

**PROBABLE CAUSE AFFIDAVIT**

OBTS #	2401020370	1. Arrest Affidavit 2. Notice to Appear	3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral	1	Juvenile
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ORI #	FL037275C	Office of Inspector General - FDC	Report #	19-12059
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Location of Offense <b>Hamilton Correctional Institution</b>	Date of Offense 07/16/2019	Date of Arrest 07/16/2019
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Name: **Matthew Tyler Jenkins**

Race	W - White B - Black	I - Indian American O - Oriental Asian	Race	W	Sex	M	DOB or Age	[REDACTED]	Height	5'10"	Weight	260	Eye Color	BLU	Hair Color	BRO	Complexion	MED	Build	HVY
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Address (Street, Apt. Number)	(City)	(State)	Phone ( ) -
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<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other	Name of Parent or Custodian (Last, First, Middle)	Residence Phone ( ) -
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Address (Street, Apt. Number)	(City)	(State)	Business Phone ( ) -
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Notified By: (Name)	Date	Time	Juvenile Disposition 1. Handled / Processed within Dept and Released	2. Turned over to DOH/C&F 3. Incarcerated (County Jail)
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Released to: (Name)	Relationship	Date	Time
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Activity:	S. Sell N. N/A P. Posses	R. Buy T. Traffic	K. Dispense / Distribute	M. Manufacture / Produce / Cultivate	Z. Other	Type: N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium / Deriv	P. Paraphernalia Equipment S. Synthetic	U. Unknown Z. Other
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Charge Description <b>Unlawful Compensation</b>	Counts <b>1</b>	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	State Violation Number: <b>838.016</b>	Violation of Section (ORD)
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Activity N	Drug Type N	Amount / Unit	State Attorney Number	Court Number
<input type="checkbox"/> PC # <input type="checkbox"/> Capias <input type="checkbox"/> AC <input type="checkbox"/> BW <input type="checkbox"/> PW <input type="checkbox"/> Juv. PU <input type="checkbox"/> Citation			Date Issued	Writt. Att. #
<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest				

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<input type="checkbox"/> Domestic Viol Inj. <input type="checkbox"/> Order of Arrest				

The Undersigned Certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following Violation of the law: On the 16th day of July 2019 at 7:30  AM.  PM (Specially include facts constituting cause for arrest)

On July 16, 2019, your Affiant was notified of an Introduction of Contraband and Unlawful Compensation allegation, and began a criminal investigation.

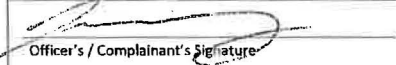

On or about July 16, 2019, Matthew Tyler Jenkins (hereinafter referred to as "Officer Jenkins"), a sworn Correctional Officer with the Florida Department of Corrections (FDC) assigned to Hamilton Correctional Institution (Hamilton CI) introduced contraband into Hamilton CI.

A telephone number belonging to Officer Jenkins was discovered during the search of an inmate. Officer Jenkins was brought in by the administration at Hamilton CI where he admitted to getting paid by inmates to bring in tobacco. Officer Jenkins surrendered the \$50 bill to staff. The information was turned over to inspectors of the Office of the Inspector General.

On July 16, 2019, during a post-Miranda interview, Officer Jenkins admitted [REDACTED]

Your Affiant respectfully submits probable cause has been established indicating Officer Matthew Jenkins did commit the violation of one count of Unlawful Compensation in violation of Florida Statute 838.016, in Hamilton County, Hamilton Correctional Institution on or about July 16, 2019.

All supporting documents referred to in this affidavit will be available for judicial review and will be further explained in your affiant's report of investigation.

PC. Exists for Charge(s)		Judge's Signature	Date			
<input type="checkbox"/> Miranda	Hold for Agency Name :	Verified By:	Date:	Bond Charge #	Bond Charge #	Bond Charge #
Warning Adults Only Hold for First Appearance <input type="checkbox"/> Do not Bond Out Reason:			Bond Type 1. ROR 2. Cash	3. Surety 4. Bail /	5. Cert 6. Other	Type
I swear/Afirm the above and attached statements are true and correct			Sworn to And subscribed before me, the undersigned authority this <u>16</u> day of <u>July</u> 20 <u>19</u>		Returnable Court Date	Returnable Court Time <input type="checkbox"/> AM <input type="checkbox"/> PM
 Officer's / Complainant's Signature			Name/Title of Person Authorized to Administer Oath		Release Date	Release Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Jared Dewey      5546 / SIU Name (Printed)      ID# / Dist						Releasing Officer
						Page 2 of 2