

First Appearance Court Order**20th Judicial Circuit****Lee County, Florida****Defendant:** VELAZQUEZ-ORJEDA, YANNIER**Aliases:****Case Numbers:** 20-015543CF**Jacket Number:** 354813**Arrest Number:** 923824**Roll Case:**

The State must, within 24 hours, establish probable cause on each charge or release the defendant. The Court does hereby find probable cause on the following charges and RELEASE CONDITIONS. The defendant acknowledges that he/she has been advised of the right to be represented by an attorney now, and at all other CRITICAL STAGES and of the rights on the plea form, and that this plea, conviction and sentence is acceptable. The defendant understands that this conviction may be used on a subsequent felony score sheet and may be considered for purposes of deportation.

On Monday, May 18, 2020, the defendant has been advised he or she is under arrest for the following charges:

PC	Charge	Release	Sentence	Court Appearance
Yes	Cruelty Toward Child Aggravated Child Abuse F-827.03.2a 20-015543CF Felony	Release: PTS EM With Bond Bond: \$250,000.00 Type: Cash/Surety Plea:		Date: 6/15/2020 Time: 8:30 AM Room: 7-B Type: Arraignment

Counsel: Court finds defendant indigent and appoints Public Defender

Name:**ASA:** Nicholas Alberto - Bar #118550

Interpreter: The Court finds defendant is Non-English speaking or Limited-English proficient and is entitled to a Court appointed interpreter at public expense to interpret from English to Spanish.

Information for the following shall be confidential:	
GPS Exclusion Zone(s):	
Conditions:	GPS
Probation:	
Other:	Surrender Passport to Law Enforcement Prior to Release

NO CONTACT ORDER IN THE ABOVE CASE(S)☐ No Violent Contact☒ No Direct/Indirect Contact with: **Any Minor Children**

Case Number(s): | DOB: | Race: | Gender: | Address:

No contact. Unless otherwise specified by the court, the term no contact includes the following prohibited acts:

1. Communicating orally or in any written form, either in person, telephonically, electronically, or in any other manner, either directly or indirectly through a third person, with the victim or any other person named in the order.
2. Having physical or violent contact with the victim or other named person or his or her property.
3. Being within 500 feet of the victim's or other named person's residence, even if the defendant and the victim or other named person share the residence.
4. Being within 500 feet of the victim's or other named person's vehicle, place of employment, or a specified place frequented regularly by such person.

☐ No Violent Contact

☒ No Direct/Indirect Contact with: [REDACTED]

Case Number(s): | DOB: | Race: | Gender: | Address:

No contact. Unless otherwise specified by the court, the term no contact includes the following prohibited acts:

1. Communicating orally or in any written form, either in person, telephonically, electronically, or in any other manner, either directly or indirectly through a third person, with the victim or any other person named in the order.
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4. Being within 500 feet of the victim's or other named person's vehicle, place of employment, or a specified place frequented regularly by such person.

☐ No Violent Contact

☒ No Direct/Indirect Contact with: [REDACTED]

Case Number(s): | DOB: | Race: [REDACTED] Address:

No contact. Unless otherwise specified by the court, the term no contact includes the following prohibited acts:

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2. Having physical or violent contact with the victim or other named person or his or her property.
3. Being within 500 feet of the victim's or other named person's residence, even if the defendant and the victim or other named person share the residence.
4. Being within 500 feet of the victim's or other named person's vehicle, place of employment, or a specified place frequented regularly by such person.

This order shall continue in effect until disposition of the case or until modified by a court with jurisdiction over the case.

VELAZQUEZ-ORJEDA, YANNIER was informed of this No Contact Order at First Appearance.

ANY VIOLATION OF THIS ORDER BY VELAZQUEZ-ORJEDA, YANNIER MAY RESULT IN ARREST WITHOUT BOND UNTIL FIRST APPEARANCE.

PRETRIAL SUPERVISION ORDER

The above defendant placed on pretrial supervision is required to appear in person for a mandatory appointment/first office visit as indicated below. The defendant must bring government identification and proof of residence and employment. Pretrial Services is located at 1700 Monroe Street, 3rd Floor, Fort Myers, FL, 33901. The department can be reached by phone at 239-533-8400.

Mandatory appointment date:

Report To:

☐

Date:

☐☐

Time:

Diversion Date:

☐

Report To:

The defendant, upon being released on pretrial supervision with Lee County Pretrial Services, hereby agrees to comply with the following conditions:

1. Report to the assigned pretrial officer as directed.
2. Remain at liberty without violating any laws.
3. Notify the assigned pretrial officer prior to changing his/her name, residence, telephone number or employment.
4. Notify the assigned pretrial officer prior to leaving the county in which he/she resides, overnight, for any reason.
5. Promptly and truthfully answer all inquiries directed by the court or the assigned pretrial officer and comply with ALL instructions provided.
6. When testing is ordered as a special condition, the defendant must not produce any positive or diluted drug or alcohol screens.
7. Comply with the following **special court conditions** as ordered.
 1. Electronic monitoring equipment must be installed prior to release and worn 24 hours per day until the completion of the case or final court appearance.
 2. Intentional altering, tampering or damaging of equipment in an attempt to defeat the intended use, or removal of equipment, constitutes a violation of the release. Criminal charges may be pursued.
 3. Electronic monitoring battery/equipment and telephone lines must be maintained. A dead battery/loss of power or intentional loss of telephone use will constitute a violation of the release.
 4. The defendant must pay all associated costs with installation and service to remain on electronic monitoring.

The non-compliance of any conditions or the failure to appear for any court date, unless excused by the court, is viewed as a violation of this order and may result in a warrant being issued and revocation of pretrial supervision.

The defendant, by signing below, acknowledges he/she has read or has been fully explained, understands and agrees to abide by all conditions ordered. The defendant also acknowledges receipt of a copy of this order. The defendant must petition the court to modify any of the above conditions.

5/18/2020**5/18/2020**

Defendant Signature

Date

Instructed by

Date

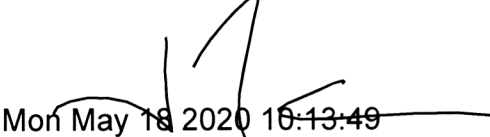
DEFENDANT'S OBLIGATIONS IF THE PUBLIC DEFENDER IS APPOINTED:

- Pursuant to Florida Statute 27.52, if the defendant has applied for the services of the Public Defender, a fifty dollar (\$50) application fee must be paid within seven (7) days to the Clerk of the Court (on the 1st floor of the Justice Center).
- The defendant is responsible for contacting the Public Defender's office at (239)533-2911 to (a) find out the name of his/her attorney, (b) obtain court dates, and (c) advise his/her attorney of any change to address or phone number.

No further notice of court dates will be given to the defendant by the clerk or the judge. The defendant shall be in court at the time noted above and thereafter as directed or a bench warrant and an estreatment of the bond will be issued. The defendant shall be provided with a copy of this Court Order at time of release from the jail.

Applications for the services of the Public Defender can be completed at the Lee County Pretrial Services Department located in the Justice Center, 3rd floor, 1700 Monroe Street, Fort Myers, FL 33901. Pretrial Services can be reached at (239)533-8400.

Mandatory assessments are imposed and shall be included in the judgment without regard to whether the assessment was announced in open court.



Mon May 18 2020 10:13:49

Tara Pascotto Paluck
Judge, Lee County Florida

A D M I N I S T R A T I V E	OBT'S Number 3606012815		Agency Report Number 20-242068		ARREST / NOTICE TO APPEAR		Arrest: (<input checked="" type="checkbox"/>) Juvenile: () Supplemental: ()	
	Agency ORI Number FL0360000		Agency Arrest Number 923824		Lee County Sheriff's Office		Notice to Appear: () Remand: ()	
	Agency ORI Number FL0360000		Agency Arrest Number 923824		Charge Type: (F) () ()		Weapon Seized: () Type: () Court#	
	Location of Arrest (include Name of Business)				Clerk/Warrant Number 20CF015543			
D E F E N D A N T	Date of Arrest 05/17/2020		Arrest Time 1745		Booking Date 05/17/2020		Booking Time 1859	
	Finger Printed by:				Finger Print Type:			
	Jail Date 5/17/20	Jail Time 1859	Jail No 923824	County ID No 35813	Other Local No	FDLE No	DOC No	FBI No
	Name (last, first, middle) VELAZQUEZ-ORJEDA, YANNIER Alias/Moniker Race: (w) Sex: (m) DOB: 02/07/1984 HT: 508 WT: 225 Eye Col BRO Hair Col BAL Complex (ME) Build (ME) Scars, Marks, Tattoos: Indication of: BAC #: .00 Place of Birth UNKNOWN CC CC Citizenship (N) Alcohol Influence: () Drug Influence: () Local Address (Street, Apt #) City State Zip Phone Zip Phone Business Address (Name, Street) City State Zip Phone Res Type: () Occupation: Driver's Lic No: V422-960-84-047-0 State FL SS #: ██████████ Immigration No. A206873126 Nearest Relative Street City State Zip Phone							
C O D E F	Co-Defendant Name (Last, First, Middle)						Race () Sex () DOB or Age	
	Co-Defendant Name (Last, First, Middle)						Race () Sex () DOB or Age	
C H A R G E	Charge Description #1 20CF015543 CRUELTY TOWARD CHILD AGGRAVATED CHILD ABUSE		Counts (<input checked="" type="checkbox"/>) F.S. 1	Citation () () Ord	Violation No 827.03(2a)	Narc Act (N) Type () Amt / Unit	Bond Charge # Type ()	
	Charge Description #2		Counts () F.S. () Ord	Citation () Dom Viol: () DV Injury: ()	Violation No	Narc Act () Type () Amt / Unit	Bond Charge # Type ()	
	Charge Description #3		Counts () F.S. () Ord	Citation () Dom Viol: () DV Injury: ()	Violation No	Narc Act () Type () Amt / Unit	Bond Charge # Type ()	
	UCR Code #1		UCR Code #2		UCR Code #3			
A U T O	Year		Make	Model	Tag	Color	VIN #	
	Location of Vehicle / Towed From				Removed by / Stored At			
N O T I C E	() Mandatory Appearance in Court		Location (Court Room No, Address)					
	() You need not appear in Court but must comply with instructions on the reverse side		Month: Day: Year: Time: () A.M. () P.M.					
			Location (Court Room No, Address)					
			Month: Day: Year: Time: () A.M. () P.M.					
I Promise to appear at the above Date, Time, and assigned Court room, to answer the offense charged, or to pay the fine subscribed. Failure to appear will result in the issuance of a PICK-UP ORDER OR WARRANT.								
Signed:								
Signature of Defendant				Supervisor review and approval Sergeant jmonmany				



OBTS No 3606012815	Agency Report Number 20-242068	PROBABLE CAUSE STATEMENT	1. Arrest(cont)	3. Arrest Affidavit
Agency ORI Number FL0360000	Agency Arrest Number 923824		2. Notice to Appear (cont)	4. Complaint Affidavit
Lee County Sheriff's Office		JUVENILE	5. Request for Capias	

Defendant Name (last, first, middle) VELAZQUEZ-ORJ YANNIER	Alias
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law: **AGGRAVATED CHILD ABUSE**

On the **16** day of **May** at **1130** (☒)A.M. (☐)P.M. Specifically include facts constituting cause for arrest)

WRITE NARRATIVE IN THE 1st PERSON (i.e. I witnessed the suspect)	GIVE BASIS FOR KNOWLEDGE OF THE INCIDENT (i.e. I was told by)
--	---

NARRATIVE	<u>Narrative</u>
	On May 17th, 2020 the Lee County Sheriff's Office received a call for service at [REDACTED] [REDACTED] in reference to a medical assistance. The details of the call advised that [REDACTED] [REDACTED] with a date of birth of [REDACTED] was vomiting up blood and had possible fallen and hit her head.
	Once on scene, responding Deputies assisted medics with scene security and she was shortly thereafter transported to Golisano Children's Hospital. Upon arrival at Golisano Children's Hospital the child was seen by medical staff and diagnosed with several life-threatening injuries which include multiple skull fractures, full body bruising, a brain bleed, a broken left clavicle, damaged spleen, a blown pupil and blood in her urine. Due to these injuries and the child's slim margin for survival, the child was emergency med-flighted to John Hopkins All Children's Hospital located in St. Petersburg, Florida in critical condition.
	Due to the nature of the incident, the Lee County Sheriff's Office Special Victims Unit was notified and responded to assume the investigation.
	Upon the victims' arrival at All Children's Hospital she was examined by Doctor Sally Smith and provided follow up information as well as her impression of the victim's injuries. Doctor Smith informed Detectives that she had positive findings for abusive head trauma to the skull, scalp, and brain with no reasonable explanation. The findings were consistent with high force impact or impacts to the head. Doctor Smith noted the injuries are not consistent with a minor household injury and concluded the severity of these injuries will likely result in death of the child.
	Detectives Clark and Villa made contact with all parties involved in the case to include the mother of the victim, as well as the suspect, Yannier Velazquez, a Hispanic male with a date of birth of February 7th, 1984. During the course of these interviews it was discovered that the suspect entered into his bedroom with the child in perfect health and locked the door. After approximately 30 minutes, the victim's mother knocked on the door to find the suspect and her child, who was now unresponsive. The suspect confirmed in his interview that he entered the room alone and locked the door, but could not explain the injuries or the fact that he was the only person with the exclusive

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OBTS No 3606012815	Agency Report Number 20-242068	PROBABLE CAUSE STATEMENT	1. Arrest(cont) 2. Notice to Appear (cont)	3. Arrest Affidavit 4. Complaint Affidavit 5. Request for Capias
Agency ORI Number FL0360000	Agency Arrest Number 923824		Lee County Sheriff's Office	JUVENILE

Defendant Name (last, first, middle) **VELAZQUEZ-ORJ YANNIER** Alias

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law: **AGGRAVATED CHILD ABUSE**
 On the **16** day of **May** at **1130** (X) A.M. () P.M. Specifically include facts constituting cause for arrest)

WRITE NARRATIVE IN THE 1st PERSON (i.e. I witnessed the suspect)

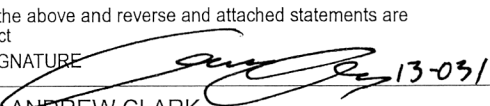


GIVE BASIS FOR KNOWLEDGE OF THE INCIDENT (i.e. I was told by)

Narrative

opportunity to cause such injuries.

Due to this information, Yannier Velazquez was placed under arrest for (1) Count of F.S.S. 827.03 (2) Aggravated Child Abuse as Velazquez did knowingly or willfully committed Child Abuse upon the victim and in so doing caused great bodily harm, permanent disability, or permanent disfigurement to the victim.

NARRATIVE

Adults Only () Hold for First Appearance Do Not Bond Out. Reason:	B O N D I N F O R M A T I O N	Date	Bond Charge # Type ()	Bond Charge # Type ()
I swear/affirm the above and reverse and attached statements are true and correct OFFICERS SIGNATURE  13-031		Location of Appearance (Court Room No. Address)		
Detective ANDREW CLARK 13-031/Major Crimes Unit NAME (printed) ID No./Dist		Returnable Court Date	Returnable Court Time	() A.M. () P.M.
Sworn and subscribed before me the undersigned authority This 17 day of May , 20		Release Date	Release Time	() A.M. () P.M.
 SIGNATURE of Person Authorized to Administer Oath		Releasing Officer		
 PRINTED Name/Title of Person Authorized to Administer Oath				

923824 / 35813

OFFICE OF THE SHERIFF, LEE COUNTY, FLORIDA

THIS FORM IS TO BE COMPLETED FOR ALL CRIMES INVOLVING A VICTIM.

DATE 05/16/2020 DISTRICT/COMPONENT Major Crimes Unit CFS # 20-242068

DEPUTY/MEMBER NAME Detective - ANDREW CLARK I.D. # 13-031

DEFENDANT VELAZQUEZ-ORJEDA, YANNIER

OFFENSE (S) CRUELTY TOWARD CHILD

VICTIM INFORMATION

MANDATORY CONTACT WHEN DEFENDANT IS RELEASED? _____

CONTACT PHONE _____ CONTACT PERSON _____



CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

NOTIFIED VICTIM / FAMILY OF INCIDENT? _____

REFERRED TO _____ DATE / TIME _____
(SERVICE AGENCY)

CONTACT INFORMATION
(IF VICTIM IS A MINOR OR DECEASED)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

WITNESS INFORMATION

1) NAME _____

D.O.B. _____ SEX _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

2) NAME _____

D.O.B. _____ SEX _____ RACE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

ORIGINAL – VICTIM ADVOCATE

1ST COPY TO – SAO

2ND COPY TO – JAIL