

**WARRANT FOR ARREST**

**IN THE 1ST JUDICIAL CIRCUIT COURT IN AND FOR SANTA ROSA COUNTY, FLORIDA**

**IN THE NAME OF THE STATE OF FLORIDA TO ALL AND THE SINGULAR SHERIFFS OF THIS STATE AND TO ALL LAW ENFORCEMENT OFFICERS OF THIS STATE**

**You are commanded to arrest**

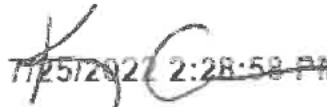
**BRITTANY BOYKINS B/F DOB: 11/11/1988  
5'04" 176lbs. BLACK HAIR/BROWN EYES  
SS # [REDACTED]**

**There is probable cause that BRITTANY BOYKINS has committed crimes in Calhoun County, Florida, the offense(s) of Possession of a controlled substance (Xanax), you are to bring him/her before me to answer a complaint charging him with:**

**F.S.S. 893.13 (6)(a) Possession of a controlled substance (Xanax), Florida Statutes, and against the peace and dignity of the State of Florida.**

**Given under my hand and seal on the \_\_\_\_\_ day of \_\_\_\_\_, 2022, at Santa Rosa County, Florida**

**7/25/2022**

  
7/25/2022 2:28:58 PM

**JUDGE**

**BAIL ENDORSEMENT**

**The defendant herein described and named shall have bail set in the amount of**

**Hold for 1st  
appearance**

**\$ \_\_\_\_\_.**

ID#: 29165

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>FDC/Office of the Inspector General</b>		2. Agency Report Number: <b>22-10057</b>		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: <b>7/03/2022 11:45 a.m.</b>		5. Date/Time of Arrest:		6. Arresting Officer:		7. Investigating Officer: <b>Inspector Steven Lee</b>	

8. Defendant's Name: (Last) <b>Boykins</b>		(First) <b>Brittany</b>		(Middle) <b>Demarica</b>		ALIAS		8. OBTS:	
19. Race/Sex: <b>B/F</b>		11. Date of Birth: <b>11/11/1988</b>		12. Residence Type: <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY: <b>Alprazolam (5)</b>	
15. Height: <b>5'4"</b>		16. Weight: <b>176lbs</b>		17. Eye Color: <b>Brown</b>		18. Hair Color: <b>Black</b>		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State: <b>B252-064-88-911-0</b>			21. Social Security Number: [REDACTED]			22. Residential Telephone: <b>N/A</b>		23. Business Telephone: <b>N/A</b>	
24. Address: (Street, Apartment Number) <b>2891 Sun Dance Ct.</b>			(City) <b>Orange Park</b>			(State) <b>FL</b>		(Zip) <b>32065</b>	

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)	

59. Charge Description: (# 1) <b>Possession of Controlled Substance (Alprazolam)</b>		60. Statute or Ordinance Number: <b>893.13 (6)(a)</b>		<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord.	
61. Charge Description: (# 1)		62. Statute or Ordinance Number:		<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)		
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____								78. Information Given: Victim <input type="checkbox"/> Arrest Info <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info			

77. Physical Evidence collected in this case? <input type="checkbox"/> Yes <input checked="" 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 2 page affidavit/complaint.	
Evidence Custodian's Name: <b>INSP. Paul Hoff</b>		Person responsible for statements: <b>Insp.</b>		Officer/Complainant Signature 	
				Type or print Complainant name <b>Steven Lee</b>	

PAGE 01 MUST HAVE PAGE 02 (MORE IF REQUIRED) TO BE A VALID AFFIDAVIT/COMPLAINT

ID# 29165

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

Clerk's Case No. \_\_\_\_\_

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

# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

Agency ORI # FL037275C

80. Agency Name: <b>FDC/Office of the Inspector General</b>	81. Agency Report Number: <b>22-10057</b>	82. Date/Time of Arrest:	83. Investigating Officer: <b>Inspector Steven Lee</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:

Your Affiant is Law Enforcement Inspector Steven Lee, of the Office of the Inspector General, Florida Department of Corrections.


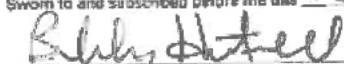
Your Affiant has probable cause to believe on July 3, 2022, Brittany Demerica Boykins (Ms. Boykins) did violate Florida Statutes 893.13 (6)(a) Possession of a Controlled Substance Alprazolam( Xanax). Ms. Boykins was found to be in possession of five (5) Alprazolam pills while on the grounds of Calhoun Correctional Institution.

On July 3, 2022, K9 "Zseton" did show a positive alert to a black Toyota Corolla with the Florida tag of CXTB46, the vehicle was owned and being operated by Brittany Demerica Boykins. Ms. Boykins was visiting an inmate at Calhoun Correctional Institution. Upon making contact with Ms. Boykins, Inspector Lee obtained a written consent to search.

Upon searching the center console area of the vehicle, a small black plastic container was located. Inside of this container were five (5) Alprazolam (Xanax) pills. During the post-Miranda interview, Ms. Boykins stated [REDACTED]

Your Affiant respectfully submits probable cause established that Brittany Demerica Boykins, violated Florida Statutes related to Possession of a Controlled Substance Alprazolam( Xanax), in violation of F.S. 893.13(6)(a), when Ms. Boykins took possession of a controlled substance with the intent to use this scheduled narcotic without a prescription.

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.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 2 pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this <u>12</u> day of <u>July</u> , 20 <u>22</u>
	
Signature of Officer/Complainant	Signature of Person Administering Oath
<u>Steven Lee</u>	<input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification
Officer/Complainant's Name (Printed)	ID Type
<u>109685</u>	<u>5174R</u>
ID Number	Seal

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) _____
88. 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"/> to other than HRS
<input type="checkbox"/> Transferred to Secure Detention	<input type="checkbox"/> Released to HRS Intake Officer, not detained
Release Date: _____ Release Time: _____ Released to (Name): _____	