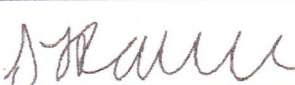
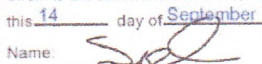
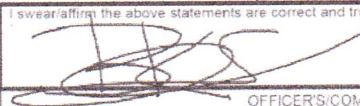


7th. Judicial Circuit 707
Charging Affidavit - Volusia

Arrest # _____ Bk # _____ Pg # 1 of 3

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input checked="" type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: 2018 104462 MMDL	
(ORI) FL: FL0641000		Agency Name: ORANGE CITY POLICE DEPARTMENT	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS # _____	
ADDRESS OF ARREST (Street, City, State, Zip): 1065 HARLEY STRICKLAND BLVD ORANGE CITY FL 32763		Arrested: By: Smith, Brie	
DEFENDANT		Date Arrested: _____	
NAME (Last): RAULERSON (First): JENNIFER (Middle): _____		ID Number: OC1288	
DOB: _____ Age: 38 Driver's Lic. / ID No.: _____		Sex: F Race: W	
Height: 5' 11 Weight: _____ Hair: BRO Eyes: BRO		State: FL Year Expires: 2020 SS #: _____	
P.O.B. (City, State, 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"/>		Deaf/Mute: 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"/>		Total Charges: 1	
Address - Mailing/Permanent (STREET, APT. NUMBER): _____ (CITY): _____ (STATE): FL ZIP CODE: _____ RESIDENCE PHONE: _____			
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: _____			
CHARGES			
DOMESTIC VIOLENCE? Yes <input type="checkbox"/> Attachments: Affidavit(s) <input 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"/>			
#1 Charge: Petit Theft 1/ Merchant	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 812.015(1)D	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 (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 14 day of September , 2018 , at approximately 0736 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.			
at 1065 HARLEY STRICKLAND BLV ORANGE CITY within Volusia County, violated the law and did then and there:			
<p>1 Defendant (Raulerson, Jennifer) knowingly endeavor to obtain property belonging to the Victim (Kohls) with the intent to deprive the merchant of</p> <p>2 possession and full retail value of the property. The defendant did so by taking x7 Misc. clothes items (\$169.95) and x1 pair of women's sandals</p> <p>3 (\$34.99). TOTAL VALUE \$204.94. After selecting the items listed above the defendant places the items into a Kohls shopping cart and places her</p> <p>4 diaper bag over top of them. The defendant then proceeds towards the exit passing all points of sales with no intent to pay for the items. Once at the</p> <p>5 exit the defendant exits the store with the items listed above. The defendant was then approached by loss prevention and escorted to the loss</p> <p>6 prevention office. The offense was witnessed by W-1 (Cruz, Alexis). I obtained a sworn written statement from Cruz. SEE statement for further</p> <p>7 details. I obtained a receipt and image of the items listed above and they will be placed into OCPD. There is video of the offense. I will follow up with</p> <p>8 Cruz on a later date in reference to gathering the video of the offense. The defendant was released with an NTA.</p>			
NOTICE TO APPEAR			
MANDATORY APPEARANCE <input checked="" 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: 		JUVENILE DISP. CITATION No. _____	
Date: 09-14-2018		RELATIONSHIP TO JUVENILE: _____	
Sworn to and subscribed before me, the undersigned this 14 day of September , 2018		I swear/affirm the above statements are correct and true	
Name: 		OFFICER'S/COMPLAINANT'S SIGNATURE: 	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>		NAME (PRINTED): SMITH, BRIE	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>		ID NUMBER: OC1288	
Type of Identification: _____			
OFFICIAL USE ONLY		Inmate Number & Facility: _____	

09/14/2018 08:17:14 PM Clerk of the Circuit Court, Volusia County, Florida

Witness/Victim/Evidence Form 707-A

☐ Arrest
☐ Affidavit
☒ Notice to Appear
 ☒ Adult
☐ Juvenile

Court Case
Number:

Page # 3 of 3

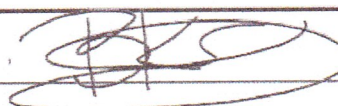
Defendant (Last) (First) (Middle)			Agency Case Number:		180002776		
Name: RAULERSON JENNIFER			Vic <input checked="" type="checkbox"/> Wit <input type="checkbox"/>		Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: DOB: SSN:
Address (#, Street, City, State): KOHLS 1065 HARLEY STRICKLAND BLVD ORANGE CITY FL 32763			Zip: 32763		Home: Phone:		Statement: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:
Relative/Contact Name:			Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>		Race: Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>		Age: DOB: SSN:
Address (#, Street, City, State): CRUZ ALEXIS 1065 HARLEY STRICKLAND BLVD ORANGE CITY FL 32763			Zip: 32763		Home: Phone: (386) 456-1001		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:
Relative/Contact Name:			Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: DOB: SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:
Relative/Contact Name:			Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: DOB: SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:
Relative/Contact Name:			Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: DOB: SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:
Relative/Contact Name:			Relative/Contact Address:		Phone:		
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>		Race: Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Age: DOB: SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:
Relative/Contact Name:			Relative/Contact Address:		Phone:		

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
RECEIPT & IMAGE OF ITEMS	09-14-2018		
Owner Name (Last) (First) (Address)	(Phone)	Value	
OC PD		1.00	
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (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.

SMITH, BRIE
Investigating Officer



OC1288
ID Number

OC PD
Agency

Volusia

Notice to Appear Instruction Sheet

Follow these instructions according to the boxes checked.

Court Case Number:	
Agency Case Number:	180002776

☒ **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: _____