

Adult Def PC Arrest
 Juvenile Def Application for Warrant / Capias

AFFIDAVIT - COMPLAINT

Clerks Case No. _____

SA Case No.(s) _____

1. Agency Name: Bay County Sheriffs Office		2. Agency Report Number: 2009-069216		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> Misd w/ felony		3a. Ordinance Type: <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 09/30/2009 @ 05:50		5. Date/Time of Arrest: 09/30/2009 @ 13:00		6. Arresting Officer: SGT. JEREMY MATHIS		7. Investigating Officer: SGT. JEREMY MATHIS #64	

8. Defendant's Name: (Last) SHOCKLEY, GERALDINE, H				(First)		(Middle)		ALIAS		9. CBTS	
10. Race/Sex: W / F		11. Date of Birth: 03/09/1931		12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> Out of State <input type="checkbox"/> City <input checked="" type="checkbox"/> County		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: TYPE & QUANTITY		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Height: 5'02"		16. Weight: 125		17. Eye Color: HAZ		18. Hair Color: BLND		19. Scars, marks, tattoos, unique physical features: NONE KNOWN			
20. Driver's License Number/State: [REDACTED]			21. Social Security Number: [REDACTED]			22. Residential Telephone:			23. Business Telephone:		
24. Address: (Street, Apartment Number) [REDACTED]				(City) [REDACTED]		(State) FL		(Zip) 32413			

25. Charge Description: (#1) MURDER						26. Statute or Ordinance Number: 782.04						<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord	
27. Charge Description: (#2)						28. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
29. Charge Description: (#3)						30. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
31. Charge Description: (#4)						32. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
33. Charge Description: (#5)						34. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
35. Charge Description: (#6)						36. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
37. Charge Description: (#7)						38. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
39. Charge Description: (#8)						40. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
41. Charge Description: (#9)						42. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	
43. Charge Description: (#10)						44. Statute or Ordinance Number:						<input type="checkbox"/> F.S. <input type="checkbox"/> Ord	

45. Victim's Name (if business, list legal business name) (Last) (First) (Middle) [REDACTED]				46. Race/Sex: [REDACTED]		47. Date of Birth: [REDACTED]		48. Telephone Number:	
49. Contact Person if victim deceased, a minor child, or business: (Last) (First) (Middle) SGT. JEREMY MATHIS				50. Race/Sex: /		51. Date of Birth:		52. Telephone Number: (850) 747-4700	
53. Address: (Street, Apartment Number) (City) (State) (Zip) 3421 N.HWY.77 PANAMA CITY FL 32405				54. Secondary Phone Number:					
55. Victim Notification of Arrest: NOTIFIED BY _____ DATE _____ TIME _____						56. Information Given: <input type="checkbox"/> Victims Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App. Info <input type="checkbox"/> Dom. Viol. Info			

57. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's Name: BCSO EVIDENCE		58. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: CASE FILE		59. I certify that all of the above information is true and correct to the best of my knowledge and is page <u>1</u> of a <u>2</u> page affidavit/complaint. <i>J. Mathis</i> Officer/Complainant Signature		SGT. JEREMY MATHIS #64 Type or print Complainant name	
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Adult Def. PC Arrest
 Juvenile Def. Application for Warrant / Caplas

AFFIDAVIT - COMPLAINT

Clerks Case No. _____
SA Case No.(s) _____

1. Agency Name: Bay County Sheriffs Office		2. Agency Report Number: 2009-067043		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> Misd w/ felony		5a. Ordinance Type: <input type="checkbox"/> Municipal <input type="checkbox"/> County	
4. Date/Time of Offense: 09/30/2009 @ 05:50		5. Date/Time of Arrest: 09/30/2009 @ 13:00		6. Arresting Officer: SGT. JEREMY MATHIS		7. Investigating Officer: SGT. JEREMY MATHIS #64	

8. Defendant's Name: (Last) SHOCKLEY, GÉRALDINE, H				(First)		(Middle)		ALIAS		9. OBTS	
10. Race/Sex: W / F		11. Date of Birth: 03/09/1931		12. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> Out of State <input type="checkbox"/> City <input checked="" type="checkbox"/> County		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: TYPE & QUANTITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Height: 5'02"		16. Weight: 125		17. Eye Color: HAZ		18. Hair Color: BLND		19. Scars, marks, tattoos, unique physical features: NONE KNOWN			
20. Driver's License Number/State: [REDACTED]			21. Social Security Number: [REDACTED]			22. Residential Telephone: [REDACTED]			23. Business Telephone: [REDACTED]		
24. Address: (Street, Apartment Number) [REDACTED]				(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]			

25. Charge Description: (#1) EXPLOITATION OF THE ELDERLY	26. Statute or Ordinance Number: 825.03	<input checked="" type="checkbox"/> F.S. <input type="checkbox"/> Ord
27. Charge Description: (#2)	28. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
28. Charge Description: (#3)	30. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
31. Charge Description: (#4)	32. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
33. Charge Description: (#5)	34. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
35. Charge Description: (#6)	36. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
37. Charge Description: (#7)	38. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
39. Charge Description: (#8)	40. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
41. Charge Description: (#9)	42. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord
43. Charge Description: (#10)	44. Statute or Ordinance Number:	<input type="checkbox"/> F.S. <input type="checkbox"/> Ord

45. Victim's Name (If business, list legal business name) (Last) (First) (Middle) [REDACTED]			46. Race/Sex: [REDACTED]	47. Date of Birth: [REDACTED]	48. Telephone Number:
49. Contact Person if victim deceased, a minor child, or business: (Last) (First) (Middle) SGT. JEREMY MATHIS			50. Race/Sex: /	51. Date of Birth:	52. Telephone Number: (850) 747-4700
53. Address: (Street, Apartment Number) (City) (State) (Zip) 3421 N.HWY.77 PANAMA CITY FL 32405				54. Secondary Phone Number:	
55. Victim Notification of Arrest: NOTIFIED BY _____ DATE _____ TIME _____			56. Information Given: <input type="checkbox"/> Victims Rights Card <input type="checkbox"/> Arrest Info <input type="checkbox"/> First App. Info <input type="checkbox"/> Dom. Viol. Info		

57. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Evidence Custodian's Name: BCSO EVIDENCE	58. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: CASE FILE	59. I certify that all of the above information is true and correct to the best of my knowledge and is page <u>1</u> of a <u>2</u> page affidavit/complaint. [Signature] Officer/Complainant Signature	SGT. JEREMY MATHIS Type or print Complainant name
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Adult Def PC Arrest
 Juvenile Def Application for Warrant / Capias

Clerks Case No. _____
SA Case No.(s) _____

AFFIDAVIT - COMPLAINT (PROBABLE CAUSE NARRATIVE)

80. Agency Name: Bay County Sheriffs Office	81. Agency Report Number: 2009-067043	82. Date / Time of Arrest: 09/30/2009 @ 13:00	83. Investigating Officer: SGT. JEREMY MATHIS #64
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies that he / she has just and reasonable grounds to believe that the heretofore named defendant did commit the violation of law as stated above and the factual basis for this belief is as follows:

Your affiant, Sgt. Jeremy Mathis, a sworn Deputy Sheriff in and for the county of Bay, state of Florida, states that on or about September 22, 2009 the Bay County Sheriff's Office received a call of the possible theft from an elderly female, [REDACTED] People's 1st Bank had a check return for insufficient funds, which caused bank personnel to check on the status of the account.

Through their investigation, it was revealed that numerous checks had been written on [REDACTED] account to cash. It was further noted that the signature had changed on the checks, as if someone else had been signing the checks.

Your affiant states that on September 29, 2009, the defendant, Geraldine Shockley was interviewed about this case, and said she had indeed written checks off of the victim's account, saying she had permission to write the checks. Ms. Shockley said she wrote checks to pay herself, as agreed with the victim and her family, and wrote checks to cover payments made on her credit card in reference to groceries she purchased for the victim.

Your affiant states that through a review of the check, checks were found made payable to Regions Bank, [REDACTED] in excess of \$13,000.00. A check was also made payable to Citibank, [REDACTED] in excess of \$5,500.00.

Based on these facts, your affiant feels the defendant is in a position of trust with the victim, and has used the bank account of the victim to make deposits into her account, as well as to pay her credit card bills, in violation of Florida Statute 825.03. This offense occurred in Bay County, Florida.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>2</u> pages is true and correct to the best of his / her knowledge. <i>J. Mathis</i> Signature of Officer/Complainant SGT. JEREMY MATHIS Officer/Complainant's Name (Printed) ID Number	Sworn to and subscribed before me this <u>30</u> day of <u>September</u> , 20 <u>09</u> <i>[Signature]</i> Signature of Person Administering Oath <input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification <u>LEO</u> ID Type Seal
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87. Adult's Relation to Juvenile Defendant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	88. Adult's Name: (Last) _____ (First) _____ (Middle) _____
89. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____	90. Residential Phone: _____ 91. Business Phone: _____
92. Notified By: (Name) _____	93. Date / Time: _____ @ _____ 94. Notification Method: <input type="checkbox"/> Person <input type="checkbox"/> Telephone
95. Law Enforcement Disposition of Juvenile Contact (Check one and complete release data) Release Date: _____ Release Time: _____ Released to (Name): _____	<input type="checkbox"/> Transfer to Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released to other than HRS

Defendant / Attorney Copy