

☒ 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: 19-04876		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: 5/30/19		5. Date/Time of Arrest: 5/31/19 @ 8:05 a.m.		6. Arresting Officer: LEO Inspector Tracy Burge		7. Investigating Officer: LEO Inspector Tracy Burge	

8. Defendant's Name: (Last) Levins			(First) Larry			(Middle) Joe			ALIAS			9. OBTS:					
10. Race/Sex: W/M		11. Date of Birth:		12. Residence Type: <input checked="" type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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: 5'5"		16. Weight: 191		17. Eye Color: BLU		18. Hair Color: Gray		19. Scars, marks, tattoos, unique physical features: (Location, type & description)									
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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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 (X5)		60. Statute or Ordinance Number: 838.016		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Introduction of Contraband into/onto State Prison		62. Statute or Ordinance Number: 944.47		<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) LEO Inspector Tracy Burge			(First)			(Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number: (850) 639-7408	
73. Address: (Street, Apartment Number) 500 Ike Steele Rd			(City) Wewahitchka			(State) FL			(Zip) 32465			74. Secondary Phone Number: (850) 294-0104		
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 02 page affidavit/complaint.	
Evidence Custodian's Name: LEO Insp. Tracy Burge		Person responsible for statements: LEO Insp. Tracy Burge		Officer/Complainant Signature LEO Insp. Tracy Burge Type or print Complainant name	

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

ORIGINAL

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 Inspector General	81. Agency Report Number: 19-04876	82. Date/Time of Arrest: 5/31/19 @ 8:05 a.m.	83. Investigating Officer: LEO Inspector Tracy Burge
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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 Tracy Burge with the Office of Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on June 17, 2018, August 17, 2018, August 24, 2018, September 1, 2018, and September 16, 2018, Mr. Larry Joe Levins, Electronics Technician at Gulf Correctional Institution, did commit the criminal offenses of Unlawful compensation, in violation of s. 838.016, Fla.Stat., and introduction of contraband into a correctional facility in violation of s. 944.47, Fla. Stat., when he received money from known family members of inmates for the past, present, or future performance of his duties and introduced the contraband items to inmates at Gulf Correctional Institution.

On March 26, 2019, information was received by your Affiant, via Securus Inmate Telephone System, which indicated money was to be sent to Mr. Levins through Walmart-2-Walmart (Ria Financial).

On April 4, 2019, your Affiant obtained a subpoena duces tecum for all money transfers involving Mr. Levins covering the time period of January 1, 2018, through April 3, 2019. Upon receipt of the information it was noted Mr. Levins received \$700.00 on June 17, 2018, \$800.00 on August 17, 2018, \$320.00 on August 24, 2018, \$600.00 on September 1, 2018, and \$1000.00 on September 16, 2018. The records reflected, Mr. Levins drivers liscence number, and date of birth confirming his identity when he picked up the transferred money.

During further investigation it was noted all of the financial transactions were from family members of inmates who had been housed at Gulf Correctional Institution. Recorded inmate telephone calls and inmate correspondence confirmed various inmates had requested money be sent to Mr. Levins using Walmart-2-Walmart confirmation numbers.

On May 31, 2019, your Affiant obtained a Post Miranda Statement from Mr. Levins [REDACTED]

Your Affiant respectfully submits that probable cause has been established that Mr. Levins did commit the criminal violation of Unlawful Compensation in violation of s. 838.016, Fla Stat., and Introduction of Contraband when he knowingly and intentionally accepted financial compensation, from inmate families, for the past, present, or future performance, of his duties and introduced the contraband items into Gulf Correctional Institution, 500 Ike Steele Road, Wewahitchka, Florida 32465.

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

Sworn to and subscribed before me this 31ST day of May, 2019

LEO Inspector Tracy Burge
Signature of Officer/Complainant
LEO Inspector Tracy Burge 21439
Officer/Complainant's Name (Printed) ID Number

Louis A. Cordua C.L.E.O.
Signature of Person Administering Oath
☒ Personally Known ☐ Other Identification
ID# 4432
ID Type

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) 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					

ORIGINAL