☒ 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	**23-04603**	☒ Felony ☐ Misdemeanor ☐ Misdemeanor w/associated felony	☐ Municipal ☐ County

4. Date/Time of Offense:	5. Date/Time of Arrest:	6. Arresting Officer:	7. Investigating Officer:
3/11/2023 1:15 P.M.	**3/11/2023 2:00 P.M.**	**Senior Inspector Steven Lee**	**Senior Inspector Steven Lee**

8. Defendant's Name: (Last)	(First)	(Middle)	ALIAS	9. OBTS:
Martin	**Nichole**	**Celeste**		

10. Race/Sex:	11. Date of Birth:	12. Residence Type:	13. Weapon Seized	14. Controlled Substance Seized: x☒ Yes ☐ No TYPE & QUANTITY:
2/F	**05/06/1980**	☐ City ☐ County ☐ Florida ☒ Out of State	☐ Yes ☒ No	

15. Height:	16. Weight:	17. Eye Color:	18. Hair Color:	19. Scars, marks, tattoos, unique physical features: (Location, type & description)
5'8	**180**	**Brown**	**Brown**	

20. Driver's License Number/State:	21. Social Security Number:	22. Residential Telephone:	23. Business Telephone:
M635-623-80-546-0			

24. Address: (Street, Apartment Number)	(City)	(State)	(Zip)
1501 Spruce Ter Apt E	**Tampa**	**Florida**	**33607**

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:
		☐ City ☐ County ☐ Florida ☐ 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:
		☐ City ☐ County ☐ Florida ☐ 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)(4)** ☒ F.S. ☐ Ord.
61. Charge Description: (# 2)	62. Statute or Ordinance Number:
Trafficking in Methamphetamine	**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:
NOTIFIED BY: _____ DATE: _____ TIME: _____

76. Information Given: ☐ Arrest Info ☐ Victim Rights Card ☐ App. Info ☐ Domestic Viol. Info

77. Physical Evidence collected in this case? ☒ Yes ☐ No

Evidence Custodian's Name: **Paul Hoff**

78. Witness Statements taken in this case? ☒ Yes ☐ No

Person responsible for statements: **Senior Inspector Steven Lee**

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.

_____
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	**23-04603**	**3/11/2023 2:00 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 Nicole Celeste Martin (Ms. Martin) a registered visitor, did commit the criminal offenses of Introduction of Contraband into a state institution, to wit Methamphetamine (99 grams) in violation of FS 944.47(1)(a)(4). Trafficking in Methamphetamine in violation of FS 893.135(1)(f)(1) to wit (99 grams of Methamphetamine). Possession of Suboxone without a prescription in violation of FS. 893.13(6)(a) into Holmes Correctional Institution (Holmes CI), a state prison operated by the Florida Department of Corrections in Washington County Florida.

On March 11, 2023, SI Lee along with Correctional Officer Captain JT Mann (Captain Mann) and Correctional Officer Captain Dustin Jordan (Captain Jordan) were conducting a K9 operation in the parking lot of Holmes CI. Captain Jordan notified SI Lee that K9 "Judd" had alerted to a white Nissan SUV. SI Lee made contact with the vehicle owner and driver Ms. Martin. A consent to search form was obtained and signed by Ms. Martin.

During the search of the vehicle, Captain Mann located two packages wrapped in black electrical tape. These packages are commonly found in the introduction of contraband into a correctional institution. Both packages were located inside the center console along with numerous plastic baggies. Upon questioning Ms. Martin about the items, Ms. Martin [redacted] Ms. Martin was escorted to an office by a female correctional officer, where she voluntarily removed another black taped package from inside of her pants. Ms. Martin had made entry into the secure perimeter of Holmes CI with the package prior to the K9 alert.

All three (3) packages were field tested showing a positive alert of Methamphetamines totaling 99 grams. Also located inside of the packages were forty (40) Suboxone strips. Ms. Martin refused to provide a post-Miranda statement and was placed under arrest and transported to Holmes County Jail by the Holmes County Sheriff Department.

All items were collected and preserved in the Region 1 Evidence storage locker.

Your Affiant respectfully submits that probable cause has been established that Nicole Celeste Martin did commit the criminal violations of Introduction of Contraband into a state institution in violation of FS. 944.47(1)(a)(4), Fla. Stat., by introducing Methamphetamine, a stimulant into the secure perimeter of Holmes CI., Trafficking in Methamphetamin by being in possession of 99 grams of Methamphetamine , and Possession of Suboxone without a prescription by possessing 40 Suboxone strips without a prescription.

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):_____