☒ Adult Def ☐ PC Arrest
☐ Juvenile Def ☒ Application for Warrant/Capias

AFFIDAVIT – COMPLAINT

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

Agency ORI # **FL037275C**

1. Agency Name:	2. Agency Report Number:	3. Charge Type:	3a. Ordinance Type: (If applicable)
Office of Inspector General - FDC	**23-02758**	☒ Felony ☐ Misdemeanor ☐ Misdemeanor w/associated felony	☐ Municipal ☐ County

4. Date/Time of Offense:	5. Date/Time of Arrest:	6. Arresting Officer:	7. Investigating Officer:
2/12/2023 2:00 P.M.	**2/12/2023 2:45 P.M.**	**Senior Inspector Steven Lee**	**Senior Inspector Steven Lee**

8. Defendant's Name: (Last)	(First)	(Middle)	ALIAS	9. OBTS:
Hutchins	**Cayla**	**Evett**		

10. Race/Sex:	11. Date of Birth:	12. Residence Type:	13. Weapon Seized	14. Controlled Substance Seized: x☐ Yes ☒ No TYPE & QUANTITY:
B/F	**01/15/2000**	☐ Florida ☐ City ☐ County ☒ Out of State	☐ Yes ☒ No	64 gams Amthamines

15. Height:	16. Weight:	17. Eye Color:	18. Hair Color:	19. Scars, marks, tattoos, unique physical features: (Location, type & description)
5'5	**160**	**Brown**	**Black**	

20. Driver's License Number/State:	21. Social Security Number:	22. Residential Telephone:	23. Business Telephone:
	[redacted]	**954 461-5784**	

24. Address: (Street, Apartment Number)	(City)	(State)	(Zip)
289 SW 8TH St	**Deerfield Beach**	**Florida**	**33441**

25. Defendant's Name: (Last)	(First)	(Middle)	ALIAS	26. OBTS:

27. Race/Sex:	28. Date of Birth:	29. Residence Type:	30. Weapon Seized	31. Controlled Substance Seized: ☐ Yes ☐ No TYPE & QUANTITY:
		☐ Florida ☐ City ☐ County ☐ Out of State	☐ Yes ☐ No	

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:	47. Weapon Seized	48. Controlled Substance Seized: ☐ Yes ☐ No TYPE & QUANTITY:
		☐ Florida ☐ City ☐ County ☐ Out of State	☐ Yes ☐ No	

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)	60. Statute or Ordinance Number:	
Introduction of Contraband into a State Correctional Facility	**944.47 (1)(a)**	☒ F.S. ☐ Ord.
61. Charge Description: (# 2)	62. Statute or Ordinance Number:	
Trafficking in Amphetamine	**893.135(1)(f)(1)**	☐ F.S. ☐ Ord.
63. Charge Description: (# 3)	64. Statute or Ordinance Number:	
Possession of Suboxone without a prescription	**893.13(6)(a)**	☐ F.S. ☐ Ord.

65. Victim's Name: (If business, list legal business name) (Last) (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:	76. Information Given:
NOTIFIED BY: _____ DATE: _____ TIME: _____	Victim ☐ Rights Card ☐ App. Info ☐ Arrest Info Domestic ☐ Viol. Info

77. Physical Evidence collected in this case?	78. Witness Statements taken in this case?	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 03 page affidavit/complaint.
☒ Yes ☐ No	☒ Yes ☐ No	
Evidence Custodian's Name: **Paul Hoff**	Person responsible for statements: **Senior Inspector Steven Lee**	_____ Officer/Complainant Signature — **Senior Inspector Steven Lee** Type or print Complainant name

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

AFFIDAVIT – COMPLAINT
(PROBABLE CAUSE NARRATIVE)

Clerk's Case No.
SA Case No.(s)
Agency ORI # **FL037275C**

80. Agency Name:	81. Agency Report Number:	82. Date/Time of Arrest:	83. Investigating Officer:
Office of Inspector General - FDC	**23-02758**	**2/14/2023 2:45 P.M.**	**Senior Inspector Steven Lee**

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 Law Enforcement Inspector Steven Lee (SI Lee) of the Florida Department of Corrections, Office of the Inspector General.

Your Affiant has probable cause to believe Cayla Evett Hutchins (Ms. Hutchins) a registered visitor for Inmate Allen Phillips DC# L23884 (Inmate Phillips), did commit the criminal offenses of Introduction of Contraband into a state correctional institution, to wit Amphetamine in violation of FS 944.47(1) (a). Trafficking in Amphetamine in violation of FS 893.135 (1)(f)(1), to wit sixty-four (64) grams of Amphetamine. into Holmes Correctional Institution, a state prison operated by the Florida Department of Corrections in Holmes County Florida. Possession of Suboxone without a prescription 893.13(6)(a)

On February 12, 2023, Ms. Hutchins did enter the secure perimeter of Holmes Correctional Institution for the purpose of visiting Inmate Phillips. While inside of the visitation area, Ms. Hutchins removed three (3) black plastic tape wrapped bundles and passed them to Inmate Phillips. At 12:47 P.M. Ms. Hutchins can be seen passing the package under the table to Inmate Phillips. This action was captured on fixed wing video inside of the visitation area.

Inmate Phillips was removed from the visitation where a search of his person was conducted. Located on Inmate Phillips were the three (3) black tape wrapped bundles. These bundles contained approximately sixty-four (64) grams of Amphetamine, fifty-two (52) Suboxone strips, and sixty-three (63) grams of tobacco.

SI Lee was notified by FDC staff and responded to the institution. Holmes County Sheriff Department was notified and detained Ms. Hutchins prior SI Lee's arrival.

In a post Miranda interview, Ms. Hutchins stated [redacted]

Holmes County Sheriff Department transported Ms. Hutchins to the Holmes County Jail.

All items were collected and preserved. A presumptive test confirmed the substance to be Amphetamine. All items will submit to the Florida Department of Law Enforcement (FDLE) for analysis.

Your Affiant respectfully submits that probable cause has been established that Cayla Evett Hutchins did commit the criminal violations of Introduction of Contraband into a state institution in violation of FS. 944.47(1)(a)(6), Fla. Stat., by introducing Amphetamine into Holmes Correctional Institution, Trafficking in Amphetamine FS. 893135(f)(1)(b) by being in possession of sixty-four (64) grams of Amphetamine which she gave to Inmate Phillips inside of the secure perimeter of Holmes Correctional Institution. Possession of Suboxone without a prescription 893.13(6)(a)

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your affiant's report of investigation.

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85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 02 pages is true and correct to the best of his/her knowledge

Signature of Officer/Complainant

Senior Inspector Steven Lee **#[redacted]**

Officer/Complainant's Name (Printed) ID Number

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Person Administering Oath

☐ **Personally Known** ☐ **Other Identification** _____

ID Type

Seal

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):_____