

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

Arrest # _____ Bk # _____ Pg # 1 of 4

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: 2019 100151 CFDL	
(ORI) FL: <u>FL0640200</u>	Agency Name: <u>DELAND POLICE DEPARTMENT</u>	Agency Case Number: <u>190000531</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS # _____	U.C.R. _____	Date Arrested: <u>01-20-2019</u> Time of Arrest: <u>0100</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>208 N WOODLAND BLVD DELAND FL 32720</u>		Arrested By: <u>Lafleur, Austin</u>	ID Number: <u>DL831</u>
DEFENDANT	NAME (Last) <u>STAPF</u> (First) <u>JOSEPH</u> (Middle) <u>F</u>	A.K.A.: _____	Sex: <u>M</u> Race: <u>W</u>
DOB: <u>12-21-1988</u>	Age: <u>30</u> Driver's Lic./ ID No.: _____	State: <u>FL</u> Year Expires: <u>2026</u>	S.S.# - _____
Height: <u>5' 11"</u>	Weight: <u>185</u> Hair: <u>BLK</u> Eyes: <u>HAZ</u>	P.O.B. (City, State, Country): <u>NY</u>	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 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) <u>196 TOWNE CENTER CIR</u>		(CITY) <u>SANFORD</u> (STATE) <u>FL</u>	ZIP CODE <u>32771</u> RESIDENCE PHONE <u>(386) 718-3734</u>
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"/>	Total Charges: 3
#1 Charge: <u>POSS OF COCAINE</u>	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>893.13</u>	Citation No.: _____	Bond: <u>2,500.00</u>				
#2 Charge: <u>Resist Officer w/o Viol.</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>843.02</u>	Citation No.: _____	Bond: <u>500.00</u>				
#3 Charge: <u>Breach of Peace/Disorderly Conduct</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>877.03</u>	Citation No.: _____	Bond: <u>500.00</u>				

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 20 day of January, 2019, at approximately 0054 a.m. p.m. at 208 N WOODLAND BLVD DELAND within Volusia County, violated the law and did then and there:

1 On 01-20-2019 at 0054 hours I was dispatched to 208 N Woodland Blvd (The Boulevard Bar) in reference to a disturbance involving a male possibly
2 armed with knife.
3
4 After arriving on scene I made contact with the bar staff, identified as Jessica Barron and Vinnie Winger. Winger stated the male subject, identified
5 by his Florida Driver License as Joseph Stapf, had been causing a verbal disturbance within the bar. Winger stated he told Stapf to leave the bar
6 numerous times. Winger advised Stapf left the bar and was causing a disturbance with patrons outside the bar. Winger stated Stapf continued to
7 come back into the bar even after asked to leave. Winger stated Stapf disturbance caused patron to leave the bar. Barron stated she asked Stapf to
8 not "touch" her and the Stapf "decided to grab" her left arm twice. Winger stated after Stapf grabbed Barron he decided to call 9-1-1. The bar staff
9 was escorting Stapf out of the bar as I was arriving on scene.
10
11 As I attempted to investigate the disturbance Stapf appeared to be intoxicated and was being belligerent. Stapf did not obey my lawful verbal
12 commands and was argumentative. Stapf began to walk towards me and continued to not obey my lawful commands.
13
14 After Stapf refused to obey my verbal lawful commands I attempted to take physical control over Stapf by grabbing his arm. Stapf then pulled away
15 from me. Stapf was placed into handcuffs that were checked for tightness and double locked.

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 _____	RELATIONSHIP TO JUVENILE _____
SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____		Date _____	JUVE DISP. _____
SIGNATURE OF DEFENDANT _____		Date _____	CITATION No. _____

Sworn to and subscribed before me, the undersigned this <u>20</u> day of <u>January</u> , <u>2019</u> , Name: <u>[Signature]</u>	I swear/affirm the above statements are correct and true <u>[Signature]</u> <u>DL831</u>	Rt Thumb _____
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE <u>LAFLEUR, AUSTIN</u> <u>DL831</u>	
Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>	NAME (PRINTED) _____ ID NUMBER _____	
Type of Identification: _____		

Volusia**Notice to Appear Instruction Sheet**

Follow these instructions according to the boxes checked.

Court Case Number:
Agency Case Number:

- 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: _____

Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: STAPF	(Last)	(First) JOSEPH	(Middle) F	Agency Case Number: 190000531				
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"/>	Total Charges: 3
#	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:	

16
17 While conducting a search of Stapf, incident to arrest, Officer Goins located two plastic bag containing a white powdery substance (see supplement)
18 and I located a knife in the front right pocket.
19
20 I tested both white powdery substances with a DeLand Police Department issued Sirchie NARC #13 test kits, which both tested presumptively
21 positive for cocaine.
22
23 Barron and Winger completed sworn written statements about the incident. Barron stated she did not want to press charges on Stapf. Both advised
24 the only wish to trespass Stapf from the property.
25
26 Stapf was transported to VCBJ without incident.

Sworn to and subscribed before me, the undersigned this <u>20</u> day of <u>January</u> , 2019 Name: <u>[Signature]</u>	I swear/affirm the above statements are correct and true <u>[Signature]</u>	Right Thumb
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	OFFICER'S/COMPLAINANT'S SIGNATURE LAFLEUR, AUSTIN NAME (PRINTED)	
	DL831 ID NUMBER	

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

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Defendant (Last) (First) (Middle)			Agency Case Number:		190000531				
Name: STAPF JOSEPH F			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):			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 checked="" type="checkbox"/>		Race:	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:		Home:	Phone: (386) 956-8948	Statement:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address: 208 N WOODLAND BLVD DELAND FL			Zip: 32720		Home:	Phone: (386) 279-7450	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):			Zip:		Home:	Phone: (386) 956-0895	Statement:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address: 208 N WOODLAND BLVD DELAND FL			Zip: 32720		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
WHITE POWDERY SUBSTANCE	01-20-2019	NA	0.2 GRAMS
Owner Name (Last) (First) (Address)	(Phone)	Value	
WHITE POWDERY SUBSTANCE	01-20-2019	NA	0.2 GRAMS
Owner Name (Last) (First) (Address)	(Phone)	Value	
BROWN AND BLACK IN COLOR KNIFE	01-20-2019	NA	NA
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.

LAFLEUR, AUSTIN
Investigating Officer

AIB. J. J. DL831
DL831
ID Number

DLPD
Agency