

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT – COMPLAINT

Clerk's Case No. \_\_\_\_\_

SA Case No.(s) \_\_\_\_\_

PAGE 01 of 04

Agency ORI # **FL037275C**

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 1. Agency Name:<br><b>Inspector General's Office - FDC</b> |  | 2. Agency Report Number:<br><b>22-11297</b>         |  | 3. Charge Type:<br><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:<br>(If applicable)                            |  |
| 4. Date/Time of Offense:<br><b>07-25-2022 / 06:00</b>      |  | 5. Date/Time of Arrest:<br><b>07-25-2022 / 8:45</b> |  | 6. Arresting Officer:<br><b>Kate Devine, Senior Inspector</b>  |  | 7. Investigating Officer:<br><b>Kate Devine, Senior Inspector</b> |  |

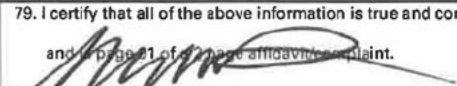
|  |  |                           |                        |  |  |                               |  |   |       |   |  |                         |  |  |         |  |  |       |  |  |
|--|--|---------------------------|------------------------|--|--|-------------------------------|--|---|-------|---|--|-------------------------|--|--|---------|--|--|-------|--|--|
| 8. Defendant's Name: (Last)<br><b>Gray</b> |  |                           | (First)<br><b>Neil</b> |  |  | (Middle)<br><b>NMN</b>        |  |   | ALIAS |   |  | 9. OBTS:                |  |  |         |  |  |       |  |  |
| 10. Race/Sex:<br><b>W/M</b>                |  | 11. Date of Birth:        |                        | 12. Residence Type:<br><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |                               |  | 13. Weapon Seized<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          |       | 14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>TYPE & QUANTITY: <b>11 grams Amphetamines<br/>57 grams of Cannabinoid</b> |  |                         |  |  |         |  |  |       |  |  |
| 15. Height:<br><b>6'-00"</b>               |  | 16. Weight:<br><b>325</b> |                        | 17. Eye Color:<br><b>Blu</b>   |  | 18. Hair Color:<br><b>Bro</b> |  | 19. Scars, marks, tattoos, unique physical features: (Location, type & description)<br><b>N/A</b> |       |   |  |                         |  |  |         |  |  |       |  |  |
| 20. Driver's License Number/State:         |  |                           |                        | 21. Social Security Number:  |  |                               |  | 22. Residential Telephone:  |       |   |  | 23. Business Telephone: |  |  |         |  |  |       |  |  |
| 24. Address: (Street, Apartment Number)    |  |                           |                        |  |  |                               |  |   |       |   |  | (City)                  |  |  | (State) |  |  | (Zip) |  |  |

|   |  |                    |         |   |  |                 |  |   |       |   |  |                         |  |  |         |  |  |       |  |  |
|---|--|--------------------|---------|---|--|-----------------|--|---|-------|---|--|-------------------------|--|--|---------|--|--|-------|--|--|
| 25. Defendant's Name: (Last)            |  |                    | (First) |   |  | (Middle)        |  |   | ALIAS |   |  | 26. OBTS:               |  |  |         |  |  |       |  |  |
| 27. Race/Sex:                           |  | 28. Date of Birth: |         | 29. Residence Type:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |                 |  | 30. Weapon Seized<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |       | 31. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |                 |  | 47. Weapon Seized<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |       | 48. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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)<br><b>Introduction of Contraband into a State Correctional Institution</b> |  |  |  |  | 60. Statute or Ordinance Number:<br><b>944.47 (1)(a)(4)</b> |  |  |  |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |  |  |  |
| 61. Charge Description: (# 1)<br><b>Possession of a Controlled Substance (2 counts)</b>                  |  |  |  |  | 62. Statute or Ordinance Number:<br><b>893.13 (1)(a)(1)</b> |  |  |  |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |  |  |  |
| 63. Charge Description: (# 1)<br><b>Unlawful Use of a 2-way Communication Device</b>                     |  |  |  |  | 64. Statute or Ordinance Number:<br><b>934.215</b>          |  |  |  |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |  |  |  |

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|--|--|--|---------|--|--|----------|--|--|--------------|--|--------------------|--------|-----------------------|--|---------|--|--|-------|--|--|-----------------------------|--|--|
| 65. Victim's Name: (If business, list legal business name) (Last)                |  |  | (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)     |  |  | (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:<br>NOTIFIED BY: _____ DATE: _____ TIME: _____ |  |  |         |  |  |          |  |  |              | 76. Information Given:<br>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 <input type="checkbox"/> |                    |        |                       |  |         |  |  |       |  |  |                             |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|
| 77. Physical Evidence collected in this case?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Evidence Custodian's Name: <b>William Hopkins</b> |  |  | 78. Witness Statements taken in this case?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Person responsible for statements: <b>Kate Devine</b> |  |  | 79. I certify that all of the above information is true and correct to the best of my knowledge<br>and page 01 of 02 page affidavits/complaint.<br><br>Officer/Complainant Signature |  |  |  |  |  | Kate Devine<br>Type or print Complainant name |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|---|--|--|

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:<br><b>Inspector General's Office - FDC</b> |  | 2. Agency Report Number:<br><b>22-11297</b>         |  | 3. Charge Type:<br><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:<br>(If applicable)<br><input type="checkbox"/> Municipal <input type="checkbox"/> County |  |
| 4. Date/Time of Offense:<br><b>07-25-2022 / 06:00</b>      |  | 5. Date/Time of Arrest:<br><b>07-25-2022 / 8:45</b> |  | 6. Arresting Officer:<br><b>Kate Devine, Senior Inspector</b>  |  | 7. Investigating Officer:<br><b>Kate Devine, Senior Inspector</b>  |  |

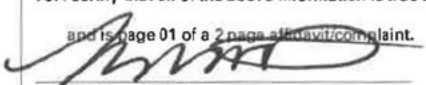
|   |  |                                  |                        |  |  |                               |  |   |   |  |  |                         |  |  |                       |  |  |                     |  |  |
|---|--|----------------------------------|------------------------|--|--|-------------------------------|--|---|---|--|--|-------------------------|--|--|-----------------------|--|--|---------------------|--|--|
| 8. Defendant's Name: (Last)<br><b>Gray</b>            |  |                                  | (First)<br><b>Neil</b> |  |  | (Middle)<br><b>NMN</b>        |  |   | ALIAS   |  |  | 9. OBTS:                |  |  |                       |  |  |                     |  |  |
| 10. Race/Sex:<br><b>W/M</b>                           |  | 11. Date of Birth:<br>[REDACTED] |                        | 12. Residence Type:<br><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |                               | 13. Weapon Seized<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | 14. Controlled Substance Seized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>TYPE & QUANTITY: <b>11 grams Amphetamines<br/>57 grams of Cannabinoid</b> |  |  |                         |  |  |                       |  |  |                     |  |  |
| 15. Height:<br><b>6'-00"</b>                          |  | 16. Weight:<br><b>325</b>        |                        | 17. Eye Color:<br><b>Blu</b>   |  | 18. Hair Color:<br><b>Bro</b> |  | 19. Scars, marks, tattoos, unique physical features: (Location, type & description)<br><b>N/A</b> |   |  |  |                         |  |  |                       |  |  |                     |  |  |
| 20. Driver's License Number/State:<br>[REDACTED]      |  |                                  |                        | 21. Social Security Number:<br>[REDACTED]  |  |                               |  | 22. Residential Telephone:<br>[REDACTED]  |   |  |  | 23. Business Telephone: |  |  |                       |  |  |                     |  |  |
| 24. Address: (Street, Apartment Number)<br>[REDACTED] |  |                                  |                        |  |  |                               |  |   |   |  |  | (City)<br>[REDACTED]    |  |  | (State)<br>[REDACTED] |  |  | (Zip)<br>[REDACTED] |  |  |

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|---|--|--------------------|---------|---|--|-----------------|---|---|---|--|--|-------------------------|--|--|---------|--|--|-------|--|--|
| 25. Defendant's Name: (Last)            |  |                    | (First) |   |  | (Middle)        |   |   | ALIAS   |  |  | 26. OBTS:               |  |  |         |  |  |       |  |  |
| 27. Race/Sex:                           |  | 28. Date of Birth: |         | 29. Residence Type:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |                 | 30. Weapon Seized<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | 31. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>TYPE & QUANTITY: |  |  |                         |  |  |         |  |  |       |  |  |
| 32. Height:                             |  | 33. Weight:        |         | 34. Eye Color:  |  | 35. Hair Color: |   | 36. Scars, marks, tattoos, unique physical features: (Location, type & description) |   |  |  |                         |  |  |         |  |  |       |  |  |
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| 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:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Florida <input type="checkbox"/> Out of State |  |                 | 47. Weapon Seized<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | 48. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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)<br><b>Trafficking in Cocaine</b> |  |  |  |  | 60. Statute or Ordinance Number:<br><b>893.135(1)(b)(1)(a)</b> |  |  |  |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |  |  |  |
| 61. Charge Description: (# 1)                                  |  |  |  |  | 62. Statute or Ordinance Number:                               |  |  |  |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |  |  |  |
| 63. Charge Description: (# 1)                                  |  |  |  |  | 64. Statute or Ordinance Number:                               |  |  |  |  | <input checked="" type="checkbox"/> F.S.<br><input type="checkbox"/> Ord. |  |  |  |  |

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|--|--|--|---------|--|--|----------|--|--|--|--|--------------------|--------|-----------------------|--|---------|--|--|-------|--|--|-----------------------------|--|--|
| 65. Victim's Name: (If business, list legal business name) (Last)                |  |  | (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)     |  |  | (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:<br>NOTIFIED BY: _____ DATE: _____ TIME: _____ |  |  |         |  |  |          |  |  | 76. Information Given:<br><input type="checkbox"/> 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 |  |                    |        |                       |  |         |  |  |       |  |  |                             |  |  |

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|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|
| 77. Physical Evidence collected in this case?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Evidence Custodian's Name: <b>William Hopkins</b> |  |  | 78. Witness Statements taken in this case?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Person responsible for statements: <b>Kate Devine</b> |  |  | 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.<br><br>Officer/Complainant Signature |  |  |  |  |  |  |  |  | Kate Devine<br>Type or print Complainant name |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|

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:<br><b>Office of Inspector General - FDC</b> | 81. Agency Report Number:<br><b>22-11297</b> | 82. Date/Time of Arrest:<br><b>7-25-2022 / 08:45</b> | 83. Investigating Officer:<br><b>Kate Devine, Senior Inspector</b> |
|--|--|--|--|

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 Law Enforcement Inspector Kate Devine, of the Office of the Inspector General, Florida Department of Corrections.**

**Your Affiant has probable cause to believe on July 25, 2022, Neil Gray, a Academic Teacher with the Florida Department of Corrections, employed at Holmes Correctional Institution, did commit the criminal offenses of Introduction of Contraband onto State Correctional Institution in violation of F.S.S. 944.47 (1)(a)(4), Possession of a Controlled Substance (11 grams of Amphetamines-Schedule II) in violation of F.S.S. 893.13 (1)(a)(1), Possession of a Controlled Substance (122 grams of Synthetic Cannabis- Schedule I) in violation of F.S.S. 893.13 (1)(a)(1), Unlawful Use of a Two-Way Communication Device in violation of F.S.S. 934.215 and Trafficking in Cocaine (163 grams of Cocaine) in violation of F.S.S. 893.135 (1)(b)(1)(a).**

A review of the fixed wing video confirmed on July 25, 2022, Neil Gray, was going through the security process after entering the secured area of Holmes Correctional Institution. Prior to Neil Gray, entering the metal detector, the floor was empty and upon Neil Gray entering the metal detector, a plastic bag was observed falling out of back of his shirt onto the ground.

The plastic bag was collected by Correctional Officer Ernest Andrews and Colonel Patrick White was notified. Your Affiant collected and processed the plastic bag and found 1 red balloon containing 3 grams of amphetamines, 1 blue balloon containing 8 grams of amphetamines, 1 blue balloon which contained 23 grams of synthetic marijuana, and 1 blue balloon which contained 34 grams of synthetic marijuana.

During a vehicle inventory of Neil Gray's vehicle, prior to the vehicle being towed, two additional plastic bags were located inside the center console of Neil Gray's vehicle. Your Affiant collected the plastic bags, processing the bags, the first plastic bag contained 100 brown cigarettes. The second plastic bag contained 2 red balloons with a total of 65 grams of synthetic cannabinoid and four black bundles of tape, which contained a total of 163 grams of cocaine.

The items located falling from Neil Gray's shirt and the items located in Neil Gray's vehicle, were packaged in a manner which would be pertinent for concealment and distribution.

On July 25, 2022, in a post-Miranda recorded interview, Neil Gray [REDACTED]

The narcotics seized will be submitted to the Florida Department of Law Enforcement for laboratory analysis.

Your Affiant respectfully submits probable cause had been established to conclude Neil Gray, an Academic Teacher with the Florida Department of Corrections, did commit, on the grounds of Holmes Correctional Institution, in Holmes County, Bonifay, Florida, the criminal offenses of Introduction of Contraband onto State Correctional Institution in violation of F.S.S. 944.47(1)(a)(4), Possession of a Controlled Substance (11grams of Amphetamines-Schedule II) in violation of F.S.S. 893.13 (1)(a)(1), Possession of a Controlled Substance (57 grams of Synthetic Cannabis- Schedule 1) in violation of F.S.S. 893.13 (1)(a)(1), Unlawful Use of a Two-Way Communication Device in violation of F.S.S. 934.215, and Trafficking in Cocaine (163 grams of Cocaine) in violation of F.S.S. 893.135 (1)(b)(1)(a).

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.

|   |  |
|---|--|
| 85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge | Sworn to and subscribed before me this <u>25</u> day of <u>July</u> , 20 <u>22</u>                 |
| Signature of Officer/Complainant<br>  | Signature of Person Administering Oath<br>   |
| <b>Kate Devine, Senior Inspector</b>  | <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification |
| <b>83990</b>  | ID Type  |
| Officer/Complainant's Name (Printed)  | Seal<br><b>Inspector J. Winterburn</b>   |

|   |                          |                    |          |
|---|--------------------------|--------------------|----------|
| 87. Adult's Relation to Juvenile Defendant:<br><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 |          |

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|   |  |  |
|---|--|--|
| 92. Notified By: (Name)   | 93. Date/Time:   | 94. Notification Method:<br><input type="checkbox"/> Person <input type="checkbox"/> Telephone |
| 95. Law Enforcement Disposition of Juvenile Contact:<br>(Check one and complete release data) |  |  |
| Transferred to<br><input type="checkbox"/> Secure Detention                                   | Released to<br><input type="checkbox"/> HRS Intake Officer, not detained | Processed within the agency and released<br><input type="checkbox"/> to other than HRS         |
| Release Date: _____ Release Time: _____ Released to (Name): _____                             |  |  |