

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: 20-08049		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: 04/29/2020 7:02pm		5. Date/Time of Arrest: 04/29/2020 7:55pm		6. Arresting Officer: Inspector Ilsa Hayes		7. Investigating Officer: Inspector Ilsa Hayes	

8. Defendant's Name: (Last) Weston			(First) Qeyosha			(Middle) Cajon			ALIAS			9. OBTS:		
10. Race/Sex: B/F		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input checked="" 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: 47 grams marijuana, 27 grams white rock substance, 25 grams white powdery substance					
15. Height: 5'10"		16. Weight: 250lbs		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description) Tattoo on right wrist and forearm						
20. Driver's License Number/State: [REDACTED]			21. Social Security Number: [REDACTED]			22. Residential Telephone: [REDACTED]			23. Business Telephone:					
24. Address: (Street, Apartment Number) [REDACTED]			(City) [REDACTED]			(State) [REDACTED]			(Zip) [REDACTED]					

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 into/onto State Prison/ Cellular Telephone					60. Statute or Ordinance Number: 944.47					<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) 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"/> 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.					
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PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

- 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: 20-08049	82. Date/Time of Arrest: 04/29/2020 7:55pm	83. Investigating Officer: Inspector Ilsa Hayes
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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 April 29, 2020, at approximately 7:02 pm (EST), Correctional Officer Qeyosha Weston [Officer Weston] did commit the criminal offense of Introduction of Contraband into/onto a State Correctional Institution, in violation of Introduction of Contraband into/onto State Prison §944.47. On April 29, 2020, Officer Weston did attempt to enter the secure perimeter and defeat the search protocol by concealing these items on her person, beneath her clothing while attempting to gain entry into Apalachee Correctional Institution located in Sneads, Jackson County, Florida.


In a sworn statement, Officer Amber Everett stated at approximately 7:02 pm, Officer Weston entered the entrance sally port area of Apalachee Correctional Institution and consented to a search of her person prior to entry onto the secure compound. Officer Weston could not satisfactorily clear the metal detector and Officer Everett did conduct a wand search with a hand-held metal detector, still with unsatisfactory results. Officer Weston was asked if she would consent to a pat search and she agreed. Upon pat searching Officer Weston, Officer Everett observed a black bundle in the brassier area of Officer Weston. Officer Weston did attempt to push the bundle back down into her bra to avoid detection. Officer Everett asked Officer Weston to remove any contraband off her person. At that time, Officer Weston produced two (2) cellular telephones wrapped in black electrical tape, five (5) black bundles, one (1) white bundle, and eight (8) bundles of what appeared to be cigarettos (tobacco). Officer Weston was advised to have a seat on the bench in the sally port area and the Shift Supervisor was notified.

Officer Weston refused to waive her constitutional rights or provide a statement concerning the items she had concealed on her person.

Items recovered were two (2) flip cellphones, approximately (47) grams of suspected Marijuana as tested with REAGENT Nik Field Test, approximately (27) grams of white rock substance, "yet" to be identified and approximately (25) grams of a white powdery substance "yet" to be identified. The white rock substance and white powdery substance will be packaged and forwarded to the Florida Department of Law Enforcement laboratory for analysis and identification.

Your Affiant respectfully submits that probable cause has been established to conclude that Correctional Officer Qeyosha Weston did commit the criminal violation of Introduction of Contraband into/onto a State Correctional Institution, in violation of §944.47, at Apalachee Correctional Institution, 35 Apalachee Drive, Sneads, Florida 32460, Jackson County on April 29, 2020.

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

Signature of Officer/Complainant: 
 Officer/Complainant's Name (Printed): Ilsa Hayes
 ID Number: 9165

Sworn to and subscribed before me this 29 day of April, 2020


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