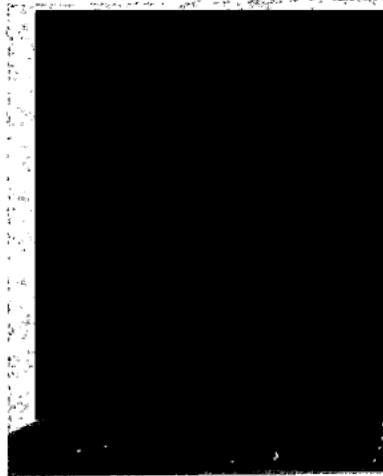


THE STATE OF  
FLORIDA

v.

Tarik Holloman

Race: Black  
Sex: Male  
DOB: [REDACTED]  
SSN: [REDACTED]  
Address: [REDACTED]



IN THE CIRCUIT COURT,  
FOURTEENTH JUDICIAL  
CIRCUIT, IN AND FOR  
JACKSON COUNTY,  
FLORIDA.

CASE NO.: 22-07807

23-151CF

CHARGE(s):

- I. Trafficking in Substituted Cathinones
- II. Unlawful Compensation
- III. Introduction of Contraband
- IV. Unlawful Use of a Two-way communication Device
- V. Interference with Prisoners.

WARRANT

IN THE NAME OF THE STATE OF FLORIDA TO ALL AND SINGULAR the sheriffs of this state and their duly appointed deputies and the Secretary of the Florida Department of Corrections or his duly authorized Inspectors, and the Executive Director of the Florida Department of Law Enforcement or his duly authorized Special Agents, and police officers acting within their jurisdiction.

WHEREAS, a Sworn Complaint, having been this day filed before me as Judge of the Circuit/County Court in and for Jackson County, wherein it is alleged that:

There is probable cause that **TARIK HOLLOMAN** has committed crimes in Jackson County, Florida, the offense(s) of

On or about May 24, 2022, F.S.S. 893.135 (1)(k) (1<sup>st</sup> DEG FEL) Trafficking in substituted cathinones (1) count

On or about April 2022, F.S.S. 838.016 (2<sup>nd</sup> DEG FEL) Unlawful Compensation (2) counts

On or about May 24, 2022, F.S.S. 944.47(1)(a)(4) (3<sup>rd</sup> DEG FEL) Introduction of Contraband (1) count

On or about April 2022, F.S.S. 934.215 (3<sup>rd</sup> DEG FEL) Unlawful use of a two-way communication devise (1) count

On about April 2022, F.S.S. 944.39 (2<sup>nd</sup> DEG MISD) Interference with prisoners (2) counts

THEREFORE, you are hereby commanded to arrest instanter the said **Tarik Holloman**.

WITNESS my hand and the official Seal of the Judge of the Circuit Court:

\_\_\_\_\_The defendant shall be admitted bail in the amount of \$\_\_\_\_\_.

No bail until first appearance, as provided by law.

SPECIAL CONDITIONS IN ADDITION TO MONETARY BAIL:

Given under my hand and seal on the \_\_\_\_\_ day of \_\_\_\_\_, 2023, Jackson County, Florida.

3/29/2023

*Waide Mercer*  
\_\_\_\_\_  
WAIDE MERCER  
3/29/2023 8:44:58 AM  
Jackson County Judge/  
Acting Circuit Judge

This warrant came to hand the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_, and I executed the same by arresting the within named defendant on the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_. On the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_, the within named defendant was taken before the Court to be dealt with according to law.

SHERIFF By: \_\_\_\_\_ Deputy Sheriff

# AFFIDAVIT - COMPLAINT

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 1. Agency Name:<br><b>Office of Inspector General - FDC</b> |  | 2. Agency Report Number:<br><b>22-07807</b> |  | 3. Charge Type:<br><input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Warranted felony <input type="checkbox"/> Municipal <input type="checkbox"/> County |  | 3a. Ordinance Type:<br>(If applicable)                      |  |
| 4. Date/Time of Offense:<br><b>March-April 2022</b>         |  | 5. Date/Time of Arrest:                     |  | 6. Arresting Officer:<br><b>Inspector Sammi Johnson</b>   |  | 7. Investigating Officer:<br><b>Inspector Sammi Johnson</b> |  |

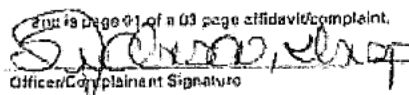
|   |                           |  |                                 |   |  |                         |  |
|---|---------------------------|--|---------------------------------|---|--|-------------------------|--|
| 8. Defendant's Name: (Last) <b>Holloman</b> (First) <b>Tarik</b> (Middle) _____ ALIAS _____ |                           |  | 9. OBTS: _____                  |   |  |                         |  |
| 10. Race/Sex:<br><b>B/M</b>   | 11. Date of Birth: _____  | 12. Residence Type:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Out of State |                                 | 13. Weapon Seized:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>TYPE & QUANTITY: |                         |  |
| 15. Height:<br><b>5'8</b>   | 16. Weight:<br><b>225</b> | 17. Eye Color:<br><b>Brown</b>   | 18. Hair Color:<br><b>Brown</b> | 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:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Out of State |                 | 30. Weapon Seized:<br><input type="checkbox"/> Yes <input type="checkbox"/> No      | 31. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input checked="" type="checkbox"/> Out of State |                 | 47. Weapon Seized:<br><input type="checkbox"/> Yes <input type="checkbox"/> No      | 48. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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)<br><b>Trafficking in substituted cathinones (40.98 grams)</b>              |  | 60. Statute or Ordinance Number:<br><b>893.135 (1)(k)(1<sup>st</sup> DEG FEL)</b>     |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |
| 61. Charge Description: (# 2)<br><b>Unlawful compensation or reward for official behavior (2 counts)</b> |  | 62. Statute or Ordinance Number:<br><b>838.016 (2<sup>nd</sup> DEG FEL)</b>           |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |
| 63. Charge Description: (# 3)<br><b>Introduction of Contraband into a State Correctional Facility</b>    |  | 64. Statute or Ordinance Number:<br><b>944.47 1(a)(4) (3<sup>rd</sup> DEG Felony)</b> |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> 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:<br>NOTIFIED BY: _____ DATE: _____ TIME: _____                                |  |  |                             | 76. Information Given:<br>Victim <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest Info <input type="checkbox"/> Domestic <input type="checkbox"/> Mol. Info <input type="checkbox"/> |                       |  |

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| 77. Physical Evidence collected in this case?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 78. Witness Statements taken in this case?<br><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<br><div style="text-align: center;"> <br/> Inspector Sammi Johnson<br/> Type or print Complainant name: _____ </div> |  |  |  |
| Evidence Custodian's Name: <b>Paul Hoff</b>  | Person responsible for statements: <b>Inspector Sammi Johnson</b>   |  |  |  |  |

## AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

|  |  |                          |  |
|--|--|--------------------------|--|
| 80. Agency Name:<br><b>Office of Inspector General - FDC</b> | 81. Agency Report<br>Number: <b>22-07807</b> | 82. Date/Time of Arrest: | 83. Investigating Officer:<br><b>Inspector Sammi Johnson</b> |
|--|--|--------------------------|--|

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 Inspector Sammi Johnson of the Office of the Inspector General ("OIG"), Florida Department of Corrections (FDC).

Your Affiant has probable cause to believe in or about April-May 2022, former Food Service worker Tarik Holloman (Mr. Holloman) in the County of Jackson and the State of Florida did commit the following: Two (2) counts of the criminal offense of Unlawful Compensation or Reward for Official Behavior in violation of Florida Statute 838.016, when Mr. Holloman did actually and intentionally receive two (2) separate electronic money transfers to personally benefit Mr. Holloman, for the nonperformance of his lawful duty as a Food Service worker, to wit: the overlooking, permitting, and/or enabling the violation of Florida criminal laws and Departmental disciplinary rules, specifically conspiring to introduce contraband; one (1) count of Unlawful use of a two-way communications device in violation of Florida Statute 934.215, when Mr. Holloman used an electronic device to receive money transfers from inmates and/or their associates. One (1) count of introduction of contraband in violation of Florida Statute 777.04/944.47 when Mr. Holloman did actually and intentionally introduce contraband (cigarettes and substituted cathinones) into the secure perimeter of Apalachee Correctional Institution; two (02) counts of the criminal offense of Interference with Prisoners, in violation of Florida Statute 944.39 when Mr. Holloman engaged in a business relationship with two (2) separate inmates under the supervision of the Florida Department of Corrections, and while doing so allowed the inmates to violate laws of the State of Florida and rules of the Department of Corrections; one (1) count of the criminal offense of Trafficking in Illegal Substance (substituted cathinones) in violation of Florida Statute 893.135(1)(k), when Mr. Holloman did actually have in his possession 40.98 grams of substituted cathinones with the intent to distribute.

Mr. Holloman began his career with the Florida Department of Corrections in or about November 2020, working at Apalachee Correctional Institution. During his tenure, Mr. Holloman served as a Food Service worker. Mr. Holloman received in-service training prior to her working in Food Service.

On or about May 25, 2022, the Florida Department of Corrections, Office of the Inspector General initiated a criminal investigation after Mr. Holloman was observed on May 24, 2022 on camera, introducing a white-powdery substance which was found during the search process when Correctional Officer Adam Murphy (Officer Murphy) conducted a pat search of Mr. Holloman. The white-powdery substance was found during that pat search by Officer Murphy which can be seen at 5:58pm on camera. The white-powdery substance field tested positive for cocaine.

The substance was analyzed by the FDLE crime lab on February 28, 2023, and showed a positive result for Dimethylpentylone (3,4-Methylenedioxy-alpha-(N,Ndimethylamino) valerophenone) substituted cathinones.

During the investigation, Inspector Johnson requested, obtained, and served a subpoena to Block Inc., the parent company of Cash App, requesting money transfer records related to Mr. Holloman. Block Inc. provided records related to Mr. Holloman's Cash App account.

Cash App records indicated during April 2022; Mr. Holloman received two (2) separate money transfers from two (2) different Cash App accounts totaling \$300.00. The users of the two (2) Cash App accounts from which Mr. Holloman received payment were identified as inmates and/or their associates of inmates housed at Apalachee Correctional Institution when the transfers were made and while Mr. Holloman was employed at Apalachee Correctional Institution.

Sworn testimony was obtained from Inmates Charles Douglass DC# E56562 (Inmate Douglas) and Inmate Dominick Gadson DC# R20719 (Inmate Gadson). Both inmates were responsible for a \$75.00 and \$225.00 money transfer to Mr. Holloman. Both Inmate Douglass and Inmate Gadson indicated the money they had their associates send to Mr. Holloman's Cash App was payment for cigarettes. Neither inmate directly made any exchanges or agreements with Mr. Holloman, but rather a third-party inmate.

A review was conducted of the ViaPath inmate telephone system and revealed on April 09, 2022; Inmate Douglas called his girlfriend, Ms. Laura Lowe, prior to a money transaction between Ms. Lowe and Mr. Holloman. Inmate Douglass provided Ms. Lowe with a phone number [REDACTED] and a CASH App ID #jamesan4085, which were listed in the subpoenaed Cash App records for Mr. Holloman's account.

Through your Affiant's experience in conducting similar investigations, inmates frequently purchase contraband items from other inmates at their assigned facility and pay for the contraband through Cash App payments. The inmate selling the contraband commonly provides the inmate purchasing the contraband with a Cash App account to have money sent. The inmate purchaser often never knows the identity of the person they are paying. Staff members who introduce contraband and receive payment for the contraband often communicate with only one inmate who works as a go-between with other inmates to protect the corrupt staff members identity to avoid detection by law enforcement.

ID# 32204

Based on the facts established in this Affidavit, your Affiant requests an arrest warrant be issued for Tarik Holloman, DOB [REDACTED] LKA [REDACTED] for two (2) counts of a violation of Florida Statute 838.016, the law relating to unlawful compensation or reward for official behavior (2nd DEG FEL); One (1) count of a violation of Florida Statute 934.215, the law relating to Unlawful Use of a two-way communications device (3rd DEG FEL); and two (2) counts of a violation of Florida Statute 944.39, the law relating to Interference with prisoners (2nd DEG MISD); one (1) count of violation of Florida Statute 893.135(1)(k), relating to Trafficking in substituted cathinones (1st DEG FEL); One (1) count of introduction of contraband in violation of Florida Statute 777.04/944.46 when Mr. Holloman did actually and intentionally introduce contraband (cigarettes and substituted cathinones) into the secure perimeter of Apalachee Correctional Institution

Adult Def  PC Arrest  
 Juvenile Def  Application for Warrant/Capias

PAGE 03 of 03

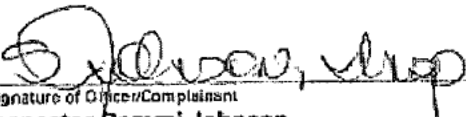
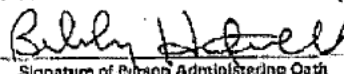
# AFFIDAVIT – COMPLAINT

Clerk's Case No

SA Case No.(s)

Agency ORI# FL037275C

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.

|  |  |   |  |
|--|--|---|--|
| 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 |  | Sworn to and subscribed before me this <u>24</u> day of <u>March</u> 20 <u>23</u>   |  |
|   |  |   |  |
| Signature of Officer/Complainant<br>Inspector <b>Sammi Johnson</b>   |  | Signature of Person Administering Oath<br><input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification <u>LEO</u> |  |
| Officer/Complainant's Name (Printed)   |  | ID Type   |  |
| ID Number  |  | Seal  |  |

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

ID#: 32204

Adult Def  PC Arrest  
 Juvenile Def  Application for Warrant/Capias

# AFFIDAVIT - COMPLAINT

Clerk's Case No. \_\_\_\_\_  
SA Case No.(s) \_\_\_\_\_

PAGE 01 of 03

Agency ORI # **FL037275C**

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| 1. Agency Name:<br><b>Office of Inspector General - FDC</b> |  | 2. Agency Report Number:<br><b>22-07807</b> |  | 3. Charge Type:<br><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:<br>(If applicable)                      |  |
| 4. Date/Time of Offense:<br><b>April 2022</b>               |  | 5. Date/Time of Arrest:                     |  | 6. Arresting Officer:  |  | 7. Investigating Officer:<br><b>Inspector Sammi Johnson</b> |  |

|   |                           |  |                                 |   |   |                         |  |
|---|---------------------------|--|---------------------------------|---|---|-------------------------|--|
| 8. Defendant's Name: (Last) <b>Holloman</b> (First) <b>Tarik</b> (Middle) _____ ALIAS _____ |                           |  | 9. OBTS:                        |   |   |                         |  |
| 10. Race/Sex:<br><b>B/M</b>   | 11. Date of Birth:        | 12. Residence Type:<br><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State |                                 | 13. Weapon Seized:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>TYPE & QUANTITY:<br><b>Substituted Cathinones<br/>40.99 grams</b> |                         |  |
| 15. Height:<br><b>5'8</b>   | 16. Weight:<br><b>225</b> | 17. Eye Color:<br><b>Brown</b>   | 18. Hair Color:<br><b>Brown</b> | 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:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State |                 | 30. Weapon Seized:<br><input type="checkbox"/> Yes <input type="checkbox"/> No      | 31. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State |                 | 47. Weapon Seized:<br><input type="checkbox"/> Yes <input type="checkbox"/> No      | 48. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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)<br><b>Unlawful use of a two-way communication device (1 count)</b> |  | 60. Statute or Ordinance Number:<br><b>934.215 (3<sup>rd</sup> DEG FEL)</b> |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |
| 61. Charge Description: (# 2)<br><b>Interference with prisoners (2 counts)</b>                   |  | 62. Statute or Ordinance Number:<br><b>944.39 (2<sup>nd</sup> DEG MISD)</b> |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |
| 63. Charge Description: (# 3)  |  | 64. Statute or Ordinance Number:  |  | <input type="checkbox"/> F.S.<br><input type="checkbox"/> Ord.            |  |

|   |  |  |                             |   |                       |  |
|---|--|--|-----------------------------|---|-----------------------|--|
| 65. Victim's Name: (If business, list legal business name) (Last) _____ (First) _____ (Middle) _____            |  |  | 66. Race/Sex                | 67. Date of Birth:  | 68. Telephone Number: |  |
| 68. 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:<br>NOTIFIED BY: _____ DATE: _____ TIME: _____                                |  |  |                             | 76. Information Given:<br>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?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 78. Witness Statements taken in this case?<br><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 on page 01 of a 03 page affidavit/complaint. |  |  |  |
| Evidence Custodian's Name: <b>Paul Hoff</b>  | Person responsible for statements: <b>Inspector Sammi Johnson</b>   | Officer/Complainant Signature: _____   |  | Inspector <b>Sammi Johnson</b><br>Type or print Complainant name |  |

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

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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

Sworn to and subscribed before me this 24 day of March, 2023

*Sammie Johnson*  
Signature of Officer/Complainant

**Inspector Sammi Johnson**  
Officer/Complainant's Name (Printed)

[Redacted] ID Number

*Robby Hartwell*  
Signature of Person Administering Oath

Personally Known  Other Identification ID Type

[Redacted] Seal

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

89. Adult's Name: (Last) (First) (Middle)

89. Address: (Street, Apartment Number) (City) (State) (Zip) 80. Residential Phone: 81. 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):