


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: <b>2018 104462 MMDL</b>	
(ORI) FL: <b>FL0841000</b>		Agency Name: <b>ORANGE CITY POLICE DEPARTMENT</b>		Agency Case Number: <b>180002776</b>		U.C.R.:		Date Arrested:		Time of Arrest:		ID Number: <b>OC1288</b>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OBTS #		Arrested By: <b>Smith, Brie</b>		A.K.A.:		Sex: <b>F</b>		Race: <b>W</b>		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ADDRESS OF ARREST (Street, City, State, Zip): <b>1065 HARLEY STRICKLAND BLVD ORANGE CITY FL 32763</b>				Arrested: By: <b>Smith, Brie</b>		A.K.A.:		Sex: <b>F</b>		Race: <b>W</b>		ID Number: <b>OC1288</b>	
<b>DEFENDANT</b>		NAME (Last): <b>RAULERSON</b>		NAME (First): <b>JENNIFER</b>		NAME (Middle):		State: <b>FL</b>		Year Expires: <b>2020</b>		SS # -	
DOB: _____		Age: <b>38</b>		Driver's Lic. / ID No.: _____		P.O.B. (City, State, Country):		Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Height: <b>5' 11"</b>		Weight:		Hair: <b>BRO</b>		Eyes: <b>BRO</b>		Business & Occupation:		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos:		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" 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"/>	
Address - Mailing/Permanent		(STREET, APT. NUMBER)		(CITY)		(STATE)		ZIP CODE		RESIDENCE PHONE		Total Charges: <b>1</b>	
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 type="checkbox"/>		Statement(s) <input checked="" type="checkbox"/>		NTA Schedule <input type="checkbox"/>		Report <input checked="" type="checkbox"/>		Traffic Infraction(s) <input type="checkbox"/>	
#1 Charge: <b>Petit Theft 1/ Merchant</b>		FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: <b>812.015(1)D</b>		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:					
<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:	
<b>NARRATIVE</b>		The undersigned certifies and swears that there is probable cause to believe the above-named defendant,											
on the <u>14</u> day of <u>September</u> , <u>2018</u> , at approximately <u>0736</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.		at <u>1065 HARLEY STRICKLAND BLV ORANGE CITY</u> within <u>Volusia</u> County, violated the law and did then and there:											
1 Defendant (Raulerson, Jennifer) knowingly endeavor to obtain property belonging to the Victim (Kohls) with the intent to deprive the merchant of		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											
2 (\$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		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											
3 exit the defendant exits the store with the items listed above. The defendant was then approached by loss prevention and escorted to the loss		prevention office. The offense was witnessed by W-1 (Cruz, Alexis). I obtained a sworn written statement from Cruz. SEE statement for further											
4 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		Cruz on a later date in reference to gathering the video of the offense. The defendant was released with an NTA.											
5													
6													
7													
8													
<b>NOTICE TO APPEAR</b>		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"/>		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: <b>09-14-2018</b>		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN		RELATIONSHIP TO JUVENILE		JUVE DISP		CITATION No.			
Sworn to and subscribed before me, the undersigned this <u>14</u> day of <u>September</u> , <u>2018</u>		I swear/affirm the above statements are correct and true		OFFICER'S/COMPLAINANT'S SIGNATURE				Rt Thumb					
Name: <u>[Signature]</u>				NAME (PRINTED): <b>SMITH, BRIE</b>		ID NUMBER: <b>OC1288</b>							
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:									
<b>OFFICIAL USE ONLY</b>		Inmate Number & Facility:											



# Witness/Victim/Evidence Form 707-A

Arrest  
 Affidavit  
 Notice to Appear
  Adult  
 Juvenile

Court Case Number: 180002776

Page # 3 of 3

Defendant (Last): RAULERSON		(First): JENNIFER		(Middle):		Agency Case Number: 180002776			
Name (Last): KOHLS	(First):	(Middle):	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): 1065 HARLEY STRICKLAND BLVD ORANGE CITY FL				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): CRUZ	(First): ALEXIS	(Middle):	Vic: <input checked="" type="checkbox"/>	Wit: <input type="checkbox"/>	Race: H	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 32	DOB: 05-27-1986	SSN:
Address (#, Street, City, State): 1065 HARLEY STRICKLAND BLVD ORANGE CITY FL				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/ID Number	Drug Amount
RECEIPT & IMAGE OF ITEMS	09-14-2018		
Owner Name (Last): OCPD (First): (Address):		(Phone):	Value: 1.00
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Owner Name (Last): (First): (Address):		(Phone):	Value:
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/ID 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

OCPD  
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:** \_\_\_\_\_