

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT - COMPLAINT

Clerk's Case No. _____

SA Case No.(s) _____

PAGE 01 of 2

Agency ORI # **FL037275C**

1. Agency Name: Florida Department of Corrections	2. Agency Report Number: 23-24377	3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony <input type="checkbox"/> Municipal <input type="checkbox"/> County	3a. Ordinance Type: (If applicable) <input type="checkbox"/> Municipal <input type="checkbox"/> County
4. Date/Time of Offense: 12/18/23 11:25 AM	5. Date/Time of Arrest: 12/18/23 5:30 PM	6. Arresting Officer: Detective Frank Delgado	7. Investigating Officer: Detective Frank Delgado

8. Defendant's Name: (Last) Ford	(First) Ja Vonta	(Middle) J	ALIAS	9. OBTS:
10. Race/Sex: B/M	11. Date of Birth: 10/02/2000	12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State	13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: N/A
15. Height: 5'11"	16. Weight: 165	17. Eye Color: Brown	18. Hair Color: Black	19. Scars, marks, tattoos, unique physical features: (Location, type & description) Back (Feather) / Left Arm (Ray) / Right Arm (Nike Check, Spade, Crown, Casket)
20. Driver's License Number/State: N/A	21. Social Security Number: [REDACTED]	22. Residential Telephone: N/A	23. Business Telephone: N/A	
24. Address: (Street, Apartment Number) Charlotte Correctional Institution 33123 Oil Well Road		(City) Punta Gorda	(State) FL	(Zip) 33955

25. Defendant's Name: (Last) N/A	(First)	(Middle)	ALIAS	26. OBTS:
27. Race/Sex:	28. Date of Birth:	29. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State	30. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY:
32. Height:	33. Weight:	34. Eye Color:	35. Hair Color:	36. Scars, marks, tattoos, unique physical features: (Location, type & description)
37. Driver's License Number/State:	38. Social Security Number:	39. Residential Telephone:	40. Business Telephone:	
41. Address: (Street, Apartment Number)		(City)	(State)	(Zip)

42. Defendant's Name: (Last) N/A	(First)	(Middle)	ALIAS	43. OBTS:
44. Race/Sex:	45. Date of Birth:	46. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State	47. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No	48. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY:
49. Height:	50. Weight:	51. Eye Color:	52. Hair Color:	53. Scars, marks, tattoos, unique physical features: (Location, type & description)
54. Driver's License Number/State:	55. Social Security Number:	56. Residential Telephone:	57. Business Telephone:	
58. Address: (Street, Apartment Number)		(City)	(State)	(Zip)

59. Charge Description: (# 1) Battery on a Law Enforcement Officer	60. Statute or Ordinance Number: 784.07(2)(b)	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.
61. Charge Description: (# 1) Resisting Arrest With Violence	62. Statute or Ordinance Number: 843.01(2)	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.
63. Charge Description: (# 1)	64. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.

65. Victim's Name: (If business, list legal business name) (Last) [REDACTED]	(First) [REDACTED]	(Middle)	66. Race/Sex [REDACTED]	67. Date of Birth:	68. Telephone Number: [REDACTED]
69. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Middle)			70. Race/Sex	71. Date of Birth:	72. Telephone Number:
73. Address: (Street, Apartment Number) 33123 Oil Well Road		(City) Punta Gorda	(State) FL	(Zip) 33955	74. Secondary Phone Number:
75. Victim Notification of Arrest: NOTIFIED BY: Detective Frank Delgado DATE: 12/18/23 TIME: 1600			76. Information Given: <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info		

77. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's Name: Detective Frank Delgado	78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: Detective Frank Delgado	79. I certify that all of the above information is true and correct to the best of my knowledge and is page 01 of a 2 page affidavit/complaint. Officer/Complainant Signature: Frank Delgado Type or print Complainant name
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