

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT - COMPLAINT

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

PAGE 01 of 2

Agency ORI # **FL037275C**

1. Agency Name: <b>Florida Department of Corrections</b>		2. Agency Report Number: <b>23-21414</b>		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)	
4. Date/Time of Offense: <b>11/4/2023 2:06 PM</b>		5. Date/Time of Arrest: <b>11/4/2023 4:41 PM</b>		6. Arresting Officer: <b>Detective Kevin Patterson</b>		7. Investigating Officer: <b>Detective Kevin Patterson</b>	

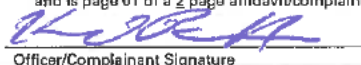
8. Defendant's Name: (Last) <b>Jeanty</b>			(First) <b>Yuvika</b>			(Middle) <b>Karen</b>			ALIAS			9. OBTS:			
10. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>05/21/2001</b>		12. Residence Type: <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State <input checked="" type="checkbox"/> City <input type="checkbox"/> County			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: <b>Balt Salts 64.6 grams</b>						
15. Height: <b>5'7"</b>		18. Weight: <b>170 lbs</b>		17. Eye Color: <b>BRW</b>		18. Hair Color: <b>BLK</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>Unknown</b>							
20. Driver's License Number/State: <b>J530971016810</b>				21. Social Security Number: [REDACTED]				22. Residential Telephone: <b>954-599-1538</b>				23. Business Telephone:			
24. Address: (Street, Apartment Number) <b>401 Kathy LN</b>				(City) <b>Margate</b>				(State) <b>FL</b>				(Zip) <b>33068</b>			

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"/> Out of State <input type="checkbox"/> City <input type="checkbox"/> County			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"/> Out of State <input type="checkbox"/> City <input type="checkbox"/> County			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) <b>Trafficking in Phenethylamines</b>				60. Statute or Ordinance Number: <b>893.135 (k)(1)</b>				<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.			
61. Charge Description: (# 1) <b>Possession of Drug Contraband</b>				62. Statute or Ordinance Number: <b>944.47(1)(a)(4)</b>				<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) <b>State of Florida</b>			(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"/> 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 Evidence Custodian's Name: <b>Nakenya Weatherspoon</b>		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: <b>Kevin Patterson</b>		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.  Officer/Complainant Signature				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. <b>Kevin Patterson</b> Type or print Complainant name	
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Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. \_\_\_\_\_

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

Agency ORI # **FL037275C**

80. Agency Name: <b>Florida Department of Corrections</b>	81. Agency Report Number: <b>23-21414</b>	82. Date/Time of Arrest: <b>11/4/2023 4:41 PM</b>	83. Investigating Officer: <b>Detective Kevin Patterson</b>
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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, Detective Kevin Patterson (Detective Patterson), is a sworn law enforcement officer of the Office of the Inspector General, Florida Department of Corrections (Department).**

**On November 4, 2023, at Martin Correctional Institution (Martin CI), Martin County, FL, Yuvika Karen Jeanty (Defendant) violated Florida Statute § 893.135 (k)(1), Trafficking in Phenethylamines and Florida Statute § 944.47(1)(a)(4), Possession of Drug Contraband, while on Department's property at Martin CI.**

**During a contraband introduction operation with the Department's Canine Interdiction Unit, a certified canine alerted to the presence of the odor of narcotics which emanated from a marron Toyota Camry, bearing FL license plate number 55DNLN. After the alert and a period of delay to identify the driver, the Defendant came to the parking lot.**


**Detective Gregory Elias (Detective Elias) approached the Defendant and secured written consent to search the vehicle in the institution's parking lot. Detective Patterson and Canine Introduction Unit personnel searched the vehicle. During the search, Detective Patterson discovered a purse in the truck of the vehicle. The Defendant claimed ownership of the purse. Upon searching the purse, Detective Patterson discovered an oval item wrapped in black electrical tape. A box of condoms, one of which was opened, was also located in the purse.**

**Upon examination of the oval item, it contained a white powdery substance and weighed (64.6) grams. Detective Patterson tested the substance with a presumptive narcotic field test. The test yielded a positive result for substituted cathinones (Bath Salts).**

**During a post-Miranda statement, the Defendant** [REDACTED]

**Your Affiant respectfully submits that probable cause has been established that the Defendant (Yuvika Karen Jeanty) did commit the criminal violations enumerated above.**

**Surveillance video, witness statements and investigative materials will be available for review. OIG personnel retained and secured the evidence items.**

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>4</u> day of <u>November</u> , 20 <u>23</u>
	Detective Gregory Elias ID# [REDACTED]
Signature of Officer/Complainant	Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification
Kevin Patterson	Law Enforcement Officer
Officer/Complainant's Name (Printed)	ID Type
[REDACTED]	Seal
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) Transferred to <input type="checkbox"/> Secure Detention Released to <input type="checkbox"/> HRS Intake Officer, not detained Processed within the agency and released <input type="checkbox"/> to other than HRS	Release Date: _____ Release Time: _____ Released to (Name): _____