

Date	<b>COURT ACTION, ORDERS, ENTRIES</b>
Plea:	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> No Contest
Finding on No Contest	<input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty
Assignment:	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
Waiver to Trial Time Filed.	
Request for Pre-Trial Hearing Filed.	
Jury Demand Filed.	
<b>ENTRY - MISDEMEANOR</b>	
\$ _____ Bond Forfeited	
Bench Warrant Ordered. Bond Set At \$ _____	
Trial By: <input type="checkbox"/> Court <input type="checkbox"/> Jury <input type="checkbox"/> Defendant Found: <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
Defendant having Pleaded or Changed Plea <input type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty and found <input type="checkbox"/> No Contest and found	
The Court therefore imposes the following sentence: Fine \$ _____ and costs (\$ _____) Jail _____ _____	
<b>ENTRY - FELONY</b>	
Defendant Having Appeared and Entered: <input type="checkbox"/> No Plea <input type="checkbox"/> Not Guilty	
Preliminary Hearing: <input type="checkbox"/> Held <input type="checkbox"/> Waived	
_____ _____ _____	
<input type="checkbox"/> Defendant Indicted by the <input type="checkbox"/> The Court Binds Defendant to the Clark County Grand Jury.	
_____ Judge	
Notice of Appeal Filed	
Attorney: _____	
Address: _____	
Telephone No.: _____	

Case No. 25CB1189

25-2880

# CLARK COUNTY MUNICIPAL COURT OF SPRINGFIELD, OHIO

Jail  
5/5

## THE STATE OF OHIO

VS.

### CHARLES GLENDON FOX II

2016 Cleveland Ave.  
Springfield, OH 45504-  
DOB: 3/14/1988  
\*\*\* - \*\* - 3028  
W/M - 602/150 - BLN/GRN

### CHARGE: Domestic Violence

In violation of Section 2919.25(C) of the Ohio  
Revised Code.

### PENALTY:

Fourth Degree Misdemeanor  
Thirty (30) Days and/or  
\$250.00 Fine

BY \_\_\_\_\_ DEPUTY

MUNICIPAL COURT

2025 MAY -5 AM 8:12

FILED

Date of Arrest: 5/3/2025 5:43:00PM

Date of Arraignment:

Bond Posted - Cash - Surety

Amount:

Jail

**Criminal Complaint**

THE STATE OF OHIO  
CLARK COUNTY

SS: IN THE CLARK COUNTY MUNICIPAL  
COURT OF CLARK COUNTY, OHIO

Clark County Municipal Court  
50 East Columbia Street  
Springfield, Ohio 45502  
(937) 328-3725

*For Court Use Only*

**Defendant:**

CHARLES GLENDON FOX II

2016 Cleveland Ave.

Springfield, OH 45504-

DOB: March 14, 1988

SSAN: \* \* \* - \* \* - 3028

W/M - 602/150 - BLN/GRN

**Criminal Charge**

**Victim:**

**Location of Occurrence:**

Court Case# \_\_\_\_\_ - CR - \_\_\_\_\_ - \_\_\_\_\_  
BCI&I ITN Number:  
Law Enforcement Case Number: 25-SPD000018647

*Domestic Violence*

**Complaint By Individual:**

Before me, a Notary Public for the State of Ohio, a Peace Officer authorized to administer oaths or Clerk of the Clark County Municipal Court of Springfield, Ohio came OFFICER A.J. TURNER who being duly sworn states that on or about May 03, 2025, one CHARLES FOX In the City of Springfield, County of Clark, State of Ohio did:  
by threat of force, knowingly cause a family or household member to believe that the offender will cause imminent physical harm to the family or household member.

**TO WIT:**

Def. knowingly threatened to "beat" the victim, "ass" during an argument.

In violation of Section 2919.25(C) of the Ohio Revised Code.

**PENALTY:**

Fourth Degree Misdemeanor  
Thirty (30) Days and/or  
\$250.00 Fine



Ronnie J. Terry  
Notary Public, State of Ohio  
My Commission Expires:  
1-31-2028

Court Date:  
Defendant Placed in Jail

Complainant: Officer A.J. Turner

Sworn to and subscribed before me by the  
Complainant on May 03, 2025

Notary Public/Authorized Peace  
Officer/Clerk of Court

☒ Court Copy ☐ Defendant Copy ☐ Return Copy ☐ Extra Copy

Clark County Municipal Court  
50 East Columbia Street  
Springfield, Ohio 45502  
(937) 328-3725

Law Enforcement Arrest Report  
Probable Cause Affidavit

Case Number:  
25-SPD000018647

The State of Ohio  
SS:  
Clark County

Court Case # CR-\_\_\_\_\_

The Affiant, Officer A.J. Turner, being first sworn, says there is probable cause to believe the defendant, Charles Glendon Fox II, committed an offense based on the summary of facts below:

On May 3, 2025 Officers responded to \_\_\_\_\_ in reference to a domestic violence incident. The initial call was a 911 hang up before another call was placed saying the caller's husband was at the home making threats.

Upon arrival, Officers A.J. Turner and T. Hopewell spoke to both involved parties. The victim and caller, \_\_\_\_\_, stated she and her husband, Charles Fox, were in an argument inside of their home. \_\_\_\_\_ stated at one point in the argument, Mr. Fox told her that he was going to beat her ass. \_\_\_\_\_ made this comment multiple times while giving her statement. She however, did advised she did not believe Mr. Fox's statements.

Mr. Fox denied anything happening. He advised there was nothing physical and there were no threats made.

\_\_\_\_\_ advised she did not wish to fill out a written statement about the incident.

Mr. Fox was placed in custody for Domestic Violence (C). He was placed in the Clark County Jail and given a court date of May 5, 2025 at 1030 hours.


Defendant:

Charles Glendon Fox II

Further Affiant Sayeth Not.



Ronnie J. Terry  
Notary Public, State of Ohio  
My Commission Expires:  
1-31-2026

  
Affiant Signature  
130 N. FOUNTAIN AVE / 9373247685  
Affiant Address & Phone

Sworn to and subscribed before me by the  
Affiant on 5/3/2025

  
Notary Public/Authorized Peace  
Officer/Clerk of Court

# Law Enforcement Arrest Report

Name: <b>FOX, Charles Glendon II</b>		Race: <b>W</b>	Gender: <b>M</b>	Height: <b>602</b>	Weight: <b>150</b>	Hair: <b>BLN</b>	Eyes: <b>GRN</b>	Build: <b>M</b>	Case Number: <b>25-SPD000018647</b>
D.O.B.: <b>03/14/1988</b>	Age at time of offense: <b>37 Years 1 Months</b>	SSN:	FBI#:	BCI#:	ITN#:				

Address: <b>2016 Cleveland Ave. Springfield, OH 45504-</b>		Phone: <b>- -</b>	P.O.B. (City & State): <b>Springfield, OH</b>	
Arresting Agency: <b>Springfield Police Division</b>		Date/Time of Arrest: <b>5/3/2025 5:43:00PM</b>	On Probation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No On Parole: <input checked="" type="checkbox"/> No	
Location of Occurrence / Arrest / Both: <b>(Springfield, OH)</b>		Township or County: <b>Clark County</b>	Driver's License #:	Driver's License State:
Employment: <b>None</b>	Employment Address: <b>, OH</b>		Employment Phone:	
Vehicle License #:	Vehicle State:	Vehicle License Type:	Vehicle Year:	Vehicle Make:
Vehicle Color:		Vehicle VIN #:	Vehicle Identifiers:	

Affiant: <b>Officer A.J. Turner-</b>	Transporting Officers: <b>T. HOPEWELL-</b>	Badge/Unit #: <b>911/914 132L</b>
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CHARGE(S) AT TIME OF ARREST - CODE NUMBER - PENALTY
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**DOMESTIC VIOLENCE - 2919.25(C) - M4**  
 Def. knowingly threatened to "beat" the victim, his wife's, "ass" during an argument.

Victim: <input type="checkbox"/> Sick <input checked="" type="checkbox"/> NA <input type="checkbox"/> Injured	Treated by: <input type="checkbox"/> Refused <input type="checkbox"/> Squad <input type="checkbox"/> Hospital	Transferred to: <input type="checkbox"/> Squad <input type="checkbox"/> P.O.V.	Hospital: <input type="checkbox"/> Community <input type="checkbox"/> Mercy <input type="checkbox"/> Other	Doctor:
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Victim Description of Sickness/Injury/Condition:  
☐ Intoxicated

Arrestee: <input type="checkbox"/> Sick <input checked="" type="checkbox"/> NA <input type="checkbox"/> Injured	Treated by: <input type="checkbox"/> Refused <input type="checkbox"/> Squad <input type="checkbox"/> Hospital	Transferred to: <input type="checkbox"/> Squad <input type="checkbox"/> P.O.V.	Hospital: <input type="checkbox"/> Community <input type="checkbox"/> Mercy <input type="checkbox"/> Other	Doctor:
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Arrestee Description of Sickness/Injury/Condition:  
☐ Intoxicated

Arrestee Juvenile? Parent/Legal Guardian Name & Address:

Arrested Juvenile Disposition: <input type="checkbox"/> Placed in DH <input type="checkbox"/> Released to Parent <input type="checkbox"/> Taken to HQ <input type="checkbox"/> Other	Parents Notified: <input type="checkbox"/> By Arresting Officer <input type="checkbox"/> By Dispatcher <input type="checkbox"/> By Transfer Officer <input type="checkbox"/> By DH Personnel <input type="checkbox"/> Other	Date Notified:
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Witnesses:  
 Officer T. Hopwell, Snd. OH  
 Officer A.J. Turner, - 937-324-7685

Crash occur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was OHI completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arrestee have insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did Affiant witness driving? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If not, who witnessed driving? <input type="checkbox"/> NA	Vehicle searched? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Disposition: <input type="checkbox"/> IMP <input checked="" type="checkbox"/> RTO	If no one witnessed driving, how is exact time of vehicle operation established?			DUI Impaired Driver Report prepared? <input type="checkbox"/> NA <input checked="" type="checkbox"/> No	
Vehicle held for prints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arrestee make admission of guilt? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did Arrestee make statement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Written Statement <input type="checkbox"/> Verbal <input type="checkbox"/> Taped Audio Statement <input type="checkbox"/> Other		Written summaries of statements prepared? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Arrestee identified by Witness? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Photo Array <input type="checkbox"/> Line-Up <input checked="" type="checkbox"/> At Scene	<input type="checkbox"/> Affiant Witnessed Crime <input type="checkbox"/> Taken back to Scene	Photos of scene/victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken by:	Scene processed for prints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property Receipt #:	Copy of receipt or inventory attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If no, list property:				

Were any physical or mental examinations or scientific tests conducted in connection with this case? ☐ Yes - If yes, please specify ☒ No ☐ Lab Request Attached

Signature of Officer(s): <i>[Signature]</i>	Supervisor Signature: <i>[Signature]</i>	Signature Book-In:	Book-In Date/Time:
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Date Printed: 5/3/2025