

In the Iowa District Court for Polk County

State of Iowa, <i>Plaintiff,</i> v. Jessica M. Henderson, <i>Defendant.</i>	Agency Case No.: DM18-27566 Agency: Des Moines Police Department County Attorney Preliminary Complaint Review
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COMES NOW the undersigned Assistant Polk County Attorney and states as follows:

I have read and reviewed the attached complaint and affidavit. I:

Approve the charge as CHILD ENDANGERMENT—Aggravated Misdemeanor—in violation of Iowa Code Section 726.6(1)(a) and ask the court to find probable cause for this charge.

Request that the Court enter the attached *Arrest Warrant*.

With regard to a bond amount, the State requests that:

The State requests that the Court enter a *No Contact Order at Initial Appearance*.

The State requests defendant be held without bond until initial appearance, so a *No Contact Order* may be entered with the following victims at the following locations: ***R.H. (A Minor), V.H. (A Minor), and J.H. (A Minor), wherever the protected parties may reside, go to school, or attend childcare.***

WHEREFORE the State respectfully requests the Court find probable cause and allow the case to proceed under the circumstances set out above.

Respectfully submitted,
JOHN P. SARCONI by:

/s/ Bret Lucas
Assistant Polk County Attorney
Polk County Attorney's Office
222 Fifth Avenue, Des Moines, IA
(515) 286-3737
ctyatty@polkcountyiowa.gov

IN THE IOWA DISTRICT COURT IN AND FOR

POLK COUNTY

This Complaint and Affidavit is to be:

- Filed with Court Clerk (cc: CA)
- Submitted to County Attorney
- Filed with JCO - Defendant is a Juvenile

Agency Case Number: **20180027566**

Arrest Date: _____

THE STATE OF IOWA

VS.

OFFENDER

Last HENDERSON		First JESSICA		Middle MARIE		Suffix	
Address 2100 E VIRGINIA AVE #9				City DES MOINES		State IA	Zip Code 50320
DL#	State NO	DL Class	DL Endorsements		DL Restrictions		
Date of Birth [REDACTED]	Gender FEMALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N			
Height 5' 07"	Weight 165 LBS	Eye Color		Hair Color			

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 726.6(7)	Crime Description CHILD ENDANGERMENT		Speed	in	Zone
Class AGMS		Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>		Other <input type="checkbox"/>		
Location Type 20 - RESIDENCE/HOME								
Literal Description 2100 E VIRGINIA, DES MOINES, IA 50320								
Address 2100 E VIRGINIA			City DES MOINES			State IA	Zip Code 50320	
Is Date and Time of Incident Known? NO	Incident Date or Low Range 03/22/2018		Upper Date Range 03/22/2018		Incident Time or Low Range 00:01	Upper Time Range 23:59		

STATUS OF OFFENDER/JUVENILE

<input type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input checked="" type="checkbox"/> WARRANT REQUESTED	<input checked="" type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did being a parent, guardian, or person having custody or control over a child or a minor under the age of eighteen with a mental or physical disability, or a person who is a member of the household in which a child or such minor resides, knowingly act in a manner that creates a substantial risk to R.H. (DOB: [REDACTED], V.H (DOB: [REDACTED], and J.H. (DOB: [REDACTED] 's physical, mental or emotional health or safety

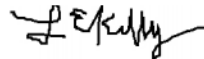
AFFIDAVIT

STATE OF IOWA, POLK COUNTY

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

The defendant is the mother to all three child victims. Henderson knowing acted in a manner that created a substantial risk to RH, VH and JH's physical, mental or emotional health or safety by tying them up as a means to control them. Charges approved by Assistant Polk County Attorney Nan Horvat



KELLY, LORI

4912


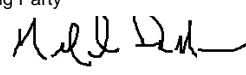
Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated
03 - ADMISSION/STATEMENTS, 07 - IDENTIFIED BY WITNESSES, 14 - OTHER PHYSICAL EVIDENCE

Operating Motor Vehicle in County	Other Physical Evidence PHOTOGRAPHS	Attempted To Inflict Injury
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STATE OF IOWA, POLK COUNTY

	Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 09/04/2018	
	Notary Name MICHAEL DEMOSS	Signature of Verifying Party 
	Commission Number 782790	
	My Commission Expires 02/24/2020	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney