

PROBABLE CAUSE AFFIDAVIT

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|--|--|---|---|--|---|-----------------------------------|---|---|---|--|
| OBTS # | | 1. Arrest Affidavit 2. Notice to Appear 3. Complaint Affidavit 4. Request for Capias 5. Teen Court Referral | 1 | Juvenile | N | | | | | |
| ORI # | FL037275C | Florida Department of Corrections – Office of Inspector General | Report # | 20-14920 | | | | | | |
| Location of Offense Suwannee Correctional Institution 5964 US Highway 90 Live Oak, Florida 32060 | | | Date of Offense August 25, 2020 | Date of Arrest 08/25/2020 | | | | | | |
| Name: April Sessions | | | Alias | | | | | | | |
| Race W – White B – Black | I – Indian American O – Oriental Asian | B | Sex F | DOB or Age [REDACTED] | Height 5'4" | Weight 160 | Eye Color Brown | Hair Color black | Complexion Brown | Build Med |
| Address (Street, Apt, Number) [REDACTED] | | | (City) [REDACTED] | (State) [REDACTED] | Phone [REDACTED] | | | | | |
| <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 () - | | | | |
| Address (Street, Apt, Number) | | | (City) | (State) | Business Phone () - | | | | | |
| 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 | | | | | |
| Released to: (Name) | | | Relationship | | Date | Time | | | | |
| Activity: N. N/A P. Posses | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | 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 |
| Charge Description Sexual Misconduct | | | Counts 2 | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord | State Violation Number: 944.35(3)(b)2 | | | Violation of Section (ORD) | | |
| Activity N | Drug Type N | Amount / Unit | | State Attorney Number | | Court Number | | | | |
| <input checked="" type="checkbox"/> PC # | <input checked="" 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 |
| Charge Description | | | Counts | <input type="checkbox"/> F.S. <input type="checkbox"/> Ord | State Violation Number: | | | Violation of Section (ORD) | | |
| Activity N | Drug Type N | Amount / Unit | | State Attorney Number | | Court Number | | | | |
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| <input checked="" 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 |

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 25 day of August at 11:35 AM. PM (Specially include facts constituting cause for arrest)



Your Affiant is Inspector Heather Whitfield with the Office of Inspector General for the Florida Department of Corrections, and the defendant is April Sessions (*Sessions*) a current employee with the Florida Department of Corrections (*FDC*) and assigned to Suwannee Correctional Institution Main Unit Food Service. Your affiant has investigated a Sexual Misconduct involving Sessions and FDC Inmate [REDACTED] DC# [REDACTED] who is currently incarcerated with the Florida Department of Corrections (*FDC*).

[REDACTED] was working in the food service unit on today's date (8/25/2020) in the dry food storage area. Sessions was also working in the dry storage area on 8/25/2020. A camera view in the dry storage area captured [REDACTED] was moving dry goods into a corner area off camera at around 8:09 am. Minutes later Sessions can be seen coming into the dry storage then proceed to the same corner off camera. [REDACTED] looks cautiously around, then shuts both doors to the dry storage area. [REDACTED] proceeds back to the corner off camera where Sessions was. For 12 minutes, [REDACTED] and Sessions were both in the corner off camera. [REDACTED] emerges back in camera view appearing sweaty and checking the doors. Sessions appears in camera view adjusting her clothing. An officer in the food service area comes to the dry storage area looking for Sessions. [REDACTED] and Sessions quickly start performing work when the officer enters the area as not to seem suspicious.

During a post Miranda interview, Sessions admitted

Your Affiant respectfully submits probable cause has been established indicating current state employee April Sessions did commit the violations of Accessory after the Fact in violation of Sexual Misconduct § 944.35 (3)(b)2 in Suwannee County.

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 Warning | Hold for Agency Name : | Verified By: | Date: | Bond Charge # | Bond Charge # | Bond Charge # | | |
| Adults Only Hold for First Appearance | | | Bond Type | 3. Surety | 5. Cert | Type | Type | Type |
| <input type="checkbox"/> Do not Bond Out Reason: | | | 1. ROR | 4. Bail / Bond | 6. Other | | | |
| I swear/Affirm the above and attached statements are true and correct | | Sworn to And subscribed before me, the undersigned on this day of 25 th 2020 | Returnable Court Date | | Returnable Court Time | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
|  | | Name/Title of Person Authorized to Administer Oath | Release Date | | Release Time | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Officer's / Complainant's Signature Heather Whitfield #115156/D4 | | Senior Inspector  | Releasing Officer | | | | | Page 2 of 2 |
| Name (Printed) | | ID# / Dist | | | | | | |