

2023 JUL 27 AM 11:00

CLERK OF CIRCUIT  
AND COUNTY COURT  
LAKE COUNTY  
TAMPA, FLORIDA

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA, IN AND FOR LAKE COUNTY

STATE OF FLORIDA

CASE NO

2023-CF-001363-A

vs.

NEAL CARTER (A) W/M, [REDACTED]

INFORMATION

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA:

WILLIAM M. GLADSON, State Attorney for the Fifth Judicial Circuit of the State of Florida, in and for Lake County prosecuting for the State of Florida, by and through the undersigned Assistant State Attorney, in the said County, under oath, information makes that, in the County of Lake, and the State of Florida:

**COUNT I: GRAND THEFT-\$20,000 OR MORE/LESS THAN \$100,000 (F2)**  
**812.014(1) and 812.014(2)(b)1**

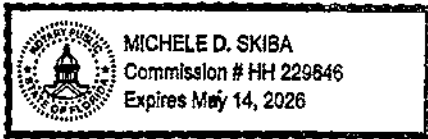
NEAL CARTER on or between July 1, 2021 and June 30, 2022 did unlawfully and knowingly obtain, use or endeavor to obtain or use the property of the Florida Department of Corrections, to-wit: United States currency, of the value of twenty thousand dollars (\$20,000.00) or more, but less than one hundred thousand dollars (\$100,000.00), with the intent to either temporarily or permanently deprive the Florida Department of Corrections of a right to the property or a benefit thereof, or did appropriate the said property to his own use or the use of any person not entitled thereto, in violation of Florida Statutes 812.014(1) and 812.014(2)(b)1

**COUNT II: OFFICIAL MISCONDUCT (F3)**  
**838.022(1)(a)**

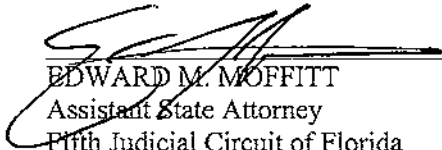
NEAL CARTER on or between July 1, 2021 and June 30, 2022, did, on one or more occasions, knowingly and intentionally obtain a benefit for himself by falsifying or causing another to falsify any official record or official document; and NEAL CARTER was a public servant or public contractor at the time, in violation of Florida Statute 838.022(1)(a)

STATE OF FLORIDA, COUNTY OF LAKE

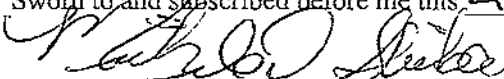
Personally appeared before me, WILLIAM M. GLADSON, State Attorney for the Fifth Judicial Circuit, State of Florida, in and for Lake County, or his duly designated Assistant State Attorney, who first being sworn, says that the allegations as set forth in the foregoing information are based upon facts that have been sworn to as true, and which if true, would constitute the offense therein charged. Prosecution instituted in good faith and subscribed under oath, certifying he or she has received testimony under oath from the material witness or witnesses of the offense.



WILLIAM M. GLADSON  
State Attorney

  
EDWARD M. MOFFITT  
Assistant State Attorney  
Fifth Judicial Circuit of Florida  
Florida Bar No. 1002516

Sworn to and subscribed before me this 25<sup>th</sup> day of July, 2023.

  
Affiant Personally Known to Notary Public

FCIC REFERENCE NUMBERS:

- 1) GRAND THEFT-\$20 000 OR MORE/LESS THAN \$100 000 2399
- 2) OFFICIAL MISCONDUCT- FALSIFYING RECORDS 2699

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,  
OF THE STATE OF FLORIDA, IN AND FOR LAKE COUNTY

CASE NO: 2023-CF-001363-A

STATE OF FLORIDA

AGENCY NO:

22-10680

vs.

NEAL CARTER

RACE/SEX: W/M

DRIVERS LICENSE #: [REDACTED]

D.O.B: [REDACTED]

SOCIAL SECURITY #: [REDACTED]

HEIGHT: 5'09"

WEIGHT: 165

LKA: [REDACTED]

EYES: Blue

HAIR: Grey

**THE STATE OF FLORIDA  
CAPIAS**

TO ALL AND SINGULAR THE SHERIFFS OF THE STATE OF FLORIDA, SPECIAL AGENTS OF THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT, STATE ATTORNEY'S INVESTIGATORS OF THE FIFTH JUDICIAL CIRCUIT, AND ALL OTHER LAW ENFORCEMENT OFFICERS OF THE STATE OF FLORIDA; GREETINGS:

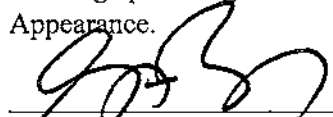
YOU ARE HEREBY COMMANDED to Take NEAL CARTER and him safely keep, so that you have his body before the Judge of the Circuit Court of the State of Florida, for the County of Lake, at the Courthouse in Tavares, FL to answer unto the State of Florida on an Information filed against him by the State Attorney for the County of Lake for:

Count I: 812.014(1), 812.014(2)(b)1 - GRAND THEFT - \$10,000.00

Count II: 838.022(1)(a) - OFFICIAL MISCONDUCT - \$2,000.00

and you have then and there this writ.

The undersigned hereby endorses  
bail in the amount of  
\$12,000.00 total and  
does / does not authorize  
modification of this bail by  
the Judge presiding at First  
Appearance.

  
\_\_\_\_\_  
JUDGE

WITNESS:

Gary Cooney, Clerk of our said Court  
and the seal of said Court  
at the Courthouse, Tavares, FL

July 27, 2023  
Date

Gary Cooney, CLERK

By:   
\_\_\_\_\_  
Deputy Clerk



PLEASE PLACE THIS WARRANT/CAPIAS IN: (CHECK APPROPRIATE BOXES)

1- FCIC

2- NCIC

IF FCIC ONLY:

STATEWIDE

SURROUNDING COUNTIES ONLY

LAKE COUNTY ONLY

OTHER \_\_\_\_\_

WE WILL EXTRADITE SUBJECT FROM THE FOLLOWING REGION(S) IF PLACED IN NCIC:

REGION A

REGION E

REGION B

REGION F

REGION C

REGION G

REGION D

REGION H

CONTINENTAL U.S.

INTERNATIONAL

DATE: \_\_\_\_\_

7/25/2023

AUTHORIZED BY:

/s/ EDWARD M. MOFFITT  
EDWARD M. MOFFITT  
Assistant State Attorney  
Florida Bar No. 1002516  
550 W MAIN STREET  
PO BOX 7800  
TAVARES, FL 32778  
(352) 742-4236  
eservicelake@sao5.org

PC Arrest  
 Application for  
 Warrant/Capias

# AFFIDAVIT - COMPLAINT

Clark's Case No. \_\_\_\_\_  
 SA Case No.(s) \_\_\_\_\_

ORI# F1037275C

1. Agency Name: Florida Department of Corrections Office of Inspector General		2. Agency Report Number: 22-10680		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> County		3a. Ordinance Type: (If applicable)	
4. Date/Time of Offense: 08/18/2022/3:42 P.M.		5. Date/Time of Arrest:		6. Arresting Officer:		7. Investigating Officer: Inspector Randy Bodle	

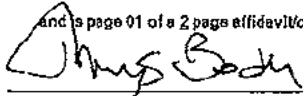
8. Defendant's Name: (Last) (First) (Middle) ALIAS Carter Neal Andrew DC# [REDACTED]			9. OBTS:							
10. Race/Sex: W/M		11. Date of Birth:		12. Residence Type: <input checked="" type="checkbox"/> Florida <input type="checkbox"/> Out of State <input type="checkbox"/> City <input checked="" type="checkbox"/> County		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TYPE & QUANTITY:		
15. Height: 5'09		16. Weight: 165		17. Eye Color: blue		18. Hair Color: Grey		19. Scars, marks, tattoos, unique physical features: (Location, type & description)		
20. Driver's License Number/State:			21. Social Security Number:			22. Residential Telephone:		23. Business Telephone: (321) 246-2721		
24. Address: (Street, Apartment Number) (City) (State) (Zip)			[REDACTED]			[REDACTED]			[REDACTED]	

25. Defendant's Name: (Last) (First) (Middle) ALIAS			26. OBTS:							
27. Race/Sex:		28. Date of Birth:		29. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> Out of State <input type="checkbox"/> City <input type="checkbox"/> County		30. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY:		
32. Height:		33. Weight:		34. Eye Color:		35. Hair Color:		36. Scars, marks, tattoos, unique physical features: (Location, type & description)		
37. Driver's License Number/State:			38. Social Security Number:			39. Residential Telephone:		40. Business Telephone:		
41. Address: (Street, Apartment Number) (City) (State) (Zip)			[REDACTED]			[REDACTED]			[REDACTED]	

42. Defendant's Name: (Last) (First) (Middle) ALIAS			43. OBTS:							
44. Race/Sex:		45. Date of Birth:		46. Residence Type: <input type="checkbox"/> Florida <input type="checkbox"/> Out of State <input type="checkbox"/> City <input type="checkbox"/> County		47. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No		48. Controlled Substance Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No TYPE & QUANTITY:		
49. Height:		50. Weight:		51. Eye Color:		52. Hair Color:		53. Scars, marks, tattoos, unique physical features: (Location, type & description)		
54. Driver's License Number/State:			55. Social Security Number:			56. Residential Telephone:		57. Business Telephone:		
58. Address: (Street, Apartment Number) (City) (State) (Zip)			[REDACTED]			[REDACTED]			[REDACTED]	

59. Charge Description: (# 1) <b>Grand Theft</b>		60. Statute or Ordinance Number: <b>812.014(2)(b)(1)</b>	
61. Charge Description: (# 1) <b>Official Misconduct</b>		62. Statute or Ordinance Number: <b>838.022(1)(a)</b>	
63. Charge Description: (# 1)		64. Statute or Ordinance Number:	

65. Victim's Name: (If business, list legal business name) (Last) (First) (Middle)			66. Race/Sex		67. Date of Birth:		68. Telephone Number: (850) 488-5021	
69. Contact Person if victim is deceased, a minor child, or business: (Last) (First) (Middle)			70. Race/Sex		71. Date of Birth:		72. Telephone Number: (352) 492-2894	
73. Address: (Street, Apartment Number) (City) (State) (Zip)			74. Secondary Phone Number:		[REDACTED]			
75. Victim Notification of Arrest: NOTIFIED BY: _____ DATE: _____ TIME: _____			76. Information Given: Victim: <input type="checkbox"/> Rights Card <input type="checkbox"/> App. Info <input type="checkbox"/> Arrest Info <input type="checkbox"/> Domestic <input type="checkbox"/> Viol. Info					

77. Physical Evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		78. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Person responsible for statements: Inspector Randy Bodle		79. I certify that all of the above information is true and correct to the best of my knowledge and is page 01 of a 2 page affidavit/complaint.  Inspector Randy Bodle Type or print Complainant name	
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CLERK OF CIRCUIT COURT  
 AND COUNTY OF  
 LAKE COUNTY  
 TALLAHASSEE, FLORIDA

2023 JUN 27 AM 11:00

Adult Def  PC Arrest  
 Juvenile Def  Application for  
Warrant/Capias

Clerk's Case No.

SA Case No.(s)

# AFFIDAVIT – COMPLAINT (PROBABLE CAUSE NARRATIVE)

80. Agency Name: <b>Florida Department of Corrections Office of Inspector General</b>	81. Agency Report Number: 22-10680	82. Date/Time of Arrest:	83. Investigating Officer: Inspector Randy Bodle
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the heretofore named Defendant did commit the violations of law as stated above and the factual basis for this belief is as follows:

Your Affiant is Inspector Randy Bodle of the Office of the Inspector General, Department of Corrections.

Your Affiant has probable cause to believe that Neal A. Carter, W/M, DOB: [REDACTED] (Defendant), a former employee with the Florida Department of Corrections for Official Misconduct, a violation of Florida Statute 838.022(1)(a), for documenting on official time sheet records claiming to be present at his assigned duty location for one thousand two hundred and three (1203) hours when he was in-fact not present; and for a violation of Florida Statute 812.014(2)(b)(1), claiming and collecting monetary pay for said hours, compensated at \$40.87 an hour for a total of \$49,166.61.

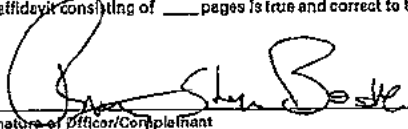
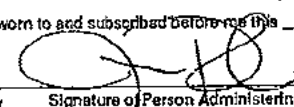

Between July 27, 2021, and June 20, 2022, the Defendant was employed by the State of Florida Department of Corrections as a Regional Mental Health Consultant assigned to Lake Correctional Institute at 19225 US 27, Clermont, Florida 34715. The Defendant's described duties were to review and monitor the delivery of mental health services at the institution to ensure compliance with the department's policies and procedures, department health services Bulletins, accreditation standards, and professional practice standards on an ongoing basis.

The Defendant was not authorized to work at any other location besides Lake Correctional Institution. Before starting each workday, he had to check out the keys to access his office inside Lake Correctional Institution. The Defendant's keys were checked out from a key vault system, and only the Defendant could access the keys to his office.

During the time frame mentioned, the Defendant showed a total of eight-six (86) days that he accessed his office keys. Eighty-six (86) eight-hour working days equals six hundred and eighty-eight (688) working hours. Of the six hundred and eighty-eight (688) hours, three hundred sixty-five (365) hours are documented as the Defendant being at work and possessing his office keys; three hundred twenty-three (323) hours report no key access nor evidence that the Defendant was at his assigned working location, meaning the Defendant checked out his keys and turned them in, in less than eight-hour increments, thus not working a complete shift.

The Defendant recorded one hundred and ten (110) eight-hour on his time sheet that his key log showed no activity at his assigned working location. One hundred ten (110) eight-hour days equals 880 hours. Adding the three hundred and twenty-three (323) hours of partial shifts not worked totals one thousand two hundred and three hours (1203) the Defendant was not at his work assignment; however, the Defendant claimed the one thousand two hundred and three (1203) hours on his time sheet. The Defendant's rate of pay was \$40.87 per hour (Verified via DCF HR). The Defendant was compensated a total of \$49,166.61 for work he did not perform.

All supporting documents in this affidavit will be available for judicial review and further explained in your Affiant's investigation report.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of _____ pages is true and correct to the best of his/her knowledge	Sworn to and subscribed before me this <u>TH</u> day of <u>NOV</u> , 20 <u>22</u>
 Signature of Officer/Complainant	 Signature of Person Administering Oath
Inspector Randy Bodle Officer/Complainant's Name (Printed)	<input checked="" type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification
[REDACTED] ID Number	Seal
	 JENNIFER PETERSEN Notary Public State of Florida Comm# HH250173 Expires 5/16/2026

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 date)	Transferred to <input type="checkbox"/> Secure Detention	Released to <input type="checkbox"/> HRS Intake Officer, not detained	Processed within the agency and released <input type="checkbox"/> to other than HRS
Release Date: _____ Release Time: _____ Released to (Name): _____			