

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT - COMPLAINT

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

PAGE 01 of 3

Agency ORI # **FL037275C**

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. Agency Name: Florida Department of Corrections | | 2. Agency Report Number: 19-11336 | | 3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony | | 3a. Ordinance Type: (If applicable) <input type="checkbox"/> Municipal <input type="checkbox"/> County | |
| 4. Date/Time of Offense: 4/20/2019-06/30/2019 | | 5. Date/Time of Arrest: | | 6. Arresting Officer: | | 7. Investigating Officer: Senior Inspector Janine Knight | |

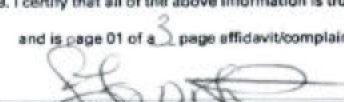
| | | | | | | | | | | | |
|--|--|---------------------------|-----------------------------|---|--|--|--|--|-------------------------|--|--|
| 8. Defendant's Name: (Last) Cooper Jr. | | (First) Charles | | (Middle) Owen | | ALIAS "Coop", Charles Cooper II | | 9. OBTS: | | | |
| 10. Race/Sex: W/M | | 11. Date of Birth: | | 12. Residence Type: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Out of State | | 13. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 14. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY: n/a | | | |
| 15. Height: 5'8" | | 16. Weight: unk | | 17. Eye Color: Brown | | 18. Hair Color: Brown | | 19. Scars, marks, tattoos, unique physical features: (Location, type & description) | | | |
| 20. Driver's License Number/State: | | | 21. Social Security Number: | | | 22. Residential Telephone: | | | 23. Business Telephone: | | |
| 24. Address: (Street, Apartment Number) | | | (City) | | | (State) | | | (Zip) | | |

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|---|--|--------------------|-----------------------------|---|--|--|--|---|-------------------------|--|--|
| 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 checked="" type="checkbox"/> County <input type="checkbox"/> Out of State | | 30. Weapon Seized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 31. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: n/a | | | |
| 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) | | |

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|---|--|--------------------|-----------------------------|--|--|---|--|---|-------------------------|--|--|
| 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"/> 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) | | |

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|---|--|---|--|---|--|
| 59. Charge Description: (# 1) Unlawful Compensation (of public servant for official behavior) | | 60. Statute or Ordinance Number: 838.016(1) | | <input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord. | |
| 61. Charge Description: (# 1) Unlawful Use of a two way communication device | | 62. Statute or Ordinance Number: 934.215 | | <input checked="" 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. | |

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|---|--|--|-----------------------------|--|--|--|-----------------------|--|
| 65. Victim's Name: (If business, list legal business name) (Last) (First) (Middle) State of Florida | | | 66. Race/Sex: | | 67. Date of Birth: | | 68. Telephone Number: | |
| 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) (City) (State) (Zip) | | | 74. Secondary Phone Number: | | | | | |
| 75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____ | | | | | 76. Information Given: <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info | | | |

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|--|--|---|--|---|--|
| 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 3 page affidavit/complaint. | |
| Evidence Custodian's | | Person responsible | |  S.I.J. Knight | |

dormitory carrying the wastebasket like the one Inmate Gotch had exited the officer's station carrying earlier. Inmate Rivera took the wastebasket into the officer's station where he was again alone with Officer Cooper for about 18 minutes prior to exiting towards H1-dormitory.

Inmate Rivera gave sworn testimony revealing on June 30, 2019, Officer Cooper brought Inmate Rivera a steak and shrimp dinner for his birthday, which was given to Inmate Rivera inside the officer's station, hidden in a waste basket, taken into a cell, and shared with Inmate Gotch. Inmate Rivera stated Officer Cooper gave him other contraband food items on at least three other occasions.

Florida Department of Corrections internally maintained records documented Officer Cooper provided telephone number [REDACTED] as his personal contact telephone number.

At all times relevant to this affidavit, Officer Cooper was employed as a Correctional Officer at Holmes Correctional Institution and had access to and/or supervised the inmates named herein.

Your Affiant respectfully submits that probable cause is established that Correctional Officer Charles O Cooper Jr., did, in Holmes County, Florida, commit the criminal offenses of Unlawful Compensation, in violation of s. 838.016 (1), Fla. Stat. Your Affiant respectfully requests that an arrest warrant be issued for CHARLES O. COOPER JR., W/M, DOB: [REDACTED] for five (5) counts of a violation of s. 838.016, Fla. Stat. the laws relating to unlawful compensation.

Probable cause is established that Correctional Officer Charles O. Cooper Jr. did, in Holmes County, Florida, commit the criminal offense of Unlawful Use of a two-way communication device in violation of ss. 934.15, Fla. Stat. Your Affiant respectfully requests that an arrest warrant be issued for CHARLES O COOPER JR., W/M, DOB: [REDACTED] for one (1) count of a violation of ss. 934.15 Fla. Stat., the laws relating to Unlawful Use of Two-way communication devices.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 3 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 21st day of April, 2021

[Signature]
Signature of Person Administering Oath
 Personally Known Other Identification

[Signature]
Signature of Officer/Complainant
39010
Officer/Complainant's Name (Printed) Senior Inspector J. Knight
ID Number 3083

Seal
Notary Public State of Florida
LaDonia Cade
My Commission GG 918555
Expires 10/30/2023

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

WARRANT FOR ARREST

**IN THE CIRCUIT COURT OF THE 14th JUDICIAL CIRCUIT IN
AND FOR HOLMES COUNTY, FLORIDA**

State of Florida

Vs.

Charles Owen Cooper Jr.

W/M, DOB: [REDACTED]

SS# [REDACTED]

FLDL# [REDACTED]

[REDACTED]

IN THE NAME OF THE STATE OF FLORIDA, TO ALL AND THE SINGULAR
SHERIFFS OF THIS STATE AND TO ALL LAW ENFORCEMENT OFFICERS OF SAID
STATE:

There is probable cause CHARLES O. COOPER JR. has committed crimes in
HOLMES county, Florida; the offenses of Unlawful compensation of a public servant
contrary to s. 838.016 (1), Florida Statutes, and Unlawful use of a two way communication
device contrary to s.934.215, Florida Statutes, and against the peace and dignity of the
State of Florida,

THESE ARE, THEREFORE, to command you to arrest the said **CHARLES OWEN
COOPER JR.** and bring him before me to be dealt with according to law.

Given under my hand and seal this ____ day of _____, 2021.

CIRCU

4/30/2021 1:31:13 PM


BAIL ENDORSEMENT

The defendant herein described and named shall have bail set in the
amount of: \$ _____

This warrant came to hand the _____
Day of _____, A.D., _____
and I executed the same by arresting and taking
the within-named Defendant before the Court on
the _____ day of _____
A.D., _____, to be dealt with according to law.

SHERIFF

By _____
Deputy Sheriff

Arrest: _____ \$ _____
Return: _____ \$ _____
Mileage: _____ Miles _____ \$ _____
Conveyance: _____ \$ _____
Commitment: _____ \$ _____
Release: _____ \$ _____
Approving Bond: _____ \$ _____
TOTAL: _____ \$ _____

In the Circuit Court of the
14th Judicial Circuit in and
for
Holmes County, Florida

STATE OF FLORIDA

Vs.

Charles Owen Cooper Jr.

WARRANT

Unlawful Compensation of a
Public Servant & Unlawful Use
of a two-way communication
device.