

ARREST SWORN COMPLAINT HOLD

JUVENILE NOTICE TO APPEAR

OFFICE OF THE INSPECTOR GENERAL

PROBABLE CAUSE AFFIDAVIT

OBTS NUMBER:
AGENCY ORI NUMBER:
FL037275C

SPN NUMBER:
AGENCY CASE REPORT NUMBER:
19-04503

DEFENDANT

NAME OF SUBJECT (LAST, FIRST, MI): Joseph, Jean R.				ALIAS / MAIDEN: N/A				
911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): 22298 NE CR 200B - Lawtey CI			CITY: Lawtey	STATE: FL	ZIP CODE: 32058	TELEPHONE NUMBER: 904-782-2000		
BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:		
MMAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):			SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):					
RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: M	DATE OF BIRTH: 12/28/1990	HEIGHT: 5'10"	WEIGHT: 220	HAIR COLOR: Black	EYE COLOR: Brown	COMPLEXION: Dark	BUILD: Large
DRIVERS LICENSE / STATE ID NUMBER: N/A	STATE OF DL N/A	SOCIAL SECURITY NUMBER: [REDACTED]	PHOTO NUMBER:	PLACE OF BIRTH:	COUNTRY OF CITIZENSHIP: US			
SUBJECT'S OCCUPATION: None / Inmate		SPN NUMBER:	AGENCY ORI NUMBER: FL037275C	SO ID / AGENCY ID / NUMBER:	BOOKING NUMBER:			
LOCATION OF ARREST:			DATE OF ARREST:	TIME OF ARREST (MILITARY):	DATE OF BOOKING:	TIME OF BOOKING (MILITARY):		
SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.):				SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):				

CO-DEF.

(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
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(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO

JUVENILE

JUVENILE DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED	NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):	WORK TELEPHONE NUMBER:		
PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):	CITY:	STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:

WITNESS

(NAME)	ADDRESS:	TELEPHONE NUMBER
(NAME):	ADDRESS:	TELEPHONE NUMBER
(NAME):	ADDRESS:	TELEPHONE NUMBER:
(NAME):	ADDRESS:	TELEPHONE NUMBER:

CHARGE 1

OFFENSE DESCRIPTION: Possession of Contraband (Cell phone)	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER: 944.47 (1)(a)(c)	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/>	DATE OF OFFENSE: 03/18/2019	TIME OF OFFENSE: 1:00 PM	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER: 904-782-2000	
CITATION <input type="checkbox"/> CAPIAS NUMBER:	VICTIM (NAME): State of Florida	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): Lawtey CI 22298 NE CR 200B	CITY: Lawtey	STATE: FL	ZIP CODE: 32058

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):
Lawtey Correctional Institution, 22298 NE CR 200B

CITY OF:
Lawtey

COUNTY OF:
Bradford

STATE OF:
FLORIDA

Your affiant is Inspector Dave Carlton of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on or about March 18, 2019, while at Lawtey Correctional Institution, in Bradford County Florida, Inmate Joseph, Jean DC #B12433 did commit the offense of Introduction, removal, or possession of contraband; in violation of Florida State Statute (FSS) 944.47; when he, an inmate in the custody of the Department of Corrections, did actually and intentionally possess a cellular phone inside the secure perimeter of Lawtey Correctional Institution.

Correctional Officer Bernard Brown, a certified uniformed officer, reported that on March 18, 2019, while conducting a security check in I-Dorm at Lawtey CI, he observed Inmate Joseph sitting on toilet #7 in the bathroom. Officer Brown noticed an object in Inmate Joseph's hand. Officer Brown ordered Inmate Joseph to hand over the object and Inmate Joseph gave the object to Officer Brown. The object was discovered to be a black and silver ZTE flip phone. Inmate Joseph committed the criminal offense of Possession of Contraband, in violation of FSS 944.47 (1)(a)(c).

Your affiant respectfully submits that based on the statement provided by Officer Brown in a recorded interview and the recovery of the cell phone, probable cause has been established that Inmate Joseph, Jean DC #B12433 was in Possession of Contraband as defined in FSS 944.47 (1)(a)(c).

MANDATORY APPEARANCE IN COURT AT:

DATE OF APPEARANCE:

TIME OF APPEARANCE:

AM
 PM

NTA

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.

DEFENDANT (SIGNATURE):

DATE:

SWORN TO AND SUBSCRIBED BEFORE ME THIS:

16 DAY OF JANUARY, 2020

SIGNATURE:

[Signature]

TITLE:

Inspector # 3740

I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME (PRINT): Inspector Dave Carlton

SIGNATURE:

[Signature]

AGENCY: FDC - OIG LEO ID NUMBER: 90560

JURAT