elizabeth H. Zroweste

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