

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: 21-12585		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Unassociated 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: June 10, 2021 - August 17, 2021		5. Date/Time of Arrest:		6. Arresting Officer:		7. Investigating Officer: Senior Inspector William "Eddie" Dalton	
8. Defendant's Name: (Last) Roberts		(First) Stephery		(Middle) A		ALIAS N/A	
10. Race/Sex: W/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	
15. Height: 6'00"		16. Weight: N/A		17. Eye Color: N/A		18. Hair Color: N/A	
19. Scars, marks, tattoos, unique physical features: (Location, type & description) Unknown							
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	
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	
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. Height:		49. Weight:		50. Eye Color:		51. Hair Color:	
52. 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 (Communication) (1 count)		60. Statute or Ordinance Number: 944.47 (1)(a)(1)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1) Unlawful Use of Two-way communication device (1 count)		62. Statute or Ordinance Number: 934.215		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1) Interference with Prisoners (1 count)		64. Statute or Ordinance Number: 944.39		<input checked="" 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: 850-888-8102	
73. Address: (Street, Apartment Number)		(City)		(State)		(Zip)		74. Secondary Phone Number:			
501 S. Calhoun Street		Tallahassee		Florida		32399					
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 <input type="checkbox"/>					

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 Name: Patul Hoff		Person responsible for statements: Senior Insp William Dalton						Senior Inspector William Dalton			
				Officer/Complainant Signature				Type or print Complainant name			

Adult Def PC Arrest
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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Clerk's Case No. _____
SA Case No.(s) _____
Agency ORI # FL037275C

80. Agency Name: Florida Department of Corrections	81. Agency Report Number: 21-12585	82. Date/Time of Arrest:	83. Investigating Officer: Senior Inspector William "Eddie" Dalton
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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 Senior Inspector William "Eddie" Dalton of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe former Vocational Food Service Employee Stepheny Roberts (Ms. Roberts), in the County of Jackson and the State of Florida, did commit the criminal offenses of Introduction of Contraband into a State Correctional Institution (Communication) one (1) count, in violation of § 944.47 (1)(a)(1), Florida Statute, when Ms. Roberts did actually and intentionally introduce, through unauthorized channels, into the secure perimeter of a State Correctional Institution, electronically transmitted and/or recorded communication to Inmate [REDACTED] who was housed at Jackson Correctional Institution; Unlawful Use of a Two-way Communication Device one (1) count, in violation of § 934.215, Florida Statute, when Ms. Roberts used an electronic communication device to introduce contraband communication to Inmate [REDACTED] and; Interference with Prisoners (1 count), in violation of § 944.39, Florida Statute, when Ms. Roberts interfered with the good conduct of Inmate [REDACTED] by establishing a personal relationship with Inmate [REDACTED] while he was under the care, custody, and control of the Florida Department of Corrections.

On August 17, 2021, the Department of Corrections, Office of the Inspector General received information alleging Vocational Food Service Employee Ms. Roberts is involved in an unprofessional relationship with Food Service Inmate [REDACTED]. Fixed wing video dated August 14, 2021, from Food Service at Jackson Correctional Institution was reviewed by your Affiant. Your Affiant observed Ms. Roberts engaged in inappropriate behavior with Inmate [REDACTED]. Your Affiant observed Ms. Roberts rubbing Inmate [REDACTED] arm and leg on several occasions.

On August 20, 2021, your Affiant discovered what appeared to be a fictitious J-pay account that was created on June 10, 2021, in the name "Dakota A Daye." The customer ID number is 27807058. The J-Pay accounts customer information listed an address of 54 Whitehouse Circle, Quincy, FL 32351, telephone number of 352-658-1588, and an email address of Daye1Dakota@outlook.com. Upon further review of "Dakota A Daye" J-pay account, records revealed Dakota A Daye's J-pay account first two written communication messages (06/10/2021 and 06/11/2021) to Inmate [REDACTED] was generated from IP address 4.71.29.28. Through investigative queries, IP address 4.71.29.28 was identified as belonging to Hampton Inn motel chain. Through further investigation, it was determined on June 10th and 11th, 2021, Ms. Roberts was in Huntsville, Alabama for personal business and stayed at a Hampton Inn.

On August 24, 2021, Ms. Roberts provided a post-Miranda sworn statement indicating she was hired as a Food Service Employee in February 2021, at Jackson Correctional Institution. Ms. Roberts advised she did receive training upon becoming employed with Jackson Correctional Institution related to policy and procedures, rules and regulations, Florida State Statutes, and that staff offender relationships are strictly prohibited.

Ms. Roberts advised Inmate [REDACTED] was assigned to Food Service when she was hired. Ms. Roberts advised she directly supervised Inmate [REDACTED] while employed at Jackson Correctional Institution.

Ms. Roberts advised [REDACTED]

Ms. Roberts advised [REDACTED]

Stephany Roberts advised [REDACTED]



Stephany Roberts advised [REDACTED]

Ms. Roberts advised [REDACTED]

J-Pay records revealed during Ms. Roberts' employment at Jackson Correctional Institution (02/2021 through 08/24/2021), she sent two hundred thirty-four (234) and received two hundred thirty-five (235) unauthorized electronic communications (J-pay) with Inmate [REDACTED] who was incarcerated at Jackson Correctional Institution and under the supervision of the Florida Department of Corrections.

Jackson Correctional Institution Warden Scott May advised Ms. Roberts did not disclose her personal relationship with Inmate [redacted]. Warden May further advised he had not received or approved any requests for communication or visits with any inmate(s) from Ms. Roberts.

Based on the facts established in this affidavit, your Affiant, requests an arrest warrant be issued for Stephany Roberts, W/F, DOB- [redacted] address: [redacted] for one count (1) of Introduction of Contraband into a State Correctional Institution, in violation of § 944.47 (1) (a)(1), Florida Statute, to wit: Unauthorized written communication, one count (1) of Unlawful Use of a two-way communication device, in violation of § 934.215, Florida Statute and one count (1) of Interference with Prisoners, in violation of § 944.39, Florida Statute.

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 <u>23rd</u> day of <u>Sept</u> 20 <u>21</u>	
			
Signature of Officer/Complainant		Signature of Person Administering Oath	
<u>William Dalton</u>		<input type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Other Identification	
Officer/Complainant's Name (Printed)		Seal	
<u>98047</u>		ID Type	
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: <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"/> Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained <input type="checkbox"/> to other than HRS			
Release Date:	Release Time:	Released to Name:	