

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT

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

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

PAGE 01 of 2

ORI # FL037275C

1. Agency Name: <b>Florida Department of Corrections Office of the Inspector General</b>		2. Agency Report Number: <b>18-07597</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) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: <b>4/26/2018 - 1:05PM</b>		5. Date/Time of Arrest: <b>4/26/2018 4:06PM</b>		6. Arresting Officer: <b>Inspector S. Donaldson</b>		7. Investigating Officer: <b>Law Enforcement Inspector StevenDonaldson</b>	

8. Defendant's Name: (Last) <b>Denlinger</b>			(First) <b>Trisha</b>			(Middle) <b>Annette</b>			ALIAS <b>Trish</b>			9. OBTS:		
10. Race/Sex: <b>W/F</b>		11. Date of Birth: <b>6/02/1969</b>		12. Residence Type: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input 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:					
15. Height: <b>6'00"</b>		16. Weight: <b>185 lbs</b>		17. Eye Color: <b>Hazel</b>		18. Hair Color: <b>Red</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>Heart "Michael"</b>						
20. Driver's License Number/State: <b>T460813655890</b>			21. Social Security Number: [REDACTED]			22. Residential Telephone: <b>850-495-4000</b>			23. Business Telephone: <b>N/A</b>					
24. Address: (Street, Apartment Number) <b>U S Highway 301 TA Truck Stop</b>			(City) <b>Baldwin</b>			(State) <b>FL</b>			(Zip) <b>32234</b>					
<b>(lives in car)</b>														

25. Defendant's Name: (Last) <b>N/A</b>			(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) <b>N/A</b>			(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) <b>Introduction/possession of certain articles unlawful</b>				60. Statute or Ordinance Number: <b>944.47(1)(a)6(c)</b>				<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) <b>STATE OF FLORIDA FDOC</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) <b>N/A</b>			(First) <b>N/A</b>			(Middle) <b>N/A</b>			70. Race/Sex		71. Date of Birth:		72. Telephone Number:	
73. Address: (Street, Apartment Number) <b>7819 NW 228TH STREET</b>			(City) <b>Raiford</b>			(State) <b>FL</b>			(Zip) <b>32026</b>			74. Secondary Phone Number:		
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____								76. Information Given: <input type="checkbox"/> 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 Name: <b>InspectorSteven Donaldson</b>		Person responsible for statements: <b>Inspector Steven Donaldson</b>		Officer/Complainant Signature <b>InspectorStevenDonaldson</b> Type or print Complainant name	

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

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

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

ORI # FL037275C

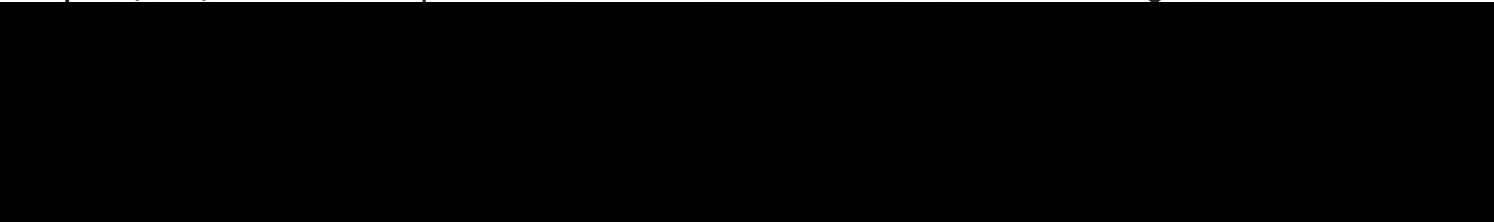
80. Agency Name: <b>Florida Department of Corrections Office of the Inspector General</b>	81. Agency Report Number: <b>18-07597</b>	82. Date/Time of Arrest: <b>4/26/2018 4:06PM</b>	83. Investigating Officer: <b>Law Enforcement Inspector StevenDonaldson</b>
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84. 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 is Law Enforcement Inspector Steven Donaldson of the Office of the Inspector General, Florida Department of Corrections.**

**Your Affiant has probable cause to believe that on April 26, 2018, at approximately 1:05 AM, Visitor Trisha Denlinger DOB 6/2/1969 scheduled a visit yesterday April 25, 2018, at the last minute to visit her husband Close Management Inmate Michael Delinger DC# K59794 at the Florida State Prison did commit the criminal offense of Introduction and possession of certain articles unlawfully on Department of Corrections State Property in the presence of an employee, in violation of 944.47 Florida State Statute. On April 26, 2018, the Florida State Prison correctional officers discovered a special small plastic handcuff key concealed inside a chicken sandwich that was sealed at the time of purchase by Visitor Trisha Denlinger and unsealed by her and placed inside a microwave to be heated by her. The sandwich was then given to a Correctional Officer Townes who searched the sandwich and discovered the handcuff key. The information was provided to the Inspector General's Office Inspector Donaldson about the handcuff key discovered inside the three prison fences and four gates Visitor Denlinger entered. Visitor Denlinger also passed through a metal detector and her personal items went through and X-Ray scanner.**

**On April 26, 2018, a sworn recorded post Miranda interview was conducted with Visitor Trisha Denlinger at the Florida State Prison.**



**Photographs of the special small plastic handcuff key were taken and the key was placed into evidence. Additional details are included in the criminal summary report.**

**Your Affiant respectfully submits that probable cause has been established that Visitor Trisha Denlinger did commit the criminal offense of Introduction and possession of certain articles unlawful in violation of F.S.S. 944.47 (1)(a)6(c).**

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 3 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 26 day of April 2018

*[Signature]*  
Signature of Person Administering Oath  
 Personally Known  Other Identification

*[Signature]* #72344  
Seal Police IG ID ID Type

*[Signature]*  
Signature of Officer/Complainant

*[Signature]* #72344  
Officer/Complainant's Name (Printed) ID Number

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): \_\_\_\_\_