

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

Clerk's Case No. _____
SA Case No.(s) _____

PAGE 01 of 2

1. Agency Name: Florida Department of Corrections		2. Agency Report Number: 19-16589		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"/> County	
4. Date/Time of Offense: 09/23/2019 at 7:00a.m		5. Date/Time of Arrest: 09/23/2019 at 10:00a.m		6. Arresting Officer: Sr. Inspector Audenia Thomas		7. Investigating Officer: Sr. Inspector Audenia Thomas	

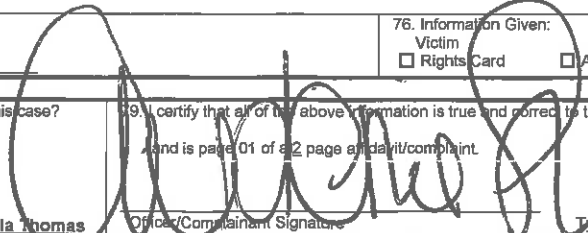
8. Defendant's Name: (Last) Hodges			(First) Roxana			(Middle) Lyn			ALIAS			9. OBTS:		
10. Race/Sex: W/F		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State			13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: 100 cigarettes/2 SIMS Cards				
15. Height: 5'4		16. Weight: 167		17. Eye Color: Brown		18. Hair Color: Brown		19. Scars, marks, tattoos, unique physical features: (Location, type & description) N/A						
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"/> City <input type="checkbox"/> County <input checked="" 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)			(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) Introducion of Contraband (SIMS Cards)				60. Statute or Ordinance Number: 944.47				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1)				62. Statute or Ordinance Number:				<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) 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) Martin Correctional Institution			(First)			(Middle)			70. Race/Sex			71. Date of Birth:			72. Telephone Number:		
73. Address: (Street, Apartment Number) 1150 SW Allapattah Road			(City) Indiantown			(State) FL			(Zip) 33430			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: Inspector Audenia Thomas		Person responsible for statements: Inspector Audenia Thomas		 _____ Inspector/Complainant Signature			Inspector Audenia Thomas _____ Type or print Complainant name		

1:37pm


85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of _____ pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 03rd day of September, 2019

Signature of Person Administering Oath
 Personally Known Other Identification

Signature of Officer/Complainant: [Handwritten Signature]

Officer/Complainant's Name (Printed): _____ ID Number: _____

Seal:  BETTY A. KRUSKA ID Type
 Commission # FF 984190
 Expires May 23, 2020
 Bonded Thru Troy Fahn Insurance 800-385-7019

87. Adult's Relation to Juvenile Defendant: Parent Legal Guardian 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: Person Telephone

95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data)

Transferred to _____
 Secure Detention Released to HRS Intake Officer, not detained Processed within the agency and released to other than HRS

Release Date: _____ Release Time: _____ Released to (Name): _____