

7th Judicial Circuit 707
Charging Affidavit - Flagler

Arrest # _____

Bk # _____

Pg #1 of 2

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input checked="" type="checkbox"/> C.C. <input type="checkbox"/>				ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>				Court Case Number: 14-043CF	
(ORI) FL: O		1 8 0 0 0 0		Agency Name: FLAGLER COUNTY SHERIFF'S OFFICE		Agency Case Number: 87212-13			
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				OBTS#		UCR:	Date Arrested:	Time of Arrest:	
ADDRESS OF ARREST:						Arrested By:	ID Number:		
DEFENDANT: Name (L,F,M): Taylor, James Albert Jr.				A.K.A.:		Sex: Male	Race: Black		
DOB: /77	Age: 36	Driver's Lic/ID No.: 3770		State: FL	Year Expires: 2008	S.S. #: _____			
Height: 508	Weight: 220	Hair: Black	Eyes: Bro	POB (City, St, Country) Florida		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Scars, Marks, Tattoos: Tat-R Arm.Back Chest L arm. Scar R eye			Business & Occupation: Unknown			Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Address-Mailing/Permanent (STREET, APT. NUMBER) 8112 SW 107 Street		(CITY) Gainesville		(STATE) FL	ZIPCODE 326085802	RESIDENCE PHONE 7318			
Address-Local (STREET, APT. NUMBER) Same as Above		(CITY)		(STATE)	ZIPCODE	RESIDENCE PHONE			
Address-Other(Employer/School) Unknown		(STREET, APT. NUMBER)		(CITY)	(STATE)	ZIPCODE	BUS/SCHOOL PHONE		
CHARGES: DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/>				Total Charges: 1			
#1 Charge: Lewd/ Lascivious Molestation	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 800.04 (5)		Citation No.:	Bond:			
#2 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:		Citation No.:	Bond:			
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD:		Citation No.:	Bond:			
CO-DEFENDANT: Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>							
#1 NAME(L,F,M):		Race:		Sex:	DOB:	Age:			
#2 NAME(L,F,M):		Race:		Sex:	DOB:	Age:			
NARRATIVE:		The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>7/21/13</u> day of <u>July</u> , 2013, at approximately <u>1200</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. at <u>27 Radcliffe Drive Palm Coast</u> within <u>Flagler</u> County, violated the law and did then and there: enter the bedroom area of T. F age 11, and rubbed her breast area over the top of the sheets she was sleeping under, he also touched her shoulder area, where her night dress had slipped off of her shoulders. On the night of this incident T.F. heard the defendant come into the room too see if she was sleeping. This information was disclosed during a forensic interview being conducted by the Childrens Advocacy Center, Child Protection Team. Other incidnets were disclosed by the victim and her sisters, but the other events similar to this incidnet occurred in Marion and Alachua Counties.							
NOTICE TO APPEAR: MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>			FINE, AND COSTS AMOUNT:				
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.									
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE		Juve Disp. CITATION No.			
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN		DATE		RELATIONSHIP TO JUVENILE		CITATION No.			
Sworn and subscribed before me, the undersigned This <u>8</u> day of <u>Jan</u> 2014		I swear/affirm the above statements are correct and true.				Rt Thumb			
Name: <u>[Signature]</u>		OFFICER'S/COMPLAINANT'S SIGNATURE: <u>Detective Erick S. Kuleski 320</u>				Rt Thumb			
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input checked="" type="checkbox"/> Type of Identification:		NAME(PRINTED) Detective Erick S. Kuleski Jr.		ID NUMBER 320		FILED IN THE OFFICE OF THE CLERK OF CIRCUIT COURT Flagler County, Florida			
OFFICIAL USE ONLY		Inmate Number & facility:		320 13 2014		By <u>[Signature]</u> Deputy Clerk			

CONFIDENTIAL
JUVENILE

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

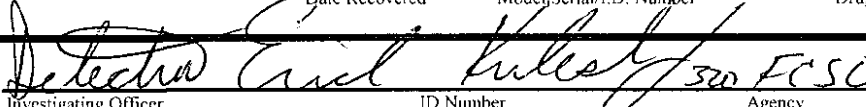
Defendant Name: Taylor, James A.		Agency Case Number: 87212-13	
Name (L,F,M):	Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: Black	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State):	Age: 11	DOB: 02	SSN:
Bus./School Address: Rymfire Elementary School, Palm Coast Florida	Zip: 32164	Home Phone: 0363	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name: Jalynn Taylor/ Mother	Relative/Contact Address: Same as above	Bus. Phone: 8148	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: Black	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State):	Age: 13	DOB: 091800	SSN:
Bus./School Address: Buddy Taylor Middle School, Palm Coast Florida	Zip: 32164	Home Phone: 0363	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone: 6700	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: Black	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State):	Age: 14	DOB: 99	SSN:
Bus./School Address: Buddy Taylor Middle School, Palm Coast Florida	Zip: 32164	Home Phone: 0363	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Relative/Contact Name: Jalynn Taylor/ Mother	Relative/Contact Address: Same as Above.	Bus. Phone: 6700	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus./School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus./School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):	Age:	DOB:	SSN:
Bus./School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:	Relative/Contact Address:	Bus. Phone:	

CONFIDENTIAL JUVENILE

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Copy's of CPT interviews done by the Childrens Advocacy Center in Bunnell	12/30/2013		
Owner(Name) F C S O Evidence	(Address) 1001 Justice Lane, Bunnell Fl.	(Phone)	Value 2.00
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name)	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.


 Investigating Officer ID Number Agency