

☒ 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: <b>FL Dept of Corrections - Office of Inspector General</b>		2. Agency Report Number:	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>07/03/2019 8:47am</b>	5. Date/Time of Arrest: <b>07/03/2019 10:00a</b>	6. Arresting Officer: <b>Inspector Ilsa Hayes</b>		7. Investigating Officer: <b>Inspector Ilsa Hayes</b>

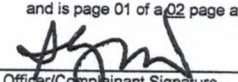
8. Defendant's Name: (Last) <b>Young</b>		(First) <b>Shironda</b>	(Middle) <b>Michelle</b>	ALIAS	9. OBTS:
10. Race/Sex: <b>B/F</b>	11. Date of Birth:	12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> 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: <b>Forty (40) Cigarrellos</b>
15. Height: <b>5'8"</b>	16. Weight: <b>280</b>	17. Eye Color: <b>Brown</b>	18. Hair Color: <b>Brown</b>	19. Scars, marks, tattoos, unique physical features: (Location, type & description) <b>Various Tattoos</b>	
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) <b>Introduction of Contraband intro/onto State Prison to wit cannabis</b>	60. Statute or Ordinance Number: <b>944.47(1)(a)(4)</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</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>Hayes</b>		(First) <b>Ilsa</b>	(Middle)	70. Race/Sex	71. Date of Birth:	72. Telephone Number: <b>850-593-9643</b>
73. Address: (Street, Apartment Number) (City) (State) (Zip) <b>35 Apalachee Drive Sneads Florida 32460</b>		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 02 page affidavit/complaint.  Inspector Ilsa Hayes	
Evidence Custodian's Name: <b>Insp Brian Stagner</b>		Person responsible for statements: <b>Insp Ilsa Hayes</b>	



☒ Adult Def ☒ PC Arrest  
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Warrant/Capias

## AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

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

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

Agency ORI # **FL037275C**

80. Agency Name: <b>Florida Department of Corrections Office of the Inspector General</b>	81. Agency Report Number:	82. Date/Time of Arrest: <b>07/032019 10:00a</b>	83. Investigating Officer: <b>Inspector Ilsa Hayes</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 Inspector Ilsa Hayes of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe on July 3, 2019, Officer Shironda Young 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;

On July 3, 2019, during a pat search at approximately 8:40 a.m. prior to entry into a secure facility, Officer Young was asked if she had any contraband items and she did not answer. Upon being searched two tubes wrapped in clear plastic were recovered from the breast area of Officer Young. Officer Young admitted to bringing in the items stating she was not aware of what they were, but could be cigarettes.

Officer Young consented to a mirandized interview and stated

During the interview Officer Young consented to a search of her vehicle, a white Ford, Escape 2019 tag number GA [REDACTED]. The vehicle was parked at Apalachee Correctional Institution, in Jackson County, Florida. During the search three (3) notes/letters from possible inmates were identified and retained due to the content of the messages and a white bag with two (2) Posh cellular telephone parts were discovered. The units were not whole and partly disassembled, all items were confiscated. Also confiscated was a box addressed to Linda Starks 702 West Crawford Street, Quincy, Florida 32351.

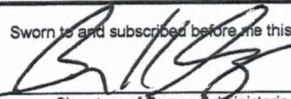
Your Affiant respectfully submits that probable cause has been established that Officer Young did commit the criminal violation of Introduction of Contraband into/onto a State Correctional Institution, in violation of Florida Statute §944.47 (1)(a)(4), at Apalachee Correctional Institution, 35 Apalachee 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 3 day of July, 2019

  
Signature of Officer/Complainant  
**Ilsa Hayes**  
Officer/Complainant's Name (Printed)

**9165**  
ID Number

  
Signature of Person Administering Oath  
☒ Personally Known ☐ Other Identification

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