

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

# AFFIDAVIT - COMPLAINT

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

PAGE 01 of 2

Agency ORI # **FL037275C**

1. Agency Name: <b>OFFICE OF INSPECTOR GENERAL-FDC</b>		2. Agency Report Number: <b>21-11174</b>		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)	
4. Date/Time of Offense: <b>06/13/2021</b>		5. Date/Time of Arrest: <b>06/13/2021 0950</b>		6. Arresting Officer: <b>SENIOR INSPECTOR TAMMY COX</b>		7. Investigating Officer: <b>SENIOR INSPECTOR TAMMY COX</b>	

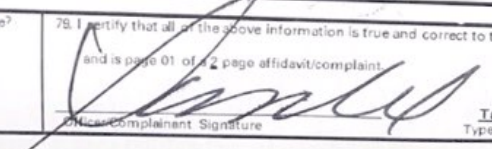
8. Defendant's Name: (Last) <b>JOHNS</b>			(First) <b>JESSICA</b>			(Middle) <b>PAIGE</b>			AUAS			9. OBTS:								
10. Race/Sex: <b>W/F</b>		11. Date of Birth: <b>06/03/1992</b>		12. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Florida <input 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: <b>3/ .8 GRAMS B/W</b>											
15. Height: <b>5'3</b>		16. Weight: <b>105</b>		17. Eye Color: <b>BRO</b>		18. Hair Color: <b>BRO</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description)												
20. Driver's License Number/State: <b>049742822 GA</b>				21. Social Security Number:				22. Residential Telephone:				23. Business Telephone:								
24. Address: (Street, Apartment Number) <b>23 DAVIS RD</b>												(City) <b>HOMERVILLE</b>			(State) <b>GA</b>			(Zip) <b>31634</b>		

25. Defendant's Name: (Last)			(First)			(Middle)			AUAS			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)			AUAS			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) <b>POSSESSION OF A CONTROLLED SUBSTANCE</b>					60. Statute or Ordinance Number: <b>893.13</b>					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 1) <b>INTRODUCTION OF CONTRABAND (NARCOTICS)</b>					62. Statute or Ordinance Number: <b>944.47 (4)</b>					<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) (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: NOTIRED BY: _____ DATE: _____ TIME: _____						76. Information Given: <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								

77. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		78. Witness Statements taken in this case? <input type="checkbox"/> Yes <input checked="" 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 2 page affidavit/complaint.			
Evidence Custodian's Name:		Person responsible for statements: <b>S</b>		Complainant Signature 		Type or print Complainant name <b>Tammy Cox</b>	

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: <b>OFFICE OF INSPECTOR GENERAL FDC</b>	81. Agency Report Number: <b>21-11174</b>	82. Date/Time of Arrest: <b>0950</b>	83. Investigating Officer: <b>SENIOR INSPECTOR TAMMY COX</b>
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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:

**Narrative: Your Affiant is Senior Inspector Tammy Cox with the Office of Inspector General for the Florida Department of Corrections (FDC).**

On July 25, 2021, Your Affiant was conducting a narcotics K9 operation with FDC Bureau of Intelligence, Canine Unit, Captain Michael Roberts and Captain Richard Shuler's at Hamilton Correctional Institution (HWC). At approximately 0940 hours, Capt. Shuler's certified Canine, Jimmy alerted to the presence of narcotics in a 2018 grey, Toyota 4-Runner bearing GA plate RYU4187. Upon witnessing the canine alert, the Defendant was instructed to pull over. Upon contact, your Affiant requested consent to search said vehicle. During the search, Capt. Shuler located a small backpack purse in the rear of the vehicle (trunk). Located inside the backpack purse was a small, round, wooden container. Inside the container was a small baggie (corner of a Ziplock baggie) containing what appeared to be three small "Ecstasy" pills.

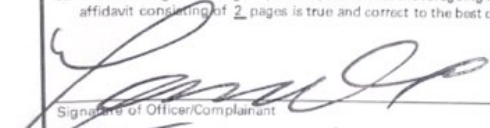
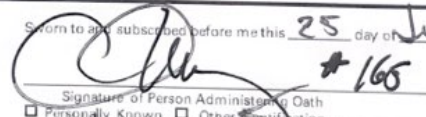
The Defendant stated the "pills" were "smarts Halloween candy" that she had taken from her nephew last weekend. Your Affiant advised the pills packaging was consistent with that used for narcotics. Your Affiant advised the Defendant the "Ecstasy" pills tested positive utilizing a Methamphetamine/MDMA kit.

The Defendant was advised she was under arrest for possession of a controlled substance. Jasper Police Department was requested to provide transport. The Defendant was advised of her Miranda Warnings. Post Miranda, the Defendant stated she was unaware that the pills were Ecstasy. The Defendant further advised she seized the container and contents therein from her nephew and did not look at it. Upon JPD arrival, the Defendant was transported to Hamilton County Jail to be booked

The (3) three Ecstasy pills weighed .08 grams packaged weight. The narcotics were packaged and placed into evidence.

Your Affiant respectfully submits that probable cause has been established and that the Defendant, Jessica Johns, did in the County of Hamilton, and the State of Florida, commit the criminal offense of Possession of a Controlled Substance, in violation of F.S.S. 893.13. and Introduction of Contraband into a State Correctional Institution, in violation of F.S.S. 944.47 (4).

All supporting evidence 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 <u>2</u> pages is true and correct to the best of his/her knowledge  Signature of Officer/Complainant <b>SI Tammy Cox</b> Officer/Complainant's Name (Printed)	Sworn to and subscribed before me this <u>25</u> day of <u>July</u> , 20 <u>21</u>  Signature of Person Administering Oath <input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification Seal <b>Chris McEachy</b> ID Type _____
114809 ID Number	

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: _____