

ARREST WARRANT

2015A0210200437

STATE OF SOUTH CAROLINA

County/ Municipality of

Aiken

RECEIVED

THE STATE 15-017637

against JAN 05 2016

Victor Exposito

Address: Windsor, SC 29856- Appeals

Sex: M Race: B Height: 5 7 Weight: 170

DL State: SC DL #:

DOB: Agency ORI #: SC0020000

Prosecuting Agency: Aiken County Sheriff

Prosecuting Officer: Jason Conley - 6538

Offense: Drugs / Manufacture, possession of other sub. in Sch. I, II, III or flunitrazepam or analogue, w.i.t.d.

Offense Code: 0186

Code/Ordinance Sec: 44-53-0370(b)(2)

This warrant is CERTIFIED FOR SERVICE in the County/ Municipality of

The accused is to be arrested and brought before me to be dealt with according to the law.

(L.S.)

Signature of Judge

Date:

RETURN

A copy of this arrest warrant was delivered to defendant on 3/29/15 1016

Signature of Constable/Law Enforcement Officer

RETURN WARRANT TO:

General Sessions P O Box 583 109 Park Avenue Aiken, SC 29802

ORIGINAL

ORIGINAL

ORIGINAL

ORIGINAL

STATE OF SOUTH CAROLINA

County/ Municipality of

Aiken

Personally appeared before me the affiant Jason Conley who

being duly sworn deposes and says that defendant Victor Exposito did within this county and state on or about 3/29/2015 violate the criminal laws of the

State of South Carolina (or ordinance of County/ Municipality of Aiken) in the following particulars:

DESCRIPTION OF OFFENSE: Drugs / Manufacture, possession of other sub. in Sch. I, II, III or flunitrazepam or analogue, w.i.t.d. - 1st offense

I further state that there is probable cause to believe that the defendant named above did commit the crime set forth and that probable cause is based on the following facts:

That on March 29, 2015 at Pearl Bonnet Lane and Centerwood Rd in the city/county of Aiken, one Victor Exposito did possess, with the intent to manufacture, distribute, dispense, deliver, or purchase a quantity of marijuana greater than 28 grams but less than 10 lbs. a controlled substance or a controlled substance analogue classified in Schedule I (b) and (c) which is a narcotic drug or lysergic acid diethylamide (LSD) or in Schedule II which is a narcotic drug.

Signature of Affiant

STATE OF SOUTH CAROLINA

County/ Municipality of

Aiken

Affiant's Address 420 Hampton Ave Ne

Aiken, SC 29801-

Affiant's Telephone (803)641-1761

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that

on or about 3/29/2015 defendant Victor Exposito

did violate the criminal laws of the State of South Carolina (or ordinance of

County/ Municipality of Aiken) as set forth below:

DESCRIPTION OF OFFENSE: Drugs / Manufacture, possession of other sub. in Sch. I, II, III or flunitrazepam or analogue, w.i.t.d. - 1st offense

Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as soon thereafter as is practicable

Sworn to and subscribed before me on 3/29/2015

Signature of Issuing Judge Melanie Dubose (L.S.) Judge Code: 7264

Judge's Address 435 Wire Road

Aiken, SC 29801-

Judge's Telephone (803)-64-2-20 x 44

Issuing Court: Magistrate Municipal Circuit

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Form Approved by S.C. Attorney General April 21, 2003 SCCA 518

AFFIDAVIT

N. Conley For

BAIL set by

WITNESSES



Judge Sullivan
on 3/29/15
Type and Amount: \$15,000.00
Name of Surety: _____

Name: _____
Address: _____
Telephone: _____

PRELIMINARY HEARING held by

Judge _____
on _____
Defendant Attorney: _____

Name: _____
Address: _____
Telephone: _____

Decision: _____

Name: _____
Address: _____
Telephone: _____

DISPOSITION before

Judge _____
on _____
by _____
(indicate jury trial, bench trial, plea, nol. pros., etc.)

Name: _____
Address: _____
Telephone: _____

Disposition: _____

Name: _____
Address: _____
Telephone: _____

Sentence: _____

Name: _____
Address: _____
Telephone: _____

JURORS

Name: _____
Address: _____
Telephone: _____

Name: _____
Address: _____
Telephone: _____

CODEFENDANTS

SECRET
MAY 11 2015
BY BONIAT

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STATE OF SOUTH CAROLINA)
)
COUNTY OF AIKEN,) AFFIDAVIT OF INDIGENCY AND
 APPLICATION FOR APPOINTED COUNSEL

STATE VS. VICTOR Exposito
ARREST WARRANT / TICKET & CHARGE: 2015. A02.102.00437 PWID Marijuana 1st

1. ARE YOU PRESENTLY EMPLOYED? YES NO If yes, Please state the name and address of your employer and the amount of your salary or wages per month and/or week.

NAME: _____ ADDRESS: _____
NET WAGES: \$ _____ WEEKLY / BI-WEEKLY / MONTHLY

If No, please state the name and address of your former employer, date of termination and the amount of your salary or wages.

EMPLOYER: ACOSTA LAYMAN NURSERY
NET WAGES: \$ 450⁰⁰ WEEKLY / BI WEEKLY / MONTHLY DATE OF TERMINATION: 03/28/15

2. HOUSEHOLD MEMBER(S) EMPLOYER (if applicable): daughter - unemployed - in school

NET WAGES: \$ / WEEKLY / BI-WEEKLY / MONTHLY

3. Have you or household member(s) received within the past twelve months any money from any of the following sources?

- a. Business, Profession or Self-Employment? Yes No
- b. Rent Payments, Interest or Dividends? Yes No
- c. Pensions, Annuities or Life Insurance Payments? Yes No
- d. Gifts or Inheritance? Yes No
- e. Any Other Source (including Unemployment, Retirement, Disability and/or Food Stamps)? Yes No

If the answer to any question above is "Yes", please list the source of the money and the amount received within the last 12 months.

SOURCE: / AMOUNT: /

4. LIST BY NAME, AGE AND RELATIONSHIP TO YOU, ANY PERSONS WHO ARE DEPENDENT UPON YOU FOR SUPPORT. INDICATE BESIDE EACH HOW MUCH YOU CONTRIBUTE TOWARD THEIR SUPPORT.

NAME: 1 child AGE: 4mo RELATIONSHIP: grandson AMOUNT \$ _____
NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____
NAME: _____ AGE: _____ RELATIONSHIP: _____ AMOUNT \$ _____

lives w/ def-1 daughter

5. DO YOU HAVE CASH, OR DO YOU HAVE ANY MONEY IN A CHECKING OR SAVINGS ACCOUNT
CASH: \$ / CHECKING: \$ 0 SAVINGS: \$ 0

6. DO YOU OWN ANY REAL ESTATE, STOCKS, BONDS, NOTES OR OTHER VALUABLE PROPERTY, EXCLUDING ORDINARY HOUSEHOLD FURNISHINGS AND CLOTHING? YES NO

PLEASE SPECIFY: _____

7. LIST THE TYPE OF VEHICLE(S) YOU OWN (YEAR, MAKE, MODEL): 2008 Tahoe
 PAID FOR? YES NO AMOUNT OF PAYMENT(S) \$ 400/mo.
 8. DO YOU OR HOUSEHOLD MEMBER PAY RENT OR MORTGAGE? 225/mo.
 9. AMOUNT OF DEBTS, LIENS, MORTGAGES, ETC.?
 _____ AMOUNT \$ _____

I do solemnly swear that the information reported by me for this application for counsel does contain a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, which I or any person in trust for me have or at the time of my possession had, or am, or was in any way respect, entitled to, in possession, remainder or reversion, and that I have not at any time since charges were made against me or before, directly or indirectly sold, leased, assigned, or otherwise disposed of any property, or made over in trust for myself or otherwise, other than mentioned herein.

I understand that the appointment of counsel creates a claim against the assets and estate of the person who is provided counsel or the parents or legal guardians of a juvenile in the amount equal to the costs of representation less the amount paid to appointed counsel, the public defender office and/or the Commission on Indigent Defense. I understand such claim shall be filed in the Office of the Clerk of Court where I, my child, or ward are assigned counsel, but that the filing of a claim shall not constitute a lien against my real or personal property unless, in the discretion of the Court, part or all of such a claim is reduced to judgment by appropriate Order of the Court, after serving me with at least thirty (30) days notice that judgment will be entered.

I understand that pursuant to §17-3-30(b), I am required to pay a non-refundable \$40.00 application fee to the Public Defender's Office for public defender services or other appointed counsel.

I am financially unable to employ counsel and request that counsel be assigned to represent me. I understand that I am entitled to at least 30 days notice before a claim against me may be reduced to judgment, and I do hereby waive the right to such notice.

X Victor M. Lopez
 Applicant

Sworn to before me this 31st day of March, 2015.

[Signature] Notary Public for South Carolina. My commission expires: 01.06.2025

RACE: H SEX: M AGE: 44 IN JAIL OUT ON BOND
 SSN: _____ DATE OF ARREST: 3/29/15
 DATE OF BIRTH: _____ BOND AMOUNT: 15,000
 ADDRESS: Po Box BONDSMAN: _____
 CITY & STATE: Aiken SC 29804 CO-DEFENDANTS: _____
 TELEPHONE: (646) 592-7947 (daughter)

The applicant's request for counsel is hereby
 GRANTED
 DENIED

[Signature]
 Judge/ Clerk or Deputy Clerk
 DATE: 3-31-15