

7th. Judicial Circuit 707 Charging Affidavit - Flagler

Arrest # _____

Bk # _____

Pg #1 of 2

09-459 MM
09-2376

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: 09-459 MM	
(ORI) FL: 180200		Agency Name: FLAGLER Bch PD		Agency Case Number: 09-2376	
FCIC/NCIC Check? Yes <input type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR: _____ Date Arrested: _____ Time of Arrest: _____	
ADDRESS OF ARREST: _____					
DEFENDANT		Name (L,F,M): NE JAME, JAMAL KARIEM		A.K.A.: _____ Sex: M Race: W	
DOB: 04-09-49		Age: _____ Driver's Lic/ID No.: _____		State: _____ Year Expires: _____ S.S. #: _____	
Height: 602		Weight: 210		Hair: BK Eyes: BR	
Scars, Marks, Tattoos: _____		Business & Occupation: _____		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 type="checkbox"/>		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Deaf/Mute: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Address-Mailing/Permanent (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE RESIDENCE PHONE		139 142 AVALON FLAGLER Bch FLA 32136			
Address-Local (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE RESIDENCE PHONE					
Address-Other(Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE BUS/SCHOOL PHONE					
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/> Total Charges: 1	
#1	Charge: STALKING	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input checked="" type="checkbox"/>		FS/ORD: 284.048 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>27</u> day of <u>MARCH</u> , <u>2009</u> , at approximately _____ a.m. <input type="checkbox"/> p.m. at <u>142 AVALON AVE</u> within <u>FLAGLER</u> County, violated the law and did then and there:			
<p>HAS SET A PATTERN OF CONDUCT BY HARASSING AND HAS CAUSED A SUBSTANTIAL AMOUNT OF EMOTIONAL DISTRESS AND HAS PUT BOTH V-1 AND V-2 IN FEAR OF THEIR SAFETY AND WELL BEING. DEF GOES BY THEIR BUSINESS AND MAKES UNFOUNDED CLAIMS TO CODE ENFORCEMENT. HIS PATTERN OF CONDUCT HAS ALSO PUT V-1 AND V-2 IN FEAR FOR THEIR SONS SAFETY AND THEIR DOG. V-1 AND V-2 IS IN FEAR OF THEIR PROPERTY AND STAY TO THE GOLDEN CLOW</p>					
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		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN	
Sworn to and subscribed before me, the undersigned This: <u>27</u> day of <u>MARCH</u> , <u>09</u> .		I swear/affirm the above statements are correct and true.		Juve Disp. CITATION No. _____	
Name: <u>[Signature]</u>		OFFICER'S/COMPLAINANT'S SIGNATURE		Rt Thumb _____	
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"/> Type of Identification: _____		NAME(PRINTED)		ID NUMBER	
		<u>ANTHONY S. MARLOW</u>			
		Inmate Number			

OFFICIAL USE ONLY

Case: 2009 MM 000459



00014028507
Drt: 707

STATE VS.

Name(L,F,M): _____

DOB: _____

Court Case Number: _____

FIRST APPEARANCE DATE: _____

The defendant was advised of his/her rights and furnished a copy of the complaint.

Defendant () requested and was appointed a Public Defender after being found indigent.

Defendant () not indigent, has or will retain _____ as counsel.

The Court has examined the sworn complaint and finds:

CHARGE					
Probable Cause Found					
PC Undet. - 72 hours					
PC Undet. - 96 hours					
Insufficient PC					
BOND SET AT					
ROR					
PTR					
Other					

ASA: _____ PD: _____

Plea: _____

Sentence: _____

Notes: _____

CONDITIONS OF RELEASE

Type Of Supervision:

- () Supervised Release
- () Electronic Monitoring - May require defendant to pay for use of monitoring equipment

Special Conditions:

- () No contact with the alleged victim(s), witness(es), & co-defendant(s)
- () No violent contact with the alleged victim(s) _____
- () Do not consume illegal drugs
- () Do not consume alcohol
- () Submit to urinalysis tests for illegal drugs and/or alcohol
- () Substance abuse assessment
- () Participation in appropriate substance abuse treatment
- () _____

Judge

Witness/Victim/Evidence Form 798-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile
 Court Case Number:

Defendant Name: NE JAME, JAMAL KARIM				Agency Case Number: 09-2376					
Name (L.F.M.): MARLOW ANTHONY				Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: M	Age: 60	DOB: 5-11-48	SSN:
Address (#, Street, City, State): 142 AVALON AVE				Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone: 435-7465	
Bus./School Address: FLAGLER Bch. Fla 32136						Zip:		Bus. Phone: 435-3004	
Relative/Contact Name:				Relative/Contact Address:				Phone:	
Name (L.F.M.): MARLOW CAROLYN				Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: W	Sex: F	Age:	DOB: 11-20-60	SSN:
Address (#, Street, City, State): 142 AVALON AVE				Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone: 435-7465	
Bus./School Address: FLAGLER Bch. Fla						Zip:		Bus. Phone: 435-3004	
Relative/Contact Name:				Relative/Contact Address:				Phone:	
Name (L.F.M.):				Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:
Address (#, Street, City, State):				Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:						Zip:		Bus. Phone:	
Relative/Contact Name:				Relative/Contact Address:				Phone:	
Name (L.F.M.):				Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:
Address (#, Street, City, State):				Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:						Zip:		Bus. Phone:	
Relative/Contact Name:				Relative/Contact Address:				Phone:	
Name (L.F.M.):				Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:
Address (#, Street, City, State):				Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:						Zip:		Bus. Phone:	
Relative/Contact Name:				Relative/Contact Address:				Phone:	
Name (L.F.M.):				Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex:	Age:	DOB:	SSN:
Address (#, Street, City, State):				Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>		Zip:		Home Phone:	
Bus./School Address:						Zip:		Bus. Phone:	
Relative/Contact Name:				Relative/Contact Address:				Phone:	

EVIDENCE COLLECTED

Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value
Description	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner (Name) (Address) (Phone)			Value

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

LT. MILSTEAD 7049 F.B.I.D.
 Investigating Officer ID Number Agency