

☒ 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: Florida Department of Corrections		2. Agency Report Number: 18-06998		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"/> <input type="checkbox"/>	
4. Date/Time of Offense: 01/2018 - 02/2018		5. Date/Time of Arrest: July 9, 2018 @ 11:45 a.m.		6. Arresting Officer: Inspector Jerry Basford		7. Investigating Officer: Inspector Jerry Basford	

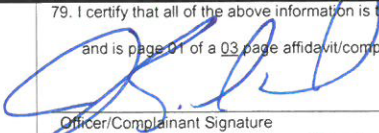
8. Defendant's Name: (Last) Gordon		(First) Deidra		(Middle) Shante		9. OBTS:	
10. Race/Sex: B/F		11. Date of Birth:		12. Residence Type:		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: n/a							
15. Height: 5-08		16. Weight: 192		17. Eye Color: Brown		18. Hair Color: Black	
19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoo - Multiple							
20. Driver's License Number/State: 8578012 / AL		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)		26. OBTS:	
27. Race/Sex:		28. Date of Birth:		29. Residence Type: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State		30. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" 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)		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) Unlawful Compensation (14 counts)		60. Statute or Ordinance Number: 838.016 (1)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Introduction of Contraband (Food)		62. Statute or Ordinance Number: 944.47 (1) (a) (2)		<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) State of Florida		(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) Inspector Jerry Basford		(First)		(Middle)		70. Race/Sex		71. Date of Birth:		72. Telephone Number: 850-569-5260	
73. Address: (Street, Apartment Number) 5563 10th Street		(City) Malone		(State) Florida		(Zip) 32445		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 03 page affidavit/complaint.	
Evidence Custodian's Name: _____		Person responsible for statements: Jerry Basford		Officer/Complainant Signature 	
				Inspector Jerry Basford 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) _____

Agency ORI # **FL037275C**

80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 18-06998	82. Date/Time of Arrest: July 9, 2018 @ 11:45 a.m.	83. Investigating Officer: Inspector Jerry Basford
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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 Inspector Jerry Basford of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe between January 2018 and February 2018, Food Service Staff Deidra Gordon (Ms. Gordon) in the County of Jackson and the State of Florida, did commit the criminal offense of Unlawful Compensation or Reward for Official Behavior (14 COUNTS), in violation of s. 838.016 (1) Fla. Stat., when Ms. Gordon did actually and intentionally accept electronic money transfers as payment for introducing food items into the secure perimeter of Jackson Correctional Institution. In addition, Ms. Gordon did commit the criminal offense of Introduction of Contraband (Food), in violation of s. 944.47 (1) (a) (2) when Ms. Gordon unlawfully introduced food items into Jackson Correctional Institution with intent to deliver said items to Inmate Wilness Pierre.

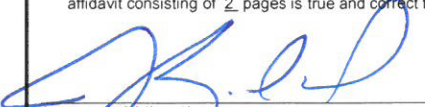
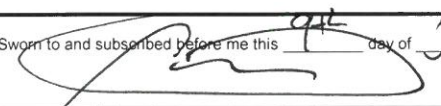
Between January and February 2018, Ms. Gordon received (14) electronic money transfers of varying amounts. Of the (14) transfers, four were through RIA Financial (Walmart to Walmart), one was through MoneyGram, and nine were through Western Union. The sum of the fourteen money transfers is \$2362.00.

On July 9, 2018, Ms. Gordon provided post-Miranda sworn testimony

Aside from Ms. Gordon's testimony and money transfer records, call detail records supplied by Verizon Wireless indicate telephone contact between Ms. Gordon and Inmate Pierre's family.

Based on the evidence and testimony in this case, Ms. Gordon was receiving financial compensation from inmates' family and associates on behalf of Inmate Pierre, for Ms. Gordon to introduce food items into Jackson Correctional Institution and to provide those items to Inmate Pierre.

Your Affiant respectfully submits probable cause has been established that Food Service Staff DEIDRA GORDON in the County of Jackson and the State of Florida, did commit the criminal offense of Unlawful Compensation or Reward for Official Behavior (14 COUNTS), in violation of s. 838.016 (1) Fla. Stat., when Ms. Gordon did actually and intentionally accept electronic money transfers as payment for introducing food items into the secure perimeter of Jackson Correctional Institution. In addition, Ms. Gordon did commit the criminal offense of Introduction of Contraband (Food), in violation of s. 944.47 (1) (a) (2) when Ms. Gordon unlawfully introduced food items into Jackson Correctional Institution with intent to deliver said items to Inmate Wilness Pierre.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his/her knowledge		Sworn to and subscribed before me this <u>9th</u> day of <u>July</u> , 20 <u>18</u>	
			
Signature of Officer/Complainant		Signature of Person Administering Oath	
<input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification		<input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification	
Officer/Complainant's Name (Printed) Jerry G. Basford		ID Type 84004	

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) Release Date: _____ Release Time: _____ Released to (Name): _____		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	