

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT – COMPLAINT

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

PAGE 01 of 4

Agency ORI # **FL037275C**

1. Agency Name: Florida Department of Corrections		2. Agency Report Number: 20-10679		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony		3a. Ordinance Type: (if applicable) <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: May 2020 - August 2020		5. Date/Time of Arrest: August 7, 2020 @ 4:07 a.m.		6. Arresting Officer: Inspector William "Eddie" Dalton		7. Investigating Officer: Inspector William "Eddie" Dalton	

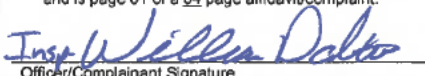
8. Defendant's Name: (Last) McLeod			(First) Clarissa			(Middle) L.			ALIAS			9. OBTS:					
10. Race/Sex: B/F		11. Date of Birth:		12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Out of State			13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: n/a								
15. Height: 5-02		16. Weight: 235		17. Eye Color: Brown		18. Hair Color: Brown		19. Scars, marks, tattoos, unique physical features: (Location, type & description) L Wrist KMD; L Arm Aries; Chest Infinity Symbol									
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: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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) Unlawful Compensation (4 counts)					60. Statute or Ordinance Number: 838.016(1)					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 1) Introduction of Contraband, Drug (Tobacco/Nicotine)					62. Statute or Ordinance Number: 944.47 (1)(a)(4)					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
63. Charge Description: (# 1) Introduction of Contraband, Drug (Communication)					64. Statute or Ordinance Number: 944.47 (1)(a)(1)					<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.				

65. Victim's Name: (if business, list legal business name) (Last) State of Florida			(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) Inspector William "Eddie" Dalton			(First)			(Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number: 850-569-1804		
73. Address: (Street, Apartment Number) 5563 10th Street			(City) Malone			(State) Florida			(Zip) 32445			74. Secondary Phone Number:			
75. Victim Notification of Arrest: NOTIFIED 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 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 04 page affidavit/complaint.					
Evidence Custodian's Name: Daria Henderson		Person responsible for statements: Inspector William Dalton		 Officer/Complainant Signature			Inspector William Dalton Type or print Complainant name		

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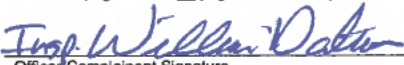
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20. Driver's License Number/State:			21. Social Security Number:			22. Residential Telephone:			23. Business Telephone:						
24. Address: (Street, Apartment Number) [REDACTED]										(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]	

25. Defendant's Name: (Last)			(First)			(Middle)			ALIAS			26. OBTS:			
27. Race/Sex:		28. Date of Birth:		29. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> City <input type="checkbox"/> County <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:						
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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) Sexual Misconduct					60. Statute or Ordinance Number: 944.35(3)(b)(2)					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
61. Charge Description: (# 1) Unlawful use of two-way communication device					62. Statute or Ordinance Number: 934.215					<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.				
63. Charge Description: (# 1) Interference with prisoners					64. Statute or Ordinance Number: 944.39					<input type="checkbox"/> F.S. <input type="checkbox"/> Ord.				

65. Victim's Name: (If business, list legal business name) (Last) State of Florida			(First)			(Middle)			66. Race/Sex		67. Date of Birth:		68. Telephone Number:		
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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 04 page affidavit/complaint.			
Evidence Custodian's Name: Daria Henderson		Person responsible for statements: Inspector William Dalton		 Officer/Complainant Signature		Inspector William Dalton Type or print Complainant name	

Based on the evidence in this investigation, probable cause is established the Defendant, Clarissa L. McLeod did commit a violation of Florida Statute, 944.47(1)(a)(1), the law related to Introduction of Contraband, Communication, when Ms. McLeod create and utilize a fictitious Jpay account to communicate with Inmate [REDACTED] and in doing so did introduce into the secure perimeter of Jackson Correctional Institution written/recorded electronic communication.

Based on the evidence in this investigation, probable cause is established the Defendant, Clarissa L. McLeod did commit a violation of Florida Statute, 944.35(3)(b)(2), the law related to Sexual Misconduct, when Ms. McLeod did engage in sexual intercourse with an inmate at Jackson Correctional Institution.

Based on the evidence in this investigation, probable cause is established the Defendant, Clarissa L. McLeod did commit a violation of Florida Statute, 934.215, the law related to Unlawful use of two-way communication, when Ms. McLeod did use an electronic device capable of exchanging electronic communication to send and receive messages and telephone calls during which plans to introduce contraband were discussed.

Based on the evidence in this investigation, probable cause is established the Defendant, Clarissa L. McLeod did commit a violation of Florida Statute, 944.39, the law related to Interference with prisoners, when Ms. McLeod did engage in a personal/romantic relationship with an inmate and did introduce cigarettes into the secure perimeter of Jackson Correctional Institution with the intention to provide those cigarettes to inmates, and while doing so interfered in the good conduct of an inmate.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 4 pages is true and correct to the best of his/her knowledge

Sworn to and subscribed before me this 7th day of Aug, 2020

[Signature]
Signature of Person Administering Oath
 Personally Known Other Identification

[Signature]
Signature of Officer/Complainant

Insp. William Dalton
Officer/Complainant's Name (Printed)

DFG
ID Number

Seal

ID Type

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) Release Date: _____ Release Time: _____ Released to (Name): _____		Transferred to <input type="checkbox"/> Secure Detention		Released to <input type="checkbox"/> HRS Intake Officer, not detained	
Processed within the agency and released <input type="checkbox"/> to other than HRS					