

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: Office of Inspector General - FDC		2. Agency Report Number: 22-10821		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) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 7/16/2022 @ 1:15 P.M.		5. Date/Time of Arrest: 7/16/2022 @ 1:15 P.M.		6. Arresting Officer: Sr. Inspector Louis Cordova		7. Investigating Officer: Sr. Inspector Louis Cordova	


8. Defendant's Name: (Last) Nelson		(First) Latoya		(Middle) Denise		ALIAS		9. OBTS:	
10. Race/Sex: B/F		11. Date of Birth: 2/21/1990		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: 84.9 grams of suspected methamphetamine	
15. Height: 5'8"		16. Weight: 140		17. Eye Color: Brown		18. Hair Color: Black		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State: N425-524-90-561-0 / Florida			21. Social Security Number: ***-**-****			22. Residential Telephone: 850-226-0754		23. Business Telephone:	
24. Address: (Street, Apartment Number) 328 Aplin Road, Apartment# 328			(City) Crestview			(State) Florida		(Zip) 32539	

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 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		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) INTRODUCTION OF CONTRABAND		60. Statute or Ordinance Number: 944.47(1)(a)(4)		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
63. Charge Description: (# 1) TRAFFICKING IN METHAMPHETAMINE		64. Statute or Ordinance Number: 893.135(1)(f)(1)		<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:	
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"/> Victim Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest Info Domestic <input type="checkbox"/> Viol. Info					

77. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's Name: Sr. Inspector Louis Cordova		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: Sr. Inspector Louis Cordova		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 02 page affidavit/complaint.  Officer/Complainant Signature		Sr. Inspector Louis Cordova Type or print Complainant name	
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Adult Def PC Arrest
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AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

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

PAGE 02 of 02

Agency ORI # **FL037275C**

80. Agency Name: Office of Inspector General - FDC	81. Agency Report Number: 22-10821	82. Date/Time of Arrest: 7/16/2022 @ 1:15 P.M.	83. Investigating Officer: Sr. Inspector Louis Cordova
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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 Law Enforcement Inspector Louis Cordova with the Florida Department of Corrections, Office of Inspector General.

Your Affiant monitored recorded inmate telephone calls and inmate letters concerning an allegation of Latoya Denise Nelson (Defendant) introducing contraband into the Gulf Correctional Institution during her scheduled visitation on July 16, 2022, with Inmate Brett Richardson (DC#P50771).

On July 16, 2022, your Affiant was present at Gulf Correctional Institution to observe the visitation of the Defendant and Inmate Richardson. While monitoring the visitation cameras, your Affiant observed the Defendant attempting to hand an object to Inmate Richardson. There was an obvious bulge in the Defendant's right front pants pocket. The Defendant was immediately approached by your Affiant and asked to turn over the object in her possession. The Defendant was escorted from the visitation area where she voluntarily surrendered a package wrapped in black electrical tape that she had hidden in her pants. The package was examined and contained a white powdery substance. The substance weighed 84.9 grams and field tested positive for methamphetamine.

Your Affiant respectfully submits probable cause has been established that the Defendant, Latoya Denise Nelson, did in the County of Gulf, and the State of Florida, commit the criminal offense of Introduction of Contraband into a State Correctional Institution, in violation of F.S. 944.47(1)(a)(4), and Trafficking in Methamphetamine in violation of F.S. 893.135(1)(f)(1) due to being in possession of over 14 grams of methamphetamines.

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.

<p>85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 02 pages is true and correct to the best of his/her knowledge</p> <p style="font-size: 1.5em; color: blue;"><i>Louis Cordova</i></p> <p>Signature of Officer/Complainant</p> <p>Sr. Inspector Louis Cordova #4432</p> <hr/> <p>Officer/Complainant's Name (Printed) ID Number</p>	<p>Sworn to and subscribed before me this <u>16</u> day of <u>July</u>, 20<u>22</u></p> <p><i>Kean W McIlroy #15</i></p> <p>Signature of Person Administering Oath</p> <p><input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification</p> <p style="text-align: right; font-size: 1.2em;">BCSO CL60</p> <p style="text-align: right;">ID Type</p> <p>Seal</p>
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<p>87. Adult's Relation to Juvenile Defendant:</p> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	<p>88. Adult's Name: (Last)</p>	<p>(First)</p>	<p>(Middle)</p>
<p>89. Address: (Street, Apartment Number) (City) (State) (Zip)</p>	<p>90. Residential Phone:</p>	<p>91. Business Phone</p>	
<p>92. Notified By: (Name)</p>	<p>93. Date/Time:</p>	<p>94. Notification Method:</p> <input type="checkbox"/> Person <input type="checkbox"/> Telephone	
<p>95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data)</p> <input type="checkbox"/> Transferred to Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released to other than HRS			
<p>Release Date: _____ Release Time: _____ Released to (Name): _____</p>			