

ARREST  SWORN COMPLAINT  HOLD

JUVENILE  NOTICE TO APPEAR

# OFFICE OF THE INSPECTOR GENERAL

## PROBABLE CAUSE AFFIDAVIT

OBTS NUMBER:  
 AGENCY ORI NUMBER:  
**FL037275C**

SPN NUMBER:  
 AGENCY CASE REPORT NUMBER:  
 19-19234

<b>DEFENDANT</b>	NAME OF SUBJECT (LAST, FIRST, MI): <b>Frame, Justin R.</b>					ALIAS / MAIDEN: <b>N/A</b>					
	911 HOME ADDRESS (STREET, APARTMENT NUMBER, ETC.): <b>20706 US Highway 90 West-Baker Correctional Inst</b>				CITY: <b>Sanderson</b>		STATE: <b>FL</b>	ZIP CODE: <b>32087</b>	TELEPHONE NUMBER: <b>386-719-4500</b>		
	BUSINESS / SCHOOL ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):				CITY:		STATE:	ZIP CODE:	TELEPHONE NUMBER:		
	MNAILING ADDRESS (PO BOX, ETC. IF DIFFERENT THAN 911 ADDRESS):				SCARS, MARKS, TATTOOS, FACIAL HAIR, UNIQUE PHYSICAL FEATURES (LOCATION, TYPE, DESCRIPTION):						
	RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL		SEX: <b>M</b>	DATE OF BIRTH: <b>11/19/1987</b>	HEIGHT: <b>5'11"</b>	WEIGHT: <b>160</b>	HAIR COLOR: <b>Brown</b>	EYE COLOR: <b>Brown</b>	COMPLEXION: <b>Medium</b>	BUILD: <b>Medium</b>	
	DRIVERS LICENSE / STATE ID NUMBER: <b>N/A</b>		STATE OF DL: <b>N/A</b>	SOCIAL SECURITY NUMBER: [REDACTED]	PHOTO NUMBER:	PLACE OF BIRTH:	COUNTRY OF CITIZENSHIP: <b>USA</b>				
	SUBJECT'S OCCUPATION: <b>None / Inmate</b>			SPN NUMBER:	AGENCY ORI NUMBER: <b>FL037275C</b>	SO ID / AGENCY ID / NUMBER:	BOOKING NUMBER:				
	LOCATION OF ARREST:				DATE OF ARREST:	TIME OF ARREST (MILITARY):	DATE OF BOOKING:	TIME OF BOOKING (MILITARY):			
SUBJECT IDENTIFIED BY WHOM (VICTIM, WITNESS, LEO, ETC.):					SUBJECT'S NAME VERIFIED BY (PHOTO ID, FAMILY MEMBER, KNOWN TO OFFICER, ETC.):						

<b>CO-DEF.</b>	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	(NAME):	DATE OF BIRTH:	RACE:	SEX:	COURT NUMBER:	<input type="checkbox"/> ARRESTED <input type="checkbox"/> SWORN COMPLAINT	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>JUVENILE</b>	JUVENILE DISPOSITION: <input type="checkbox"/> RELEASED TO JAC <input type="checkbox"/> ISSUED NTA AND RELEASED	NAME OF PARENT / GUARDIAN (NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO):					WORK TELEPHONE NUMBER:
	PARENT / GUARDIAN HOME ADDRESS (STREET, APARTMENT #, PO BOX, ETC.):	CITY:	STATE:	ZIP CODE:	HOME TELEPHONE NUMBER:		

<b>WITNESS</b>	(NAME)	ADDRESS:	TELEPHONE NUMBER
	(NAME):	ADDRESS:	TELEPHONE NUMBER
	(NAME):	ADDRESS:	TELEPHONE NUMBER:
	(NAME):	ADDRESS:	TELEPHONE NUMBER:

<b>CHARGE 1</b>	OFFENSE DESCRIPTION: <b>Possession of Contraband (Cell phone)</b>	<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER: <b>944.47 (1)(a)(c)</b>	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:	DATE OF OFFENSE: <b>10/30/2019</b>	TIME OF OFFENSE: <b>9:40am</b>	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER: <b>386-719-4500</b>
	VICTIM (NAME): <b>State of Florida</b>	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.): <b>Baker Correctional Institution - M/U 20706 US Highway 90 West</b>	CITY: <b>Sanderson</b>	STATE: <b>FL</b>	ZIP CODE: <b>32087</b>

<b>CHARGE 2</b>	OFFENSE DESCRIPTION:	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:	DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER:
	VICTIM (NAME):	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	CITY:	STATE:	ZIP CODE:

<b>CHARGE 3</b>	OFFENSE DESCRIPTION:	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> TRAFFIC <input type="checkbox"/> NTA	COMPLETE STATUTE / ORDINANCE NUMBER:	VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:	DATE OF OFFENSE:	TIME OF OFFENSE:	BAIL AMOUNT:	VICTIM'S TELEPHONE NUMBER:
	VICTIM (NAME):	ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):	CITY:	STATE:	ZIP CODE:

THE FOLLOWING INCIDENT OCCURRED AT (ADDRESS / LOCATION):

Baker Correctional Institution Main Unit, 20706 US HWY 90 West

CITY OF:

Sanderson

COUNTY OF:

Baker

STATE OF:

FLORIDA

Your affiant is Inspector David Chisholm of the Office of the Inspector General, Florida Department of Corrections.

Your Affiant has probable cause to believe that on or about October 30, 2019, while at the Baker Correctional Institution Main Unit, in Baker County Florida, Inmate Justin Frame #J32978 did commit the offense of Introduction, removal, or possession of contraband; in violation of s. 944.47; when he, an inmate in the custody of the Department of Corrections, did actually and intentionally possess a cellular phone inside the secure perimeter of the Baker Correctional Institution Main Unit.

Correctional Officer Sergeant Shawn Massey, a certified, uniformed Officer, reported that on October 30, 2019, while conducting a search of inmates exiting D-Dorm, he discovered Inmate Justin Frame to be in possession of a cellular device (*Cell Phone*). Inmate Frame committed the criminal offense of Possession of Contraband, in violation of 944.47 (1)(a)(c) Florida State Statute.

Your affiant respectfully submits that based on the statement provided by Sergeant Shawn Massey in a recorded interview and the recovery of the cell phone, probable cause has been established that Inmate Justin Frame #J32978 was in Possession of Contraband as defined in Florida State Statute 944.47 (1)(a)(c).

MANDATORY APPEARANCE IN COURT AT:

DATE OF APPEARANCE:

TIME OF APPEARANCE:

AM  
 PM

NTA

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS NOTICE TO APPEAR. WILLFUL REFUSAL TO ACCEPT AND SIGN THIS NOTICE TO APPEAR MAY RESULT IN PHYSICAL ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF MY RIGHTS.

DEFENDANT (SIGNATURE):

DATE:

SWORN TO AND SUBSCRIBED BEFORE ME THIS:

I SWEAR THE ABOVE, AND REVERSE AND ATTACHED PAGES AND STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

NAME (PRINT): Inspector David Chisholm

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: FDC - OIG LEO ID NUMBER: 3740

JURAT