## Adult Def PC Arrest □ Juvenile Def □ Application for

## AFFIDAVIT – COMPLAINT

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

Warrant/Capias PAGE 01 of 2 Agency ORI # FL037275C 1. Agency Name: 2. Agency Report Number: 3. Charge Type 3a. Ordinance Type: ☑ Felony ☐ Misdemeanor ☐ Misdemeanor **FDC-Office of Inspector General** (If applicable) 19-13279 ☐ Municipal ☐ County w/associated felony 4. Date/Time of Offense: 5. Date/Time of Arrest: 6. Arresting Officer: 7. Investigating Officer: 8/1/2019 2:48 p.m. 8/1/19 5:53 p.m. Senior Inspector Janine Knight Senior Inspector Janine Knight 8. Defendant's Name: (Last) (First) (Middle) ALIAS 9. OBTS: King Jargwez Carnell Jarquez King 10. Race/Sex: 11. Date of Birth 12. Residence Type: 13. Weapon Seized 14. Controlled Substance Seized: 

✓ Yes 

✓ No ☐ Florida B/M TYPE & QUANTITY: Approx. 12 grams ☐ City ☐ County Out of State ☐ Yes ☒ No. methamphetamine 15. Height: 16. Weight: 17. Eye Color: 18. Hair Color: 19. Scars, marks, tattoos, unique physical features: (Location, type & description) 5-08 230 Brown Black 20. Driver's License Number/State: 21. Social Security Number: 22. Residential Telephone: 23. Business Telephone: 24. Address: (Street, Apartment Number) (City) 25. Defendant's Name: (Last) (First) (Middle) 26. OBTS: 27. Race/Sex: 28. Date of Birth: 29. Residence Type: 30. Weapon Seized 31. Controlled Substance Seized: Yes □ No ☐ Florida TYPE & QUANTITY: Out of State ☐ County ☐ Yes ☐ City ☐ No 32. Height: 33. Weight: 34. Eve 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) 43. OBTS: 44. Race/Sex: 45. Date of Birth: 46. Residence Type: 47. Weapon Seized 48. Controlled Substance Seized: Yes ☐ No ☐ Florida ☐ Out of State TYPE & QUANTITY: ☐ County ☐ City ☐ Yes ☐ No 49. Height: 50. Weight: 51. Eve 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) (Zip) 59. Charge Description: (# 1) 60. Statute or Ordinance Number: X F.S. Introduction of contraband to State Correctional Institution- to wit 944.47 (1) (a) (4) Controlled substance Ord. 61. Charge Description: (# 1) 62. Statute or Ordinance Number: ☑ F.S. Possession with Intent to Distribute to wit: methamphetamines 893.13 (1)(a)1. Ord. 63. Charge Description: (# 1) 64. Statute or Ordinance Number: F.S. Ord. 65. Victim's Name: (If business, list legal business name) (Last) (Middle) 66. Race/Sex 67. Date of Birth: 68. Telephone Number: State of Florida 69. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Middle) 70. Race/Sex 71. Date of Birth: 72. Telephone Number: 73. Address: (Street, Apartment Number) (State) (Zip) 74. Secondary Phone Number: 75. Victim Notification of Arrest: 76. Information Given: ☐ Arrest Info Victim Domestic NOTIFIED BY: ☐ Rights Card ☐ Viol. Info DATE App. Info TIME:

Custodian's responsible for statements: Janine Knight Name: Darla Henderson PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

78. Witness Statements taken in this case?

☐ No

X Yes

Person

77. Physical Evidence collected in this case?

☐ No

Yes

Evidence

Janine Knight Type or print Complainant name

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 2 page affidavit/complaint.

Officer Complainant Signature

■ Adult Def ■ PC Arrest □ Juvenile Def □ Application for Warrant/Capias

In his sworn nest Miranda Statement Officer King

## AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

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

80. Agency Name:  FDC- Office of Inspector General  81. Agency Report Number: 19-13279  82. Date/Time of Arrest: 83. Investigating Office S41/19 - 5:53 p.m.  83. Investigating Office Janine Knigh	

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 Senior Inspector Janine Knight of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe Correctional Officer Jarqwez Carnell King, did commit the criminal offense of Introduction of Contraband into a state institution, to wit controlled substance in violation of F.S. 944.47(1)(a)(4) by concealing methamphetamines on his person and entering Holmes Correctional Institution located in Holmes County, FL on August 1, 2019. Further, Officer King obtained and brought the methamphetamines with intent to distribute it to an inmate housed at Holmes Correctional Institution in violation of F.S. 893.13 (1)(a)1.

Fixed wing video was reviewed and showed the following facts and information: On August 1, 2019, at approximately 2:48 p.m., Officer King entered the secured perimeter of Holmes Cl into search area. Officer King was asked by Officer Brittany Henderson if he had any contraband, weapons, or narcotics on his person. Officer King indicated he did not. Officer King walked through the metal detector with no alerts and went towards the Visitation Park area. At approximately 2:54:37, a small black package fell from Officer King's left pants leg area. Officer King exited the visitation park. At approximately 3:03 p.m. Officer William Davis entered the visitation park, saw the package, obtained a glove, and picked up the package and removed it from the area. At 3:22 p.m. Officer King returned to the visitation park, looked around the area, and patted himself down.

Senior Inspector Knight was summoned and observed the package was wrapped consistent with common introduction methods. The package was wrapped with black tape on the outside. There was clear plastic material inside the black tape which contained a crystal substance. Senior Inspector Knight weighted he substance which weighted approximately 12 grams and field tested the substance which yielded a positive result for the presence of methamphetamines.

In a sworn statement, Officer William Davis indicated he walked into the visitation park at the completion of his shift and saw a package wrapped in black tape on the floor. Officer Davis obtained a glove, retrieved the package, and took the package to Captain Jeffery Pope. Officer Davis was present when the package was opened and saw a crystal substance. Officer Davis saw the weight of the substance was approximately 12 grams. Officer Davis witnessed the results of the presumptive field test, which yielded a positive result for the presence of methamphetamines.

Officer King denied he knew what we inmate. Officer King was afforded the opportunity	as inside of the pa	nckage and denied he was comp backage recovered by Officer Da	pensated for bringing the package in for ovis and	the
Your Affiant respectfully submits that probable violation of introduction of contraband into a st bringing in a package containing methampheta the methamphetamines with intent to distribute	ate correctional institution in the correction at the correction a	stitution to wit controlled substar Cl located in Holmes County, FL	nces, in violation of F.S. 944.47(1)(a)(4) . Further, Officer King obtained and brou	, by Jaht
85. The undersigned, being duly sworn, states that the foregoing is affidavit consisting of 2 pages is true and correct to the best of Signature of Officer/Complainant		Swom to and subscribed before me Signature of Person Administe Personally Known Other Idea	ahay tring Oath	
Janine Knight, Senior Inspector	39040			
Officer/Complainant's Name (Printed)	ID Number			
87. Adult's Relation to Juvenile Defendant:		38. Adult's Name: (Last)	(First) (Middle)	

87. Adult's Relation to Juvenile Defendant:		88. Adult's Nam	ne: (Last)	(First)	(Middle)
☐ Parent ☐ Legal Guardian ☐ Other					
89. Address: (Street, Apartment Number)	(City)	(State)	(Zip)	90. Residential Phone:	91. Business Phone
92. Notified By: (Name)				93. Date/Time:	94. Notification Method:
i					
					Person Telephone
95. Law Enforcement Disposition of Juvenile Contact:	Transferred to	Released t	0	Processed within the	agency and released
(Check one and complete release data)	☐ Secure Detention	☐ HRS Intake	Officer, not det		
Release Date: Release Time:	Released to (Name):		2		