| PORTSMOUTH  CITY OR COUNTY  Under penalty of perjury, I, the undersigned Complainant swear or affirm that Uhave reason to Accused committed a criminal offense, on or about  6/15/2021  DATE OFFENSE OCCURRED  in the [X] City [ ] County [ ] Town                                                                                                                                                                                                                                 | ()PY                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Under penalty of perjury, I, the undersigned Complainant swear or affirm that Lhave reason to Accused committed a criminal offense, on or about  6/15/2021 in the [X] City [ ] County [ ] Town                                                                                                                                                                                                                                                                                     | ()PY                          |
| Accused committed a criminal offense, on or about  6/15/2021 in the [X] City [ ] County [ ] Town  DATE OFFENSE OCCURRED                                                                                                                                                                                                                                                                                                                                                            | o believe that the            |
| DATE OFFENSE OCCURRED                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |
| DATE OFFENSE OCCURRED                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                             |
| PORTSMOLITH                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |
| f PORTSMOUTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |
| I base my belief on the following facts: (Print ALL information clearly.)                                                                                                                                                                                                                                                                                                                                                                                                          |                               |
| On behalf of the Hampton Roads Regional Jail, the Internal Affairs Division is seeking criminal charges against Sones for intentionally defrauding the agency and receiving \$2,104.55 in overtime payments under false pretenses                                                                                                                                                                                                                                                  | 3.                            |
| On Saturday June 12, 2021, at 06:13, Hampton Roads Regional Jail Sergeant Tearsha Jones reported for overtime ising the agency's time management system, and immediately left the premises. Later that evening at approximate legeant Jones returned to the premises, clocked out using the time management system, and departed for the everearsha Jones received \$451.00 in overtime compensation from the Hampton Roads Regional Jail for a total of 12 lid not actually work. | tely 19:22,<br>ning. Sergeant |
| an ensuing internal investigation determined that Sergeant Tearsha Jones falsified or manipulated the agency's tirguistern with intent to defraud, on at least 10 different occasions from February 15, 2021 – July 04, 2021. During ergeant Tearsha Jones received payments totaling \$2,104.55 in overtime compensation from the Hampton Roads 1.25 hours that she did not actually work. End of summary.                                                                        | this time period.             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
| he statements above are true and accurate to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                  |                               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | į                             |
| In making this complaint, I have read and fully understand the following:                                                                                                                                                                                                                                                                                                                                                                                                          |                               |
| By swearing to these facts, I agree to appear in court and testify if a warrant or summons is issued. The charge in this warrant cannot be dismissed except by the court, even at my request.                                                                                                                                                                                                                                                                                      |                               |

## **CRIMINAL COMPLAINT** ACCUSED: Name, Description, Address/Location JONES, TEARSHA, CHARMEIGNE LAST NAME, FIRST NAME, MIDDLE NAME CHESAPEAKE, VA 23320 COMPLETE DATA BELOW IF KNOWN RACE SEX BORN WGT. EYES HAIR MO. DAY YR. FT. B 10 190 BR BL 5 SSN [ ] Complainant is not a law-enforcement officer or animal control officer. Authorization prior to issuance of felony arrest warrant given by [ ] Commonwealth's attorney [X] Law-enforcement agency having jurisdiction over alleged offense NAME OF PERSON AUTHORIZING ISSUANCE OF WARRANT DATE AND TIME AUTHORIZATION GIVEN

NAME OF COMPLAINANT (LAST, FIRST, MIDDLE)
(PRINT CLEARLY)

DATE AND TIME

Subscribed and sworn to before me this day.