

**7th. Judicial Circuit 707
Charging Affidavit - FLAGLER**

Arrest # _____

Bk # 15-1347

Pg #1 of 3

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: <u>#15-656 MM</u>	
(ORI) FL: 0 1 8 0 0 0 0		Agency Name: Flagler County Sheriff's Office		Agency Case Number: 2015-00063445	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS# <u>130104088</u>		Date Arrested: 6/21/2015	
ADDRESS OF ARREST: 14, REINHARDT, LN, PALM COAST, Florida, 32164		Arrested By: Malheiros Nancy		ID Number: 585	
DEFENDANT Name (L.F.M.): Volden, Michelle, L		A.K.A.:		Sex: Female Race: White	
DOB: 4/26/1976 Age: 39		Driver's Lic ID No.: V435-552-76-641-0		State: Florida Year Expires: 2022	
Height: 5 5 Weight:		Hair: Red or Auburn Eyes: Brown		POB (City, St, Country)	
Scars, Marks, Tattoos:		Business & Occupation:		Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Citizenship: Yes <input type="checkbox"/> No <input checked="" 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) (CITY) (STATE) ZIPCODE RESIDENCE PHONE			
Address-Local (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE RESIDENCE PHONE		14 REINHARDT LN PALM COAST Florida 32164 (386)586-6878			
Address-Other (Employer/School) (STREET, APT. NUMBER) (CITY) (STATE) ZIPCODE BUS SCHOOL PHONE					
CHARGES		DOMESTIC VIOLENCE? YES <input checked="" type="checkbox"/>		Attachments: Affidavit(s) <input checked="" 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: Battery Domestic Violence		FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		FS ORD: 784.03dv Citation No.: Bond: None	
#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 a probable cause to believe the above names defendant, on the <u>14th</u> day of <u>June</u> , 2015, at approximately <u>12:00</u> <u>PM</u> A.M. <u>X</u> P.M. at <u>14 REINHARDT LN</u> within <u>Flagler</u> County, violated the law and did then and there.			
<p>On June 21, 2015 at approximately 12:00PM I, Deputy Malheiros, responded to 14 Reinhardt Lane in reference to a domestic disturbance between a live in couple that have been together for over 17 years and have a child in common. Upon arrival, Deputy Jacob was already in contact with the victim [redacted] and the suspect, Michelle Volden. [redacted] advised that he was sitting on the couch while in a verbal altercation with Michelle. At one point during the altercation, Michelle grabbed an orange Bic lighter and threw it at [redacted]'s face. He advised it hit him somewhere around his mouth area but no marks, scratches or bruises were observed on him that appeared to be fresh. The inside of his lips were also clear from any cuts or blood. When Deputy Jacob reminded [redacted] of the statements made while on the phone with dispatch about bleeding; he denied</p>					
Supervisor Approved: Allen, Eric E					
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"/>	
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.		FINE AND COSTS AMOUNT:			
SIGNATURE OF DEFENDANT		DATE		RELATIONSHIP TO JUVENILE	
Sworn to and subscribed before me, the undersigned This <u>21</u> day of <u>June</u> 2015		I swear affirm the above statements are correct and true.		Rt Thumb	
Name: <u>Sgt. Almy #331</u>		OFFICER'S COMPLAINTANT'S SIGNATURE			
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:		NAME (PRINTED) <u>D/S MALHEIROS #585</u>		ID NUMBER <u>585</u>	
OFFICIAL USE ONLY		Inmate Number & facility:			

707 - COURT COPY

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear

Adult
 Juvenile

Court Case Number:

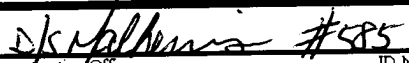
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Defendant Name: Volden, Michelle, L		Agency Case Number: 2015-00063445	
Name (L,F,M):	Vic <input checked="" type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Age:	DOB:
Bus/School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:
Bus/School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:
Bus/School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:
Bus/School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:
Bus/School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	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:
Bus/School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Phone:

EVIDENCE COLLECTED

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
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

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

 #585
 Investigating Officer ID Number FCSD Agency

707-A - COURT COPY

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Agency Case Number:
2015-00063445

Defendant Name:

Volden, Michelle, L

CHARGES

DOMESTIC VIOLENCE?

YES

Attachments: Affidavit(s) Statement(s) NTA Schedule Report Traffic Infraction(s)

Total Charges:

#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

saying anything about blood. Photos were taken of [redacted] and uploaded into AEGIS. Upon speaking to Michelle, she advised she is tired of being verbally abused by [redacted] and that she "lost her temper and threw the lighter at him". She also made the statement to Deputy Jacob the moment he arrived on scene prior to interviewing her to take her to jail. She also made that statement in my presence. [redacted] did not wish to pursue charges and only wanted law enforcement to talk to her in reference to her attitude. He was not willing to provide a sworn written statement; however, AXON video from myself and Deputy Jacob will be uploaded into evidence.com.

During the interview with Michelle, she was asked if she was suicidal or had any thoughts of harming herself. Michelle responded several times with "no" but that she was just sick of living this way with [redacted] constantly verbally abusing her. Once I advised Michelle that she was going to jail, she became extremely upset and yelled "I wanna kill myself". I explained to Michelle that making that statement would not deter from her going to jail. She apologized and I placed her in handcuffs and placed her in the back of my patrol vehicle. I transported Michelle to the Flagler County Inmate Facility without incident. Deputy Jacob provided [redacted] with all Domestic paperwork, pamphlets and case card with number. [redacted] declined any services from victims advocate and any medical attention. CCIS was checked on both subjects and no prior domestic disturbances were found. Nothing further to report at this time.

Sworn to and subscribed before me, the undersigned this <u>21</u> day of <u>June</u> , 2015.	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>Sgt. Alump #331</u>	<u>D/S [Signature] #585</u> OFFICER'S/COMPLAINANT'S SIGNATURE	
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED): <u>D/S [Signature]</u>	ID NUMBER: <u>585</u>
Type of Identification:		

707-B - COURT COPY