

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: FDC/ Office of Inspector General		2. Agency Report Number: 18-03191		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony		3a. Ordinance Type: (If applicable) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 02/16/2018 6:35 a.m.		5. Date/Time of Arrest: 02/16/2018 8:30 a.m.		6. Arresting Officer: Inspector Kate Gustafson		7. Investigating Officer: Sr. Inspector Kate Gustafson	


8. Defendant's Name: (Last) Ealy			(First) Patrice			(Middle) Lafaye			ALIAS			9. OBTS:		
10. Race/Sex: B/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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: N/A					
15. Height: 5'06"		16. Weight: 159		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoos- wrist						
20. Driver's License Number/State: E400-672-88-795-0				21. Social Security Number: ***_*				22. Residential Telephone: [REDACTED]			23. Business Telephone: 850-983-4100			
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 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) Introduction of Contraband into a State Correctional Facility				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: 850-983-4100	
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) 5914 Jeff Ates Rd			(City) Milton			(State) FL			(Zip) 32583			74. Secondary Phone Number:		
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____								76. Information Given: 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:		Person responsible						Sr. Insp. Kate Gustafson	

Adult Def PC Arrest
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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

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

80. Agency Name: FDC/ Office of Inspector General	81. Agency Report Number: 18-03191	82. Date/Time of Arrest: 02/16/18 8:30 a.m.	83. Investigating Officer: Sr. Insp. Kate Gustafson
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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 is Senior Inspector Kate Gustafson of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on February 16, 2018, at approximately 6:30 a.m., Substance Abuse Counselor Patrice Ealy, did commit the criminal offense of Introduction of Contraband (To Wit: a cellular phone) into Blackwater River Correctional Facility, a State Correctional Institution, in violation of F.S.S. 944.47.

On February 16, 2018, in a post-Miranda interview, Patrice Ealy [REDACTED]

A cellular phone wrapped in black electrical tape and six (6) bundles of loose tobacco individually wrapped in black electrical tape, each weighing approximately three (3) ounces, were discovered concealed on the person of Patrice Ealy, inside her bra and underwear, by security staff during an enhanced search operation of all employees entering the facility. The cellular phone and loose tobacco were seized as evidence in this investigation.

Your Affiant respectfully submits that probable cause has been established to conclude Patrice Ealy did commit the criminal offense of Introduction of Contraband into a State Correctional Institution in violation of Florida Statute Chapter 944.47, at Blackwater River Correctional Facility, Milton, Santa Rosa County, Florida.

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 16 day of February 2018

Insp. Supervisor Marnie Radcliff
 Signature of Person Administering Oath
 Personally Known Other Identification #72345
 ID Type

[Signature]
 Signature of Officer/Complainant

Senior Inspector Kate Gustafson 85770
 Officer/Complainant's Name (Printed) ID Number

Seal

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) <input type="checkbox"/> Transferred to <input type="checkbox"/> Secure Detention <input type="checkbox"/> Released to <input type="checkbox"/> HRS Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released <input type="checkbox"/> to other than HRS Release Date: _____ Release Time: _____ Released to (Name): _____			