

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: 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:
ADDRESS OF ARREST:		Arrested By:		ID Number:	
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	POB (City, St, Country):	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Scars, Marks, Tattoos:		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 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		139144 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 checked="" type="checkbox"/> ORD <input 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 27 day of March, 2009, at approximately _____ a.m. <input type="checkbox"/> p.m. at 142 AVALON AVE within FLAGLER County, violated the law and did then and there: 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 POLICE 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 GOLF COURSE.					
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		Juve Disp. CITATION No.
Sworn to and subscribed before me, the undersigned This 27 day of March, 09.		I swear/affirm the above statements are correct and true.		Rt Thumb	
Name: [Signature]		OFFICER'S/COMPLAINANT'S 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"/> Type of Identification:		NAME(PRINTED) XANTHONY S. MARLOW		ID NUMBER	
OFFICIAL USE ONLY		Inmate Number			

Case: 2009 MM 000469



00014028607  
Drt: 707

WHITE - COURT COPY • YELLOW - STATE #

ORCEMENT COPY • GOLD - DEFENDANT'S COPY

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:

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Defendant Name: <b>NE JAME, JAMAL KARIM</b>				Agency Case Number: <b>09-2376</b>			
Name (L.F.M.): <b>MARLOW ANTHONY</b>				Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>W</b>	Sex: <b>M</b>	Age: <b>60</b> DOB: <b>5-11-48</b> SSN: <b>439-7465</b>
Address (#, Street, City, State): <b>142 AVALON AVE</b>				Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Zip: <b>32136</b> Home Phone: <b>439-7465</b>	
Bus./School Address: <b>FLAGLER Bch. FLA</b>						Zip: <b>32136</b> Bus. Phone: <b>439-3004</b>	
Relative/Contact Name:				Relative/Contact Address:			
Name (L.F.M.): <b>MARLOW CAROLYN</b>				Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>W</b>	Sex: <b>F</b>	Age: <b>17</b> DOB: <b>20-60</b> SSN: <b>439-7465</b>
Address (#, Street, City, State): <b>142 AVALON AVE</b>				Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Zip: <b>32136</b> Home Phone: <b>439-7465</b>	
Bus./School Address: <b>FLAGLER Bch. FLA</b>						Zip: <b>32136</b> Bus. Phone: <b>439-3004</b>	
Relative/Contact Name:				Relative/Contact Address:			
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:			
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:			
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:			
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:			

## 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