

AFFIDAVIT – COMPLAINT

1. Agency Name: FDC-Office of Inspector General		2. Agency Report Number: 19-13279		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: 8/1/2019 2:48 p.m.		5. Date/Time of Arrest: 8/1/19 5:53 p.m.		6. Arresting Officer: Senior Inspector Janine Knight		7. Investigating Officer: Senior Inspector Janine Knight	

8. Defendant's Name: (Last) King			(First) Jarqwez			(Middle) Carnell			ALIAS Jarqwez King			9. OBTS:			
10. Race/Sex: B/M		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Out of State				13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: Approx. 12 grams methamphetamine					
15. Height: 5-08		16. Weight: 230		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description)							
20. Driver's License Number/State:				21. Social Security Number:				22. Residential Telephone:				23. Business Telephone:			
24. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____															

25. Defendant's Name: (Last)			(First)			(Middle)			ALIAS			26. OBTS:			
27. Race/Sex:		28. Date of Birth:		29. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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)			(First)			(Middle)			ALIAS			43. OBTS:			
44. Race/Sex:		45. Date of Birth:		46. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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) Introduction of contraband to State Correctional Institution- to wit Controlled substance					60. Statute or Ordinance Number: 944.47 (1) (a) (4) <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 1) Possession with Intent to Distribute to wit: methamphetamines					62. Statute or Ordinance Number: 893.13 (1)(a)1. <input checked="" 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) State of Florida			(First)			(Middle)			66. Race/Sex		67. Date of Birth:		68. Telephone Number:	
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) _____ (City) _____ (State) _____ (Zip) _____				74. Secondary Phone Number:										
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____								76. Information Given: <input type="checkbox"/> Victim <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		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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.			
Evidence Custodian's Name: Darla Henderson		Person responsible for statements: Janine Knight		 Officer/Complainant Signature		Janine Knight Type or print Complainant name	

Adult Def PC Arrest
 Juvenile Def Application for Warrant/Capias

Clerk's Case No. _____

SA Case No.(s) _____

AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Agency ORI # **FL037275C**

80. Agency Name: FDC- Office of Inspector General	81. Agency Report Number: 19-13279	82. Date/Time of Arrest: 8/1/19 - 5:53 p.m.	83. Investigating Officer: Janine Knight
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the heretofore named defendant did commit the violations of law as stated above and the factual basis for this belief is as follows:

Your Affiant is Senior Inspector Janine Knight of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe Correctional Officer Jarqwez Carnell King, did commit the criminal offense of Introduction of Contraband into a state institution, to wit controlled substance in violation of F.S. 944.47(1)(a)(4) by concealing methamphetamines on his person and entering Holmes Correctional Institution located in Holmes County, FL on August 1, 2019. Further, Officer King obtained and brought the methamphetamines with intent to distribute it to an inmate housed at Holmes Correctional Institution in violation of F.S. 893.13 (1)(a)1.

Fixed wing video was reviewed and showed the following facts and information: On August 1, 2019, at approximately 2:48 p.m., Officer King entered the secured perimeter of Holmes CI into search area. Officer King was asked by Officer Brittany Henderson if he had any contraband, weapons, or narcotics on his person. Officer King indicated he did not. Officer King walked through the metal detector with no alerts and went towards the Visitation Park area. At approximately 2:54:37, a small black package fell from Officer King's left pants leg area. Officer King exited the visitation park. At approximately 3:03 p.m. Officer William Davis entered the visitation park, saw the package, obtained a glove, and picked up the package and removed it from the area. At 3:22 p.m. Officer King returned to the visitation park, looked around the area, and patted himself down.

Senior Inspector Knight was summoned and observed the package was wrapped consistent with common introduction methods. The package was wrapped with black tape on the outside. There was clear plastic material inside the black tape which contained a crystal substance. Senior Inspector Knight weighted he substance which weighted approximately 12 grams and field tested the substance which yielded a positive result for the presence of methamphetamines.

In a sworn statement, Officer William Davis indicated he walked into the visitation park at the completion of his shift and saw a package wrapped in black tape on the floor. Officer Davis obtained a glove, retrieved the package, and took the package to Captain Jeffery Pope. Officer Davis was present when the package was opened and saw a crystal substance. Officer Davis saw the weight of the substance was approximately 12 grams. Officer Davis witnessed the results of the presumptive field test, which yielded a positive result for the presence of methamphetamines.

In his sworn, post-Miranda Statement, Officer King [REDACTED]
 [REDACTED]
 [REDACTED] Officer King denied he knew what was inside of the package and denied he was compensated for bringing the package in for the inmate. Officer King was afforded the opportunity to observe the package recovered by Officer Davis and [REDACTED]
 [REDACTED]

Your Affiant respectfully submits that probable cause has been established to conclude that Jarqwez Carnell King did commit the criminal violation of introduction of contraband into a state correctional institution to wit controlled substances, in violation of F.S. 944.47(1)(a)(4), by bringing in a package containing methamphetamines to Holmes CI located in Holmes County, FL. Further, Officer King obtained and brought the methamphetamines with intent to distribute it to an inmate housed at Holmes Correctional Institution in violation of F.S. 893.13 (1)(a)1.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge		Sworn to and subscribed before me this <u>1</u> day of <u>Aug</u> , 20 <u>19</u>
 Signature of Officer/Complainant Janine Knight, Senior Inspector Officer/Complainant's Name (Printed)	 Signature of Person Administering Oath <input type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Other Identification State I.D. ID Type	Seal
39040 ID Number		

87. Adult's Relation to Juvenile Defendant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	88. Adult's Name: (Last) _____ (First) _____ (Middle) _____	
89. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____	90. Residential Phone: _____	91. Business Phone _____
92. Notified By: (Name) _____	93. Date/Time: _____	94. Notification Method: <input type="checkbox"/> Person <input type="checkbox"/> Telephone
95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data)		
<input type="checkbox"/> Transferred to Secure Detention	<input type="checkbox"/> Released to HRS Intake Officer, not detained	<input type="checkbox"/> Processed within the agency and released to other than HRS
Release Date: _____ Release Time: _____ Released to (Name): _____		