

BEFORE THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA

ARTHUR C. JOHNSON, Ph.D.,  
as Superintendent of Schools,

Petitioner,

vs.

Case No. 04/05-X-058



Respondent.

\_\_\_\_\_ /

**FINAL ORDER**

**THIS MATTER** came to be heard by the School Board of Palm Beach County, Florida, ("School Board") for the purpose of entering a Final Order in the above-styled cause. In consideration of the Recommendation of the Superintendent and the attached exhibits, the School Board makes the following Findings of Fact and Conclusions of Law.


**FINDINGS OF FACT**

1. Respondent's parent was notified by the Principal of West Boca Raton Community High School that the Respondent was being recommended for expulsion on January 11, 2005. The Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit A).
2. Respondent's parent was notified by the Superintendent of the School District of Palm Beach County, Florida ("School District") on January 21, 2005, via certified and regular mail, that the Respondent would be recommended to the School Board to be expelled from the School District. The Notice of Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit B).
3. Said notice advised Respondent's parent of their right to an administrative hearing to contest the charges contained therein provided they requested a hearing within ten (10) days of receipt of same.
4. No hearing request has been received in the Office of the Chief Academic Officer.

**CONCLUSIONS OF LAW**

1. The School Board has jurisdiction over the subject matter and the parties hereto.
2. The School Board finds that the Respondent is guilty of the acts alleged by the Superintendent in the letter dated January 21, 2005, to wit:

Possession of drugs, imitation drugs represented as drugs or prescription medications with the intent to sell and/or distribute while on the campus of West Boca Raton Community High School on December 14, 2004.

**ORDERED AND ADJUDGED** by the School Board in regular session that the recommendation of the Superintendent be accepted and confirmed.  is hereby expelled from the School District for one calendar year from January 13, 2005. Your daughter may choose to continue educational services during her

expulsion period at the ACS site. However, if your daughter is dismissed from that program by ACS, no further educational services will be offered by the District until the expulsion period is ended.

This Order may be appealed within thirty (30) days by filing a notice of appeal with the District Court of Appeal. Except in cases of indigence, the Court will require a filing fee and payment for preparing the record on appeal. For further explanation of the right to appeal, refer to § 120.68, Fla. Stat., and the Florida Rules of Appellate Procedure.

Dated this 16<sup>th</sup> day of February, 2005.

**SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA**

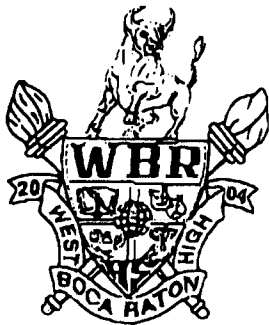
BY: \_\_\_\_\_  
Thomas Lynch, Chairman

Attest: \_\_\_\_\_  
Arthur C. Johnson, Ph.D., Secretary

(SEAL)

Filed with the Clerk of the School Board this \_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
Alicia Palmer, Clerk



# WEST BOCA RATON COMMUNITY HIGH SCHOOL

Francis P. Giblin, Principal  
Jack Clutter, Vice Principal  
Allen Rice, Assistant Principal  
Lynn Weissing, Assistant Principal  
Art Bicknell, Assistant Principal

[REDACTED]

Regular and Certified Mail  
Return Receipt Requested 7001 2510 0009 2141 0180  
Date 01/11/2005  
Student Number [REDACTED]

Custodial Parent/Guardian of:

[REDACTED]

Dear Custodial Parent/Guardian:

On 12/14/2004 your son/daughter/ward was rendered a ten (10) day suspension as documented by my letter to you, a copy of which is attached.

Pursuant to Florida Statute § 230.23(6)(c), which authorizes the School Board to decide cases recommended for expulsion, I have this date recommended to the Expulsion Screening Committee that the School Board expel your son/daughter/ward from the public schools of Palm Beach County. My recommendation is based on substantial evidence available to me supporting the following serious misconduct.

Sale/Intent to Sell or Distribution of Drugs, Imitation Drugs Represented as Drugs, or Prescription Medications  
#93  
04-4033

Pursuant to Florida Statute § 230.33(8), the Superintendent may extend the ten (10) day suspension until the date the School Board Meeting at which time the School Board will act on the Expulsion.

As of 01/13/2005, your son/daughter/ward is assigned to the Department of Alternative Education.

Sincerely,  
  
Mr. Francis Giblin

EXHIBIT

A

cc: Area Superintendent  
Chief Academic Officer  
Director of Alternative Education  
School Police

Preparing You Today...

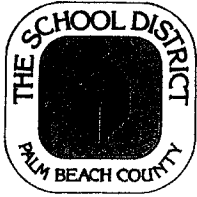


For The Careers of Tomorrow!

PBSD 0215 (REV 11/6/2001)  
West Boca Raton Community High School  
2811 Glades Road

Palm Beach County Schools #1 in the NATION!

Boca Raton, Florida 33498  
Principal's Office: (561) 672-2056  
Main Office: (561) 672-2001



THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY, FLORIDA

ANN KILLETS  
CHIEF ACADEMIC OFFICER

ARTHUR C. JOHNSON, Ph.D.  
SUPERINTENDENT OF SCHOOLS

CHIEF ACADEMIC OFFICE  
3300 FOREST HILL BLVD., C-316  
WEST PALM BEACH, FL 33406-5813

Ph: 561-649-6888 Fx: 561-649-6837

www.PalmBeachSchool.org

**FILE COPY**

January 21, 2005

CERTIFIED AND REGULAR MAIL  
RETURN RECEIPT REQUESTED

7003 2260 0001 9364 2094



**NOTICE OF RECOMMENDATION FOR EXPULSION**



Dear

Based upon the recommendation of Francis Giblin, Principal of West Boca Raton Community High School, and in accordance with Florida Statute § 1006.07, and Palm Beach County School Board Policy 5.1813, I will request that the School Board of Palm Beach County, Florida, expel your daughter, from the Palm Beach County School District. This decision is based upon the following action:

Possession of drugs, imitation drugs represented as drugs or prescription medications with the intent to sell and/or distribute while on the campus of West Boca Raton Community High School on December 14, 2004.

Pursuant to Florida Statute § 120.569, you have the right to an administrative hearing. Your request must be received by the Office of the Chief Academic Officer within ten (10) days of the date of this letter. If you request a hearing, a hearing officer will be appointed pursuant to Florida Statute § 120.81(1)(e). If you do not request a hearing, this recommendation will become final.

Your daughter may receive educational services at the ACS Transition Program during this expulsion due process. If you have any questions regarding the expulsion due process or the educational services available at the ACS Intensive Site, please contact the Office of the Chief Academic Officer at 561-649-6888.

Sincerely,

Arthur C. Johnson, Ph.D.  
Superintendent

EXHIBIT

B

cc: Principal, West Boca Raton Community High School  
South Area Superintendent  
Chief Academic Officer  
Director of Alternative Education

SUMMARY OF INCIDENT	
Student Name	[REDACTED]
Student ID #	[REDACTED]
School	WEST BOCA RATON COMMUNITY H.S.
Principal	MR. FRANCIS GIBLIN
Area Supt.	MS. CAROLE SHETLER
Grade	9
Sex	F
Date of birth & age	10/5/1988 16 YRS OLD
Language	ENGLISH
ESE/504	ESE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 504: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of Incident	12/14/2004
Violation & Code	Sale/Intent to Sell or Distribution of DRUGS IMITATION DRUGS REPRESENTED AS DRUGS, OR PRESCRIPTION MEDICATIONS # 93
If weapons infraction or other assault, did student allege weapon was brought for protection?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Please check one box only)
If so, has School Board Policy 5.001 been followed?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check one box only)
Police report charge & number	Sale/Intent to Sell or Distribution of DRUGS # 04-4033
Persons involved & witnesses to testify	
Student's Explanation of Incident (Use additional page if necessary)	
Additional Information (Use additional page if necessary)	

I have reviewed the above information and recommend this student for expulsion.

Principal's Signature  
MR. FRANCIS GIBLIN

Date

1/14/05

**FAXED**

JAN 11 2005

**Student Discipline Referral**

**COPY**

THE SCHOOL DISTRICT OF PALM BEACH COUNTY

DIRECTIONS: Write in the appropriate code number or letter in the corresponding boxes.

STUDENT NAME [REDACTED]	STUDENT NUMBER [REDACTED]	GRADE [REDACTED]	ESE / 504 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE 12/14/04	TIME 1:00
LOCATION CS	REPORTED BY P. Kelly / Bus Driver	SCHOOL W. B. L. S.	INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Conference with student <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Other	LETTER TO PARENT <input type="checkbox"/> Letter to parent <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Mediation	BUS CODE
REPORTED BY (CODE) (Use number below for those persons without a staff ID.)	STAFF ID NUMBER 991	NATURE OF PROBLEM (Be Specific) 93 - Sale/Distribution of Drugs on Imitation Drugs			
575 - Paraprofessional 576 - Bus Driver 577 - Clerical 578 - Crossing Guard 579 - Custodian 580 - Food Service Staff 581 - Law Enforcement Officer 582 - Parent/Guardian 583 - Student 584 - Substitute Teacher 585 - School Volunteer 599 - Other					

ADMINISTRATIVE USE ONLY BELOW THIS LINE			
DISTRICT NUMBER 50	WHEN EVENT OCCURRED (circle one) 1 - DURING SCHOOL HOURS 2 - Outside school hours, school sponsored activity 3 - Outside school hours, non-school sponsored activity 4 - Unrelated event or unknown	WHERE EVENT OCCURRED (circle one) 1 - SCHOOL GROUNDS / ON CAMPUS 2 - School sponsored activity / off campus 3 - School sponsored transportation (include steps)	RELATED ISSUES (circle all that apply) G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related
SCHOOL NO 3257	ADMINISTRATOR'S NAME [Signature]	ADMINISTRATION ID	EVENT NUMBER
WHAT KIND OF WEAPON USED (if appropriate) K - Knife H - Handgun F - Firearm/Explosive device R - Rifle/Shotgun O - Other Weapon U - Unknown	INCIDENT CODES (see code sheets) 93	DATE 12/14/04	
DURATION How many days 10 Begin Date 12/15/04 Return Date 1/12/05	ACTION CODE (see code sheets) 90	SIGNATURE OF PARENT	
CASE NUMBER/AGENCY	CRT / TEAM INTERVENTION <input type="checkbox"/> Yes <input type="checkbox"/> No	TRESPASSING NOTICE: I, the student, am aware that I may not be on school grounds and may not attend any school functions or school activities on or off school grounds of any Palm Beach County School District facility during the dates of my suspension	

OFFENSE-INCIDENT REPORT

Juv In Rt. Juvenile Warn/Dismiss 1. Original 2. Supplement 1

ADM. Date of Supplement PALM BEACH COUNTY SCHOOL BOARD Agency Report Number 044033

Original Day Reported Date Time (mil) Time Dispatched (mil) Time Arrived (mil) Time Completed (mil)

Incident Type 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 9. Other Incident: Day Date Time (mil) To Day Date Time (mil)

OFF/INC # 1 1 DRUG Description A-Attempted C-Committed C 893 Statute Violation Number 13 NCIC/UCR Code 350A

OFF/INC # 2 1 DRUG Description C 893 Statute Violation Number 13 NCIC/UCR Code 350A

Incident Location (Street, Apt. Number) City Zip District Grid Area Zone

Business Name/Area Identifier W BOCA HS Forced Entry Occupancy

Location Type 01. Residence Single 06. Gas Station 11. Specialty Store 16. Storage 21. Airport 26. Highway/Roadway 99. Other

# OFF/INC. # Victims # Offenders # Prem. Ent. # Veh. Stolen Type of Weapon 02. Rifle 05. Knife/Cutting Instrument 07. Hands/Fist/Feet 10. Fire/Incendary 13. Drugs

V/W Code V-Victim P-Proprietor W-Witness Z-Other C-Reporting Person Victim Type Race Sex Residence Type Residence Status Extent of Injury

Injury Type 03. Laceration 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 01. Gunshot 05. Poss. Broken Bones 02. Stabbed 06. Poss. Internal Injury 99. Other

OFF/INC Indicator V/W Code # V.Type Name (Last, First, Middle or Business) Address (Street, Apt. Number) City State Zip

Other Contact Info. (Time Available, Interpreter, ect.) Synopsis of Involvement

OFF/INC Indicator V/W Code # V.Type Name (Last, First, Middle or Business) Address (Street, Apt. Number) City State Zip

Other Contact Info. (Time Available, Interpreter, etc.) Synopsis of Involvement

OFF/INC Indicator Suspect Code Code # Juvenile Name (Last, First, Middle) Maiden Name Nickname/Street Name Place of Birth

Last Known Address (Street, Apt. Number) City State Zip Occupation Employer/School Address Social Security Number

Driver's License State/Number Immigration and Naturalization Number Other I.D. Number OBTS Number (Arrested) FCIC/NCIC

Clothing (Describe) Scars/Marks/Tattoos (Location/Describe) Race Sex Date of Birth or Age Height Weight Eye Color Hair Color Hair Length Hair Style

SEE ATTACHED NARRATIVE JUVENILE CONFIDENTIAL

Person/Unit Notified Time Related Report Number(s) Officer(s) Reporting JAMES J KELLY I.D. Number 863

Officer Reviewing (If Applicable) I.D. Number Routed To Referred Assigned To By Date

Case Status CA Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend. 1 A-Adult J-Juvenile Date Cleared 12/17/2004

COMPLAINT / ARREST AFFIDAVIT

PALM BEACH COUNTY HOOL BOARD

OBTS Number 044033, Police Case No. 044033, Defendant's Name, Local Address, Permanent Address, Business Address, Driver's License No.

Weapon Seized? Yes No 00, Arrest Date 12/14/2004, Arrest Time, Arrest Location 3251 W BOCA HS, Influence of Drugs, Influence of Alcohol, Citizenship US, Resid. Type Florida, County Out of State.

Table with columns: CHARGES, Activity, Type, Counts, STATUTE, D.V., AC, CAPIAS, BW, FW, PW, CIT, VIOLATION OF SECT. Includes charges for DRUG.

The undersigned certifies and swears that he has just and reasonable grounds to believe, and does believe that the above named Defendant On the ... day of ... At ... (Time) ... (Location, include name of business)

committed the following violation of law: Narrative; ( Be specific ) SEE ATTACHED NARRATIVE

JUVENILE CONFIDENTIAL, Hold for Other Agency, Sworn to and subscribed before me, Officer's Name JAMES J KELLY, Deputy of the Court or Notary Public, Signature of Defendant / Juvenile and Parent or Guardian



**PROPERTY REPORT**

**PALM BEACH COUNTY SCHOOL BOARD**

Agency Report Number  
**044033**

<b>Date of Supplement</b>		
<b>Original Date Reported</b> 12/14/2004	<b>Primary Offense Description</b> NARCOTICS	<b>Victim #1 Name</b> STATE OF FLORIDA

<b>Person code</b> V-Victim S-Suspect	<b>P-Proprietor</b> A-Arrestee Z-Other	<b>Status Code</b> 1. Stolen 2. Recovered	<b>3. Stolen and Recovered</b> 4. Recovered for Other Jurisdiction	<b>5. Lost</b> 6. Found 7. Safekeeping	<b>8. Evidence/Seized</b> 9. Other	<b>Damage Code</b> 0. N/A 1. Arson	<b>2. Criminal Mischief</b> 3. During other Offense 9. Other
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<b>Property Type</b> A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool	F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal	K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment	P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR	U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat/Motor X. Structure Y. Farm Equipment	Z. Miscellaneous
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<b>Person Code #</b> V	<b>Item #</b> 01	<b>Status</b> 01	<b>Damage</b> 8	<b>Property Type</b> D	<b>Quantity</b> 	<b>Name</b> DRUG	<b>Brand</b> 	<b>Model Name/Number</b> 		
<b>Serial Number</b>		<b>Owner Applied Number</b>		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b> 4 WHITE ROUND PILLS 5 MG OXYCONTIN						
<b>Value</b> \$				<b>Value Recovered</b> \$ 160				<b>Date Recovered</b> 12/14/2004		<b>FCIC/NCIC</b>

<b>Person Code #</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
<b>Serial Number</b>		<b>Owner Applied Number</b>		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>						
<b>Value</b> \$				<b>Value Recovered</b> \$				<b>Date Recovered</b>		<b>FCIC/NCIC</b>

<b>Person Code #</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
<b>Serial Number</b>		<b>Owner Applied Number</b>		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>						
<b>Value</b> \$				<b>Value Recovered</b> \$				<b>Date Recovered</b>		<b>FCIC/NCIC</b>

<b>Person Code #</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
<b>Serial Number</b>		<b>Owner Applied Number</b>		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>						
<b>Value</b> \$				<b>Value Recovered</b> \$				<b>Date Recovered</b>		<b>FCIC/NCIC</b>

<b>Person Code #</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
<b>Serial Number</b>		<b>Owner Applied Number</b>		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>						
<b>Value</b> \$				<b>Value Recovered</b> \$				<b>Date Recovered</b>		<b>FCIC/NCIC</b>

<b>Person Code #</b>	<b>Item #</b>	<b>Status</b>	<b>Damage</b>	<b>Property Type</b>	<b>Quantity</b>	<b>Name</b>	<b>Brand</b>	<b>Model Name/Number</b>		
<b>Serial Number</b>		<b>Owner Applied Number</b>		<b>Description (Size, Color, Caliber, Barrel Length, Etc.)</b>						
<b>Value</b> \$				<b>Value Recovered</b> \$				<b>Date Recovered</b>		<b>FCIC/NCIC</b>

<b>Property Stolen</b>	<b>Property Recovered</b>	<b>Change in Property Stolen Value</b>	<b>Change in Property Recovered Value</b>
\$	\$ 160	\$	\$

<b>Activity</b> P. Possess S. Sell B. Buy T. Traffic R. Smuggle	D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate	Z. Other	<b>Type</b> A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/Equipment S. Synthetic	U. Unknown Z. Other	<b>Unit</b> 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound	6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item
--	--	----------	---	---	------------------------	---	--

<b>Activity</b>	<b>Type</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit</b>	<b>Estimated Street Value</b> \$

**SEE ATTACHED NARRATIVE**

JUVENILE  
CONFIDENTIAL

<b>Officer(s) Reporting</b> JAMES J KELLY	<b>ID. Number(s)/Locator Code</b> 863	<b>Unit</b>	<b>Date</b>
<b>Officer Reviewing (if applicable)</b>	<b>ID. Number</b>	<b>Routed To</b>	<b>Referred To</b>
<b>Assigned To</b> JF	<b>By</b> JW	<b>Date</b>	<b>Page</b>
of			<b>Page</b>

NARRATIVE CONTINUATION

FLO 504200

PALM BEACH COUNTY SCHOOL DISTRICT POLICE

Case: 04-4033  
Investigator: J. KELLY 863  
Reported Date: 12/14/04 - 11:45 Hours

At approximately 1145 hours, on Tuesday, December 14th, 2004, the undersigned Officer was approached by a student who wished to remain anonymous. This student is known to the undersigned officer, and has provided credible information in the past. He/She stated that a fellow student known to him/her as [REDACTED] had approached him/her and attempted to sell Oxycontin. Student [REDACTED] is also known to the Officer for possessing controlled substances. At approximately 1150 hours, the undersigned Officer approached WBHS Assistant Principal Lynn Weissing, and informed her of the complaint.

At 1230 hours, Officer Kelly observed student [REDACTED] in the courtyard of WBHS. She was escorted to a conference room, and Ms. Wiesing was notified. An administrative search of [REDACTED] book-bag and purse yielded four white 5mg pills. The pills were later identified with the assistance of school nurse Barbara Olsner, as 5mg Oxycontin, an opiate derivative controlled substance.

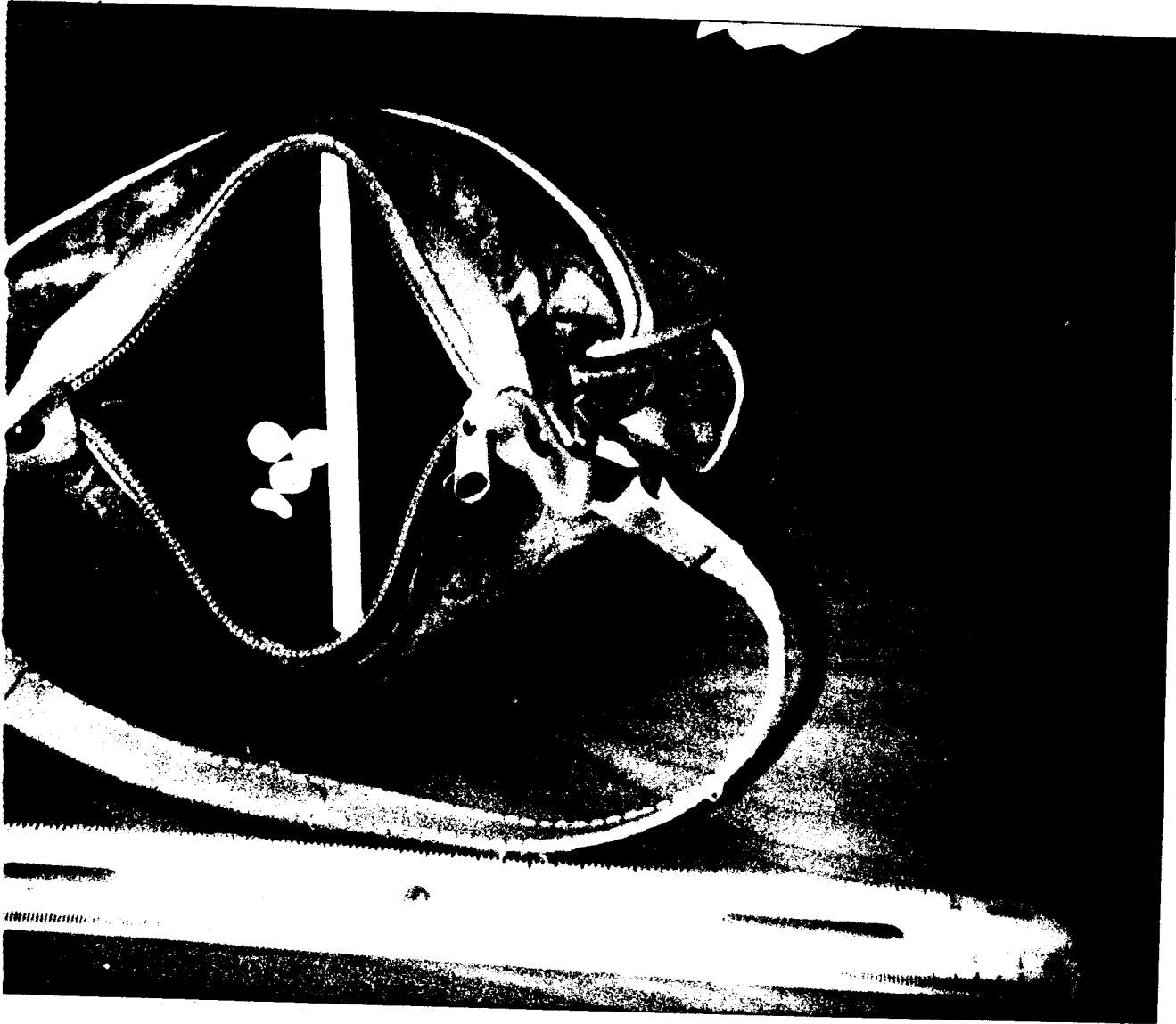
Blanche Sanders was notified by the A/O at approximately 1330 hours. She stated that her daughter may have gotten the pills from a boy who was at the house last night. The boy was identified as [REDACTED]

The drugs were photographed and forwarded in a sealed evidence envelope.

Officer Rose transported the subject to JAC at approximately 1430 hours.

The undersigned Officer recommends that charges for Possession with intent to sell on school grounds, and Possession of a controlled substance be filed with the state attorney's office and the case be marked closed. Administrative discipline is being handled by Assistant principals Lynn Weissing and Arturo Bicknell.

JUVENILE  
CONFIDENTIAL



Case 04-4033  
12/14/04

PO. KENNETH J. JUVENILE

CONFIDENTIAL



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE

Case No.  
04-4033

### Property Receipt

Date 12/14/04	Time 1250	School No. 3251	Type Case drug	Bin No:
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Property of Deceased   
  Found Property   
  Stolen/Recovered   
  Trial   
  Laboratory   
  Destroy

Release After Processing?    To Whom  
 Yes     No

Address Where Property Impounded  
12811 Glades Rd., Boca Raton FL 33498

NAME	ADDRESS	TELEPHONE
Discovered By PO James Kelly	[REDACTED]	[REDACTED]
Owner [REDACTED]	[REDACTED]	( ) -
Victim Florida State	[REDACTED]	( ) -
Suspect(s) Include DOB	[REDACTED]	[REDACTED]

ITEM NO.	QUANTITY	VALUE	DESCRIPTION
1	4	\$160.00	Oxycontin 5 mg

I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.

[Signature] \_\_\_\_\_

I hereby acknowledge that the above list represents all property impounded by me in the official performance of duty as an investigator.

[Signature] \_\_\_\_\_

RECEIVED BY	REASON	DATE & TIME
JJ Case 798	TOT EVIDENCE	12/14/04 1345

**JUVENILE  
CONFIDENTIAL!**

Final Disposition: \_\_\_\_\_ Authority: \_\_\_\_\_ Date & Time: \_\_\_\_\_



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE

Case No.  
04-4033

### Property Receipt

Date 12/14/04	Time 1250	School No. 3251	Type Case drug	Bin No:
<input type="checkbox"/> Property of Deceased <input type="checkbox"/> Found Property <input type="checkbox"/> Stolen/Recovered <input checked="" type="checkbox"/> Trial <input type="checkbox"/> Laboratory <input type="checkbox"/> Destroy				
Release After Processing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		To Whom		
Address Where Property Impounded 12811 Glades Rd., Boca Raton FL 33498				
NAME		ADDRESS		TELEPHONE
Discovered By PO James Kelly		12811 Glades Rd., Boca Raton FL 33498		(561) 672-2023
Owner [REDACTED]				( ) -
Victim Florida State				( ) -
Suspect(s) Include DOB		[REDACTED]		[REDACTED]

ITEM NO.	QUANTITY	VALUE	DESCRIPTION
1	4	\$160.00	Oxycontin 5mg
			#314

I hereby acknowledge that the above list represents all property taken from my possession, and that I have received a copy of this receipt. <input checked="" type="checkbox"/> [REDACTED SIGNATURE]	I hereby acknowledge that the above list represents all property impounded by me in the official performance of duty as an investigator. [REDACTED SIGNATURE]	
RECEIVED BY <u>Rose 798</u>	REASON <u>TOT EVIDENCE</u>	DATE & TIME <u>12/14/04 1345</u>
		<b>JUVENILE CONFIDENTIAL</b>
Final Disposition	Authority	Date & Time



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
SCHOOL POLICE DEPARTMENT  
**Felony Filing Packet**

**SECTION 1: Filing Receipt**

Case number 04-4033

Agency Palm Beach County School Police

Arrest date 12/14/2004

Received with reference to **DEFENDANT**

DOB [REDACTED]

[REDACTED] Last Name First Name MI

The following in the above style case (check)

- 1. Police Reports
- 2. Witness Lists
- 3. Evidence List
- 4. Probable Cause
- 5. Rough Arrest
- 6. Criminal History
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

**Charged by Officer with**

POSSESSION OF CONTROLLED SUBSTANCE WITH INTENT TO SELL WITHIN 1000' SCHOOL 893.13 (1) (c)

Possession of a Schedule II controlled substance 893.13 (6) (a)

Charges filed by Assistant State Attorney \_\_\_\_\_

Officer's Name James J. Kelly ID number 863

This \_\_\_\_\_ day of \_\_\_\_\_ **JUVENILE**

**CONFIDENTIAL**

By \_\_\_\_\_  
ASSISTANT STATE ATTORNEY

**SECTION 2: State Attorney's Office Filing Information**

**DEFENDANT** [REDACTED]

AIKIA \_\_\_\_\_

Co-Defendants (if any) N/A

Victim related/acquainted with defendant?  Yes  No  N/A

Arrest date 12/14/2004 Agency case number 04-4033

Arresting/lead officer: James J. Kelly ID number: 863

Agency PALM BEACH COUNTY SCHOOL POLICE Phone Number (561) 434 - 8300

Current shift hours 0700 to 1500 Days off Saturday and Sunday

Leave/shift change information vacation/training 06/01/2005 - 08/14/2005

Was arrest made for, or in conjunction with another agency and if so, what agency?

N/A Phone no. ( ) -

Sentencing recommendations Probation

Additional comments (if any)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Filing documents attached**

- 1. Rough Arrest
- 2. P.C. Affidavit (sworn original)
- 3. Sworn Statement of Material Witnesses
- 4. Witness/Evidence List
- 5. Offense Reports (all)
- 6. Accident Reports (all)
- 7. Witness Statements (all)
- 8. FCIC/NCIC Criminal History

**Other attachments Include**

- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_

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**Please note requirements of sworn statement(s) of material witnesses  
required by supreme court for filing (rule 3.140(9) Rcrp)**

**SECTION 3: Defendant/Evidence List**

Defendant [REDACTED] Circuit Court case # \_\_\_\_\_

Arresting/lead officer James J. Kelly ID number 863

Filing Officer (if different from arresting) \_\_\_\_\_

A. Names, addresses and phone number of all persons who may have information which may be relevant to the offense charged or any defense thereto, are provided beginning on page 6.

B. Are there any victim/witness statements available?  Yes  No

Written  Taped  Oral (Check only if statement was written down when person said it)  
Copy of transcript provided?  Yes  No

C. Written, recorded, and/or oral statements of defendant (use additional pages if necessary).

1. Person to whom made N/A

Date of statement    /   /     Written  Taped  Oral

If oral, what did he/she say?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Person to whom made \_\_\_\_\_

Date of statement    /   /     Written  Taped  Oral

If oral, what did he/she say?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION 3: Defendant/Evidence List continued**

D. Written, recorded, and/or oral statements of co-defendant (use additional pages if necessary).

1. Person to whom made N/A

Date of statement     /    /         Written     Taped     Oral

If oral, what did he/she say?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Person to whom made N/A

Date of statement     /    /         Written     Taped     Oral

If oral, what did he/she say?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Grand Jury Testimony     Yes     No

F. Confidential Information     Yes     No

G. Electronic Surveillance     Yes     No

H. Search and/or Seizure     Yes     No

I. Reports of Experts     Yes     No

Name of expert \_\_\_\_\_

Nature of testimony \_\_\_\_\_

J. Papers or objects belonging to or obtained from defendant.

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1.            4 (5mg) Oxycontin pills	PBC School Police	Po Kelly to PO Rose to Evidence
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		<b>JUVENILE</b>
12.		<b>CONFIDENTIAL</b>

**SECTION 3: Defendant/Evidence List continued**

K. Other evidence

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

L. Anything showing the defendant may not be guilty

Source \_\_\_\_\_

Describe information  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M. Information or evidence to be supplied later

Item \_\_\_\_\_

Date will be furnished.

Why not supplied at filing  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** It is the responsibility of the officer filing the case to insure the forgoing list is completed and correct.

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\_\_\_\_\_  
SIGNATURE OF FILING OFFICER

\_\_\_\_\_  
DATE (MM/DD/YYYY)

**SECTION 4: Victim/Witness List**

Victim State of Florida D.O.B. \_\_\_\_\_

Address (W) \_\_\_\_\_  
*Street/Apt. Number City State Zip Code*

(H) \_\_\_\_\_  
*Street/Apt. Number City State Zip Code*

Work phone number ( ) - Home phone number ( ) -

If no phone, then name, address and phone number of person who may be contacted to accept message:

Name \_\_\_\_\_ Phone number ( ) -

Address \_\_\_\_\_  
*Street/Apt. Number City State Zip Code*

Can testify to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Arresting officer James J. Kelly ID number 863

Department Palm Beach County School Police

Address 3330 Forest Hill Boulevard, B-127 West Palm Beach FL 33406  
*Street/Apt. Number City State Zip Code*

Phone number (561) 434 - 8300

Can testify to

Received information from credible anonymous student, that [redacted] had 'Oxy' and was trying to sell it.  
That [redacted] had been known to possess controlled substances on school grounds on at least one previous occasion.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address (W) \_\_\_\_\_  
*Street/Apt. Number City State Zip Code*

(H) \_\_\_\_\_  
*Street/Apt. Number City State Zip Code*

Work phone number ( ) - Home phone number ( ) -

Can testify to

\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Civilian witness- give home and business address and phone numbers.  
Officer - give business address and work phone only.**

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<b>ADMINISTRATIVE</b>	OBTS Number		Agency ORI Number FLO 5 0 4 2 0 0		Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE		Agency Report Number 9 9 - 0 4 - 4 0 3 3						
	Change Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized/Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator								
	Location of Arrest (Including Name of Business) West Boca H.S. 12811, Glades Rd. Boca Raton, FL 33498				Location of Offense (Business Name, Address) West Boca H.S. 12811, Glades Rd. Boca Raton, FL 33498								
	Date of Arrest 1   2   1   4   0   4		Time of Arrest 1   2   5   5		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle

<b>DEFENDANT</b>	Name (Last, First, Middle)												Alias (Name, DOB, Social Security #, Etc.)											
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status S		Religion unk.		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					
	Local Address (Street, Apt. Number)						(City)			(State)			(Zip)			Phone ( ) - ( ) - ( )			Residence Type: 1. City 3. Florida 2. County 4. Out of State   2					
	Permanent Address (Street, Apt. Number)						(City)			(State)			(Zip)			Phone ( ) - ( ) - ( )			Address Source					
	Business Address (Name, Street)						(City)			(State)			(Zip)			Phone ( ) - ( ) - ( )			Occupation student					
	D/L Number, State				Social Security Number				INS Number				Place of Birth Florida State				Citizenship USA							

<b>CO-DEF</b>	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	

<b>JUVENILE</b>	<input checked="" type="checkbox"/> Parent Name (Last) (First) (Middle) Residence Phone ( ) - ( ) - ( )														
	<input type="checkbox"/> Legal Custodian														
	<input type="checkbox"/> Other: ( ) - ( ) - ( )														
	Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone ( ) - ( ) - ( )								
	Notified by: (Name) PO James Kelly				Date 12/14/04		Time 1330		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated   3						
Released To: (Name)						Relationship						Date		Time	
The above address was provided by <input checked="" type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input checked="" type="checkbox"/> Yes, by: (Name) PO James Kelly <input type="checkbox"/> No: (Reason)										School Attended West Boca HS		Grade 9			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property						Value of Property							

<b>CHARGE</b>	Drug Activity		S. Sell		R. Smuggle		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/ Equipment		U. Unknown			
	N. N/A		B. Buy		D. Deliver		E. Use						N. N/A		C. Cocaine		M. Marijuana		S. Synthetic		Z. Other			
	P. Possess		T. Traffic										A. Amphetamine		E. Heroin		O. Opium/Deriv.							
	Charge Description Poss. with intent to sell within 1000 ft. of a school												Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 8   9   3   -   -   1   3   ( )				Violation of ORD #			
	Drug Activity p		Drug Type O		Amount / Unit 4 (5mg)		Offense # 1		Warrant / Capias Number				Bond											
	Charge Description Possession of a Schedule II Substance												Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 8   9   3   -   -   0   3   ( )				Violation of ORD #			
	Drug Activity P		Drug Type O		Amount / Unit 4 (5mg)		Offense # 2		Warrant / Capias Number				Bond											

<b>NTA</b>	<input type="checkbox"/> Mandatory Appearance in Court												Location (Court, Room Number, Address)											
	Month				Day				Year				Time				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																							
Signature of Defendant (or Juvenile and Parent/Custodian)												Date Signed												

<b>ADMINISTRATIVE</b>	Hold for other Agency Name:						Signature of Arresting Officer X						Name of Arresting Officer (Print) James J. Kelly						ID # 863				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Intake Deputy		ID #		Transporting Officer PO Rose		ID # 798		Agency SD Police		Witness here if subject signed with an "X"						PAGE 1 OF 1		
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PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias

1 Juvenile

OBTS Number											
Agency ORI Number FLO 5 0 4 2 0 0	Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE	Agency Report Number 9 9 - 0 4 - 4 0 3 3									
Change Type Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes							

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
[REDACTED]				

Charge Description	Charge Description
Poss. with intent to sell within 1000 ft. of a school	
Charge Description	Charge Description
Possession of a Schedule II Substance	

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida			
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody...

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the 14 day of December 2004 at 1255  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

[REDACTED] did unlawfully sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, Oxycontin, a controlled substance, in, on or within 1000 feet of the real property comprising a child care facility as defined in section 402.302 or a public or private elementary, middle, or secondary school between the hours of 6 am and 12 am, contrary to Florida Statute 893.13 (1)(c)

[REDACTED] was unlawfully and knowingly in actual or constructive possession of a substance classified within Schedule II Florida Statute 893.03(2) commonly known as (oxycontin), a controlled substance, contrary to Florida Statute 893.13(6)(a0. (3 deg Fel) (level 3)

At approximately 1145 hours, the undersigned Officer was approached by a student who wished to remain anonymous. He/She stated that a fellow student known to him/her as [REDACTED] had approached him/her and attempted to sell Oxycontin. At approximately 1150 hours, the undersigned Officer approached WBHS Assistant Principal Lynn Weising, and informed her of the anonymous complaint.

At 1230 hours, Officer Kelly observed student [REDACTED] in the courtyard of WBHS. She was escorted to a conference room, and Ms. Wiesing was notified. An administrative search of [REDACTED] book-bag and purse yielded four white 5mg pills later identified as Oxycontin.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S. 117.10)	James J. Kelly
DATE	NAME OF OFFICER (PLEASE PRINT)
<u>12/14/04</u>	December 14, 2004
	DATE
	PAGE
	1 OF 1