

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

Clerk's Case No. _____
SA Case No.(s) _____

PAGE 01 of 02

Agency ORI # **FL037275C**

1. Agency Name: FL Dept of Corrections - Office of Inspector General		2. Agency Report Number:		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: 01/28/2019 11:30am		5. Date/Time of Arrest: 01/28/2019 12pm		6. Arresting Officer: Inspector Ilsa Hayes		7. Investigating Officer: Inspector Ilsa Hayes	

8. Defendant's Name: (Last) Balcom			(First) Cierra			(Middle) Louise			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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: Marijuana / Suspected K2 - 37 grams							
15. Height: 5'03"		16. Weight: 180		17. Eye Color: Brown		18. Hair Color: Brown		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoo on right forearm, wrist, left foot							
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: <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 intro/onto State Prison to wit cannabis					60. Statute or Ordinance Number: 944.47(1)(a)(4)					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 1) Possession of Synthetic Marijuana					62. Statute or Ordinance Number: 893.13					<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) Hayes			(First) Ilsa			(Middle)			70. Race/Sex			71. Date of Birth:			72. Telephone Number: 850-593-9643		
73. Address: (Street, Apartment Number) 35 Apalachee Drive			(City) Sneads			(State) Florida			(Zip) 32460			74. Secondary Phone Number:					
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____									76. Information Given: Victim <input type="checkbox"/> Arrest Info Domestic <input type="checkbox"/> App. Info <input type="checkbox"/> Rights Card <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 02 page affidavit/complaint.					
Evidence Custodian's Name: Insp Brian Stagner		Person responsible for statements: Insp Ilsa Hayes		 _____ Officer/Complainant Signature			Inspector Ilsa Hayes Type or print Complainant name		

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: Florida Department of Corrections Office of the Inspector General	81. Agency Report Number:	82. Date/Time of Arrest: 01/28/19 12pm	83. Investigating Officer: Inspector Ilsa Hayes
--------------------------------------------------------------------------------------------------	---------------------------	--------------------------------------------------	-----------------------------------------------------------

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 Ilsa Hayes of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on January 28, 2019, Officer Cierra Louise Balcom did commit the criminal offense of Introduction of Contraband into/onto a State Correctional Institution, in violation of §944.47(1)(a)(4), Florida Statute; Possession of Synthetic Marijuana in violation of §893.13. The vehicle was parked in Apalachee Correctional Institution, East Unit parking lot on the grounds of Apalachee Correctional Institution located in Sneads, in Jackson County, Florida. Following a reported incident with an inmate on the institutional compound, Officer Balcom was found to be possibly involved with the introduction contraband. Officer Balcom was asked by Inspector Stagner for permission to search her car and Officer Balcom consented and a search of the 2011 Gold in color Toyota Camry, vehicle tag # JRN94 commenced.

During the search a pink pouch was found in the center console, the pouch contained (1) black taped bundle identified as two cellular telephones, (1) black taped bundle identified as one cellular telephone and (1) black taped bundle containing a green leafy substance identified as synthetic cannabis. The package, once opened proved to be a green leafy substance which field tested negative for THC, using a NIK test kit. The substance was weighed and documented at 37 grams.

During a post-Miranda statement Officer Balcom stated she received the items from an unknown person and was told they were cellular phones and K-2 spice. Officer Balcom further stated it was her plan to return the items to the person she got them from, but did not know who they were.

Your Affiant respectfully submits that probable cause has been established that Officer Balcom did commit the criminal violation of Introduction of Contraband into/onto a State Correctional Institution, in violation of §944.47 (1)(a)(4), and Florida Statute and Possession of Synthetic Marijuana in violation of §893.13, Florida Statute, at Apalachee Correctional Institution, 35 Apalachee Drive, Sneads, Florida 32460, and in Jackson County.

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 28 day of Jan, 2019

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

Ilsa Hayes
Signature of Officer/Complainant

9165
Officer/Complainant's Name (Printed) ID Number

Seal ID Type

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): _____	