

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:  
**19-19926**

<b>DEFENDANT</b>	NAME OF SUBJECT (LAST, FIRST, MI): <b>Copeland, James L.</b>				ALIAS / MAIDEN: <b>N/A</b>				
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): <b>8501 Hampton Springs Road, (Taylor CI Annex)</b>			CITY: <b>Perry</b>		STATE: <b>FL</b>	ZIP CODE: <b>32348</b>	TELEPHONE NUMBER: <b>850-838-4002</b>	
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:		STATE:	ZIP CODE:	TELEPHONE NUMBER:	
	MNAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):			SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):					
	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL	SEX: <b>M</b>	DATE OF BIRTH: <b>02/18/1971</b>	HEIGHT: <b>5'09"</b>	WEIGHT: <b>161</b>	HAIR COLOR: <b>Black</b>	EYE COLOR: <b>Brown</b>	COMPLEXION: <b>Medium</b>	BUILD: <b>Medium</b>
	DRIVERS LICENSE / STATE ID NUMBER: <b>N/A</b>		STATE OF DL <b>N/A</b>	SOCIAL SECURITY NUMBER: [REDACTED]	PHOTO NUMBER:	PLACE OF BIRTH:		COUNTRY OF CITIZENSHIP: <b>USA</b>	
	SUBJECT'S OCCUPATION: <b>None / Inmate</b>			SPN NUMBER:		AGENCY ORI NUMBER: <b>FL037275C</b>		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.):				

<b>CO-DEF.</b>	(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
	(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

<b>JUVENILE</b>	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:		

<b>WITNESS</b>	(NAME)	ADDRESS:					TELEPHONE NUMBER	
	(NAME):	ADDRESS:					TELEPHONE NUMBER	
	(NAME):	ADDRESS:					TELEPHONE NUMBER:	
	(NAME):	ADDRESS:					TELEPHONE NUMBER:	

<b>CHARGE 1</b>	OFFENSE DESCRIPTION: <b>Possession of Controlled Substance (Heroin)</b>			<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER: <b>893.13</b>		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"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:	DATE OF OFFENSE: <b>11/06/2019</b>		TIME OF OFFENSE: <b>9:40 AM</b>		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER: <b>386-496-6117</b>	
	VICTIM (NAME): <b>State of Florida</b>		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): <b>Reception and Medical Center 7765 S. County Road 231,</b>			CITY: <b>Lake Butler</b>		STATE: <b>FL</b>	ZIP CODE: <b>32054</b>

<b>CHARGE 2</b>	OFFENSE DESCRIPTION:			<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:	DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:	
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:		STATE:	ZIP CODE:

<b>CHARGE 3</b>	OFFENSE DESCRIPTION:			<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA		COMPLETE STATUTE / ORDINANCE NUMBER:		VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:	DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:		VICTIM'S TELEPHONE NUMBER:	
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):			CITY:		STATE:	ZIP CODE:

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):  
RMC – 7765 S. County Road 231,

CITY OF:  
Lake Butler

COUNTY OF:  
Union

STATE OF:  
FLORIDA

Your affiant is Senior Inspector Stacy Fish of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on or about November 06, 2019, Inmate James Copeland #797996, an inmate in the custody of the Department of Corrections and housed at Reception and Medical Center, in Union County, Florida, was discovered to be in possession of a controlled substance. Sergeant Ernie Elixson, a certified, uniformed Correctional Officer, observed Inmate Copeland in an unauthorized area and he was acting suspicious. Sergeant Elixson approached Inmate Copeland and conducted a clothed pat search. During the search, Inmate Copeland was ordered to remove his socks at which time a white packet fell out of his sock. Sergeant Elixson retrieved the white packet and discovered a white, powdery substance in the packet that tested positive for Heroin. It should be noted that Inmate Copeland was housed at the Reception and Medical Center West Unit and was [REDACTED]. Inmate Copeland committed the criminal offense of Possession of Controlled Substance, in violation of 893.13, Florida State Statute.

In a sworn, recorded (*post Miranda*) interview, Inmate Copeland indicated that the substance was [REDACTED]. He indicated that [REDACTED] was the only way he [REDACTED]. He indicated that [REDACTED] were in his sock because the inmate uniform pants do not have any pockets. He indicated that he had pushed another inmate back to his dorm and was returning [REDACTED] when the Officer stopped him. He indicated that the Officers issued him a bogus disciplinary report and lied, because the crushed substance was [REDACTED] and not Heroin as reported.

Your affiant respectfully submits that based on the testimony provided by Sergeant Elixson in a sworn, recorded interview and the recovery of the controlled substance, probable cause has been established that Inmate James Copeland #797996 was in Possession of Controlled Substance as defined in Florida State Statute 893.13.

MANDATORY APPEARANCE IN COURT AT:

DATE OF APPEARANCE:

TIME OF APPEARANCE:

AM  
 PM

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:

\_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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): **Senior Inspector Stacy Fish**

SIGNATURE: \_\_\_\_\_

AGENCY: **FDC - OIG** LEO ID NUMBER: **6758**

NTA

JURAT