

7th. Judicial Circuit 707  
Charging Affidavit - Volusia

Arrest # \_\_\_\_\_ Bk # \_\_\_\_\_ Pg # 1 of 3

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:
(ORI) FL: FL0640400	Agency Name: ORMOND BEACH POLICE DEPARTMENT	Agency Case Number: 1708D0325				
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested:	Time of Arrest:		
ADDRESS OF ARREST (Street, City, State, Zip):			Arrested By:	ID Number:	Race:	
<b>DEFENDANT</b>	NAME (Last): HOLLOWAY	(First): TRAVIS	(Middle): P	A.K.A.:	Sex: M	W
DOB: 03-17-1980	Age: 37	Driver's Lic./ID No.:	State: FL	Year Expires: 2018	S.S.#:	
Height: 6' 03"	Weight: 200	Hair: BRO	Eyes: BLU	P.O.B. (City, State, Country): USA	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos: TAT L ARM FULL SLEEVE	Business & Occupation:			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"/>	Death/Muta: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Address - Mailing/Permanent (STREET, APT. NUMBER): 94 ERIC DR		(CITY): PALM COAST	(STATE): FL	ZIP CODE: 32164	RESIDENCE PHONE: (386) 846-7771	
Address - Local (STREET, APT. NUMBER):		(CITY):	(STATE):	ZIP CODE:	RESIDENCE PHONE:	
Address - Other (Employer/School) (STREET, APT. NUMBER):		(CITY):	(STATE):	ZIP CODE:	BUS/SCHOOL PHONE:	

<b>CHARGES</b>	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: 2
#1 Charge: Child Abuse w/o Great Harm	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 827.03(1)	Citation No.:	Bond: NO BOND				
#2 Charge: Battery Touch/Strike - DV	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 784.03(1)(A)1	Citation No.:	Bond: NO BOND				
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.:	Bond:				

<b>CO-DEFENDANT</b>	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 (Last):	(First):	(Middle):	Race:	Sex:	DOB:	Age:
#2 NAME (Last):	(First):	(Middle):	Race:	Sex:	DOB:	Age:

**NARRATIVE** The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 16 day of August 2017, at approximately 0602 a.m.  a.m.  p.m. at 1521 W GRANADA BLVD ORMOND BEACH within Volusia County, violated the law and did then and there:

1 The Defendant, Travis Holloway, did knowingly, willfully, and intentionally inflict mental injury upon [redacted] a child, by using her as an  
 2 instrument in the commission of a battery against [redacted] contrary to Florida Statute 827.03(1).  
 3  
 4 The Defendant did actually and intentionally shove his ex-girlfriend [redacted] whom he has a child with against her will, contrary to Florida  
 5 Statute 784.03(1).  
 6  
 7 On August 16, 2017 I was dispatched to 1521 West Granada Boulevard (Wal-Mart) in reference to child abuse and a domestic battery. Upon arrival, I  
 8 made contact with the victim of the domestic battery [redacted] stated that her ex-boyfriend, the Defendant, has visitation rights to the  
 9 victim [redacted] on Wednesday from 4pm-6pm and then meets her at 1521 West Granada Boulevard (Wal-Mart) to do a child exchange.  
 10 The date, time, and location of the child exchange and visitation are court ordered.  
 11

<b>NOTICE TO APPEAR</b>	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	SIGNATURE OF JUVENILE PARENT OR CUSTODIAN	RELATIONSHIP TO JUVENILE	JUVE DISP.	CITATION No.
Sworn to and subscribed before me, the undersigned this 16 day of August 2017	Name: [Signature]	I swear/affirm the above statements are correct and true		[Signature]	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	MOODY, SIERRA SAGE	OB414	OFFICER'S/COMPLAINANT'S SIGNATURE	
Type of Identification:		NAME (PRINTED)	ID NUMBER		

**OFFICIAL USE ONLY** Inmate Number & Facility:

CLERK OF THE CIRCUIT COURT VOLUSIA COUNTY, FL  
2017 AUG 24 PM 2:23  
FILED

Volusia

Notice to Appear Instruction Sheet

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

- Mandatory Court Appearance -- You MUST appear at COURT. You will receive a Notice of Arraignment from the County Clerk's Office at the mailing address you have given. Failure to appear at the time and place designated, will result in a warrant being issued for your arrest.
- Court Appearance Not Mandatory -- You MUST comply with EITHER A or B:

PAYMENTS SHOULD BE MADE PAYABLE TO:  
CLERK OF THE COURT.

**A. Pay the Fine:** You must complete the waiver information below and either mail or personally present this citation at the Clerk's Office checked below, from 8:00 a.m. to 4:30 p.m., Monday through Friday within 15 days of the issuance of this Notice to Appear. Fines may be paid in cash, personal check, money order or certified check made payable to: Clerk of the Court. (DO NOT MAIL CASH.)

Total fine and costs you must pay: \$ \_\_\_\_\_

**B. Contest the Citation:** You MUST request that a court date be set within 15 days of the issuance of this Notice to Appear (if the 15th day falls on a Saturday, Sunday or legal holiday, the period is extended to the next working day) by either appearing between the hours of 8:00 a.m. and 10:00 a.m. at the Clerk's Office checked below, or by mailing your written request to the Clerk of the Court at the address checked below.

COUNTY CLERK'S OFFICES:

- Volusia County Courthouse, room B155, 101 N. Alabama Avenue, Deland, FL, 32724
- Court House Annex, room 109, 125 E. Orange Avenue, Daytona Beach, FL, 32114
- Volusia County Courthouse, room 6, 124 N. Riverside Drive, New Smyrna Beach, FL, 32169

I agree to appear at the time and place as designated above to answer the listed charge(s) or pay the fine and costs. I understand that if I willfully fail to request a court date and/or fail to appear before the court as required by this Notice to Appear, or fail to pay the indicated fine and costs on or before the date set forth above, I may be held in contempt of court and a warrant for my arrest will be issued.

DEFENDANT'S SIGNATURE (MANDATORY): \_\_\_\_\_

ATTENTION: PERSONS WITH DISABILITIES

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 125 E. Orange Avenue, Ste.300, Daytona Beach, FL 32114; Telephone: 386-257-6096 within two (2) working days of your receipt of this notice: If you are hearing or voice impaired, call 1-800-955-8771 or 1-800-955-8770. THIS IS NOT A COURT INFORMATION LINE.

Plea and Waiver Information

If this notice indicates that you have the option to pay a fine or appear in court and you choose to pay the fine, follow the instructions in paragraph A above. Read and sign this page. This page MUST be returned to the clerk's office with your fine payment.

- In consideration of my not appearing in court, I enter my plea on the affidavit in this case, for the offense charged, waiving my right to be present and the reading of the affidavit. I understand the nature of the charge(s) against me and hereby enter my plea of guilty  or nolo contendere (no contest) .
- In doing so, I understand the nature of the charge(s) against me, I understand that I waive my right to counsel, the right to a trial before a judge or jury, the right to a continuance, and the right to appeal. Payment of this fine will result in adjudication of guilt to this charge being withheld.
- By my signature, I acknowledge that I understand the above statements. I am not under the influence of alcohol or drugs. I also certify that my address listed below is correct.

Defendant's Signature: \_\_\_\_\_  
(First) (Middle) (Last)

Date: \_\_\_\_\_

Defendant's Name (print): \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

**Narrative Supplement 707-B**

Arrest  
 Affidavit  
 Notice to Appear  
 Adult  
 Juvenile

Court Case Number:

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Defendant (Last) Name: <b>HOLLOWAY</b>	(First) <b>TRAVIS</b>	(Middle) <b>P</b>	Agency Case Number: <b>170800325</b>
<b>CHARGES</b>		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"/>	Total Charges: <b>2</b>
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> FS/ORD:	Citation No.: Bond:
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12 While the Defendant was handing the child, [REDACTED] the Defendant got upset at the way that [REDACTED] was taking the child from  
 13 him and aggressively shoved her backwards causing her to lose her balance and use the car for stability. While in the commission of the battery,  
 14 [REDACTED] was still in the hands of the Defendant. The Defendant used [REDACTED] body instead of his hands to push [REDACTED]. The  
 15 Defendant had [REDACTED] approximately five (5) feet off of the ground and used her body while he was holding her to push [REDACTED] off balance. [REDACTED]  
 16 [REDACTED] became very upset and was crying. The Defendant then left the scene and [REDACTED] moved to the other side of the parking lot for safety.  
 17 When I went to speak with [REDACTED], I noticed that her eyes were still red and teary from the incident. She was shy and not wanting to talk about  
 18 what happened. Due to the events that occurred and [REDACTED] behavior when I made contact, it is to be believed that [REDACTED] possibly  
 19 obtained mental injury after the fact of watching her father use her to batter her mother.  
 20  
 21 [REDACTED] informed me that there have been similar cases of domestic battery or a disturbance when conducting the child exchange. See OBPD case  
 22 # 170600245, 170100073, 160700062, 150400504.  
 23  
 24 I attempted to look at the surveillance video from Wal-Mart but was unable to see in between cars where the incident occurred. There were no  
 25 witnesses that stayed behind after the fact.  
 26  
 27 Neither [REDACTED] nor [REDACTED] sustained injuries from the incident. I obtained photographs of [REDACTED] and submitted them into  
 28 OBPD Evidence.  
 29  
 30 I provided [REDACTED] with a Domestic Violence packet that included the Victim's Rights Pamphlet, my business card, and the case number.  
 31  
 32 [REDACTED] statement was submitted into OBPD Records.

Sworn to and subscribed before me, the undersigned this <u>16</u> day of <u>August</u> , 2017. Name: <u>[Signature]</u>	I swear affirm the above statements are correct and true [Signature] OFFICER'S/COMPLAINANT'S SIGNATURE	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	MOODY, SIERRA SAGE NAME (PRINTED)	OB414 ID NUMBER

