

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

STATE OF IOWA, <i>Plaintiff,</i> v. MATTHEW L. STEPHENS, <i>Defendant.</i>	AGENCY CASE NO.: AN22-5605 AGENCY: Ankeny 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 - SERIOUS INJURY—Class C Felony—in violation of Iowa Code Section 726.6(6) and ask the court to find probable cause for this charge.
- Request that the Court enter the attached *Arrest Warrant*.
- Advise the court and the clerk of court that despite the officer's request for an Arrest Warrant, the defendant has reportedly been taken into custody, so *an arrest warrant is no longer required*.

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

- The State requests that the Court enter the attached *No Contact Order*.
- The State requests defendant be held without bond until initial appearance, so a *No Contact Order* may be entered.
- Bond be set according to the uniform bond schedule.
- Bond be set in the amount of \$100,000.**
- Cash Only.
- Cash or Surety.**
- 10% to the Court.
- The defendant be released on the defendant's own recognizance (O/R).

Based on the information currently available to me, I offer this additional information to the court:

- *Other: _____
- The defendant currently has other pending charges.
- The defendant has a relevant criminal history.
- This crime occurred in violation of a No Contact Order.
- The defendant is currently on probation.

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

Respectfully submitted,
KIMBERLY GRAHAM by:

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

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 Form Number: **22-005605**

Arrest Date: **02/15/2023**

THE STATE OF IOWA

VS.

OFFENDER

Last STEPHENS		First MATTHEW		Middle LAYNE	Suffix
Address 2516 SW 19TH ST			City ANKENY		State IA Zip Code 50023
DL# [REDACTED]	State IA	DL Class C	DL Endorsements		DL Restrictions
Date of Birth [REDACTED]	Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N	
Height 5' 05"	Weight 160 LBS	Eye Color BLUE - BLU		Hair Color BROWN - BRO	

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 726.6(6)	Crime Description CHILD ENDANGERMENT - SERIOUS INJURY		Speed	in	Zone
Class FELC			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 2516 SW 19TH ST								
Address 2516 SW 19TH ST			City ANKENY			State IA	Zip Code 50023	
Is Date and Time of Incident Known? NO		Incident Date or Low Range 11/19/2018		Upper Date Range 11/14/2022		Incident Time or Low Range 00:00		Upper Time Range 00:00

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY 1 - JAILED	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input 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 ES' physical, mental or emotional health or safety, resulting in serious injury to ES' mental health.

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last S		First E		Middle	Suffix
Business/Organization/State/County/Municipality Name					
Address			City		State Zip

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

Between the dates of 11/19/2018 and 11/14/2022, the defendant, an adopted parent, to a child, ES, 13 years old, knowingly and willingly deprived the victim of food, clothing, and shelter. The following are examples of substantial risk the defendant exposed the victim to: punishing the victim by not allowing them to eat dinner which caused significant weight loss; making the victim stand outside for hours (at times in cold weather) as punishment; constantly watching the victim through a hidden camera in the victim's room; keeping the victim in their bedroom with an alarm on the door and not allowing them to change clothes and maintain proper hygiene, causing the child to ask for a shower at school. This was done while the other children in the home were not subjected to any such treatment.

The child was taken to Mercy Hospital from 11/5 to 11/14/2022 and abandoned there by their mother, who refused to pick up the child when ready for discharge from the hospital. Over this period of time, these actions caused serious injury to the victim's mental health and well-being while residing together in Iowa, most recently at 2516 SW 19th St, Ankeny, Polk Co., IA.

This charge was approved by Assistant Polk County Attorney Kailyn Heston.

Charles Webster

WEBSTER, CHARLES 127


Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated
03 - ADMISSION/STATEMENTS, 07 - IDENTIFIED BY WITNESSES, 13 - CAUSED PERSONAL INJURY, 14 - OTHER PHYSICAL EVIDENCE, 15 - ATTEMPTED TO INFLICT SERIOUS INJURY

Operating Motor Vehicle in County	Other Physical Evidence CPC INTERVIEW	Attempted To Inflict Injury MENTAL HEALTH
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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 02/15/2023	
	Notary Name NATHAN R LAMPE	Signature of Verifying Party <i>[Signature]</i>
	Commission Number 813981	
	My Commission Expires 11/27/2024	<input type="checkbox"/> Peace Officer <input checked="" type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney