

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-034

[REDACTED]

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 parents were notified by the Principal of Royal Palm Beach Community High School that the Respondent was being recommended for expulsion on November 12, 2004. The Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit A).
2. Respondent's parents were notified by the Superintendent of the School District of Palm Beach County, Florida ("School District") on January 26, 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 parents 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 26, 2005, to wit:

Possession of drug paraphernalia (second possession within one year) while on the campus of Royal Palm Beach Community High School on November 8, 2004.

ORDERED AND ADJUDGED by the School Board in regular session that the recommendation of the Superintendent be accepted and confirmed. [REDACTED] is hereby expelled from the School District for one calendar year from November 23, 2004. Your son may choose to continue educational services during his expulsion

period at the ACS site. However, if your son 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 16th 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



Royal Palm Beach Community High School

Office of the Principal

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

[Redacted]

November 12, 2004

[Redacted]

RECEIVED

NOV 12 2004

BY LEGAL SERVICES

RE: Recommendation for Expulsion, Student [Redacted]

Dear Mr. & Mrs. [Redacted]

On November 8, 2004, your son, 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 [Redacted] from the public schools of Palm Beach County, Florida. My recommendation is based on substantial evidence available to me supporting the following serious misconduct:

Police Case #04-3472 possession of drug paraphernalia 2nd offense with one year

Pursuant to Florida Statute §230.33(8), the Superintendent may extend the ten (10) day suspension until the date of the School Board meeting at which time the School Board will act on the expulsion. As of 11/23/04 is assigned to the Department of Alternative Education.

Sincerely,

Sheila Henry, Principal

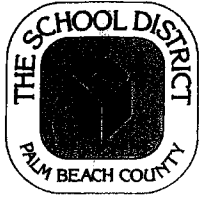
EXHIBIT

A

- cc: Janis Andrews, Area 3 Superintendent
- John Hayes, Chief Academic Officer
- Mary Vreeland, Director of Alternative Education
- School Police



10600 Okeechobee Boulevard, Royal Palm Beach, Florida 33411
Phone: (561) 753-4000 Fax (561) 753-4015



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 26, 2005


CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED




7003 2260 0001 9364 2209

NOTICE OF RECOMMENDATION FOR EXPULSION



Dear Mr. and Mrs. 

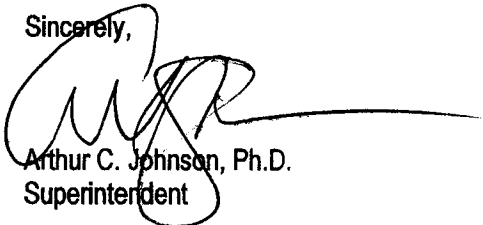
Based upon the recommendation of Sheila Henry, Principal of Royal Palm Beach Community High School, and in accordance with Florida Statute § 1006.07, and Palm Beach County School Board Policy 5.1813, I will request that the School Board of Palm Beach County, Florida, expel your son,  from the Palm Beach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

Possession of drug paraphernalia (second possession within one year) while on the campus of Royal Palm Beach Community High School on November 8, 2005.

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 son 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,

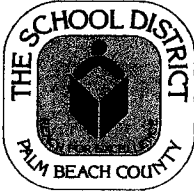

Arthur C. Johnson, Ph.D.
Superintendent

AK:JRA:LEP:mjp

cc: Principal, Royal Palm Beach Community High School
West Area Superintendent
Chief Academic Officer
Director of Alternative Education

EXHIBIT

B



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

January 26, 2005

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

CORRECTED COPY

Mr. and Mrs. [REDACTED]

NOTICE OF RECOMMENDATION FOR EXPULSION

[REDACTED]

Dear Mr. and Mrs. [REDACTED]

Based upon the recommendation of Sheila Henry, Principal of Royal Palm Beach 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 son, [REDACTED], from the Palm Beach County School District. This decision is based upon the following action:

Possession of drug paraphernalia (second possession within one year) while on the campus of Royal Palm Beach Community High School on November 8, 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 son 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



AK:JRA:LEP:mjp

cc: Principal, Royal Palm Beach Community High School
West Area Superintendent
Chief Academic Officer
Director of Alternative Education

EXHIBIT

B

SUMMARY OF INCIDENT

DDI-11/8

Student Name	[REDACTED]
Student #	[REDACTED]
Violation and Code	Possession of/use Tobacco Products (70) Possession of Drug Paraphernalia (74) 2nd Offense of Drug within 1 year
School	Royal Palm Beach H.S.
Principal	Mrs. Shiela Henry
Area Superintendent	Janis Andrews
Grade	11
Sex	MALE
Age	16 YEARS 6 months
Language	English
ESE?	N/A
504?	N/A
Police Report Charge, if known	04-3472 Possession of Drug Paraphernalia 2nd offense within 1 year
Persons Involved And Witnesses to Testify	Mrs. Burton Officer Delia
Additional Information (use additional page, if necessary)	<p>RECEIVED</p> <p>NOV 12 2004</p> <p>BY LEGAL SERVICES</p>

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

Principal's Signature

Shiela Henry

Student Discipline Referral

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

STUDENT NUMBER [REDACTED]	GRADE 7	ESE / 504 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE 11/8/04	TIME
REPORTED BY D. Burton	STUDENT NUMBER [REDACTED]	SCHOOL RPHS		
STAFF ID NUMBER [REDACTED]	INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Conference with student <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Letter to parent <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Mediation <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Other <input type="checkbox"/> Parent Conference <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Teacher detention			
REPORTED BY (CODE) <i>(Use number below for those persons without a staff ID.)</i>	NATURE OF PROBLEM (Be Specific)			
975 - Paraprofessional 976 - Bus Driver 977 - Clerical 978 - Crossing Guard 979 - Custodian 980 - Food Service Staff 981 - Law Enforcement Officer 982 - Parent/Guardian 983 - Student 984 - Substitute Teacher 985 - School Volunteer 999 - Other	In Possession of Drug Paraphernalia, Tobacco & lighter 2nd off max Drugs w/in 1 year. Poss. of drug Paraphernalia Police Law # 04-3472			

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 (unknown)	WHERE EVENT OCCURRED (circle one) 1 - SCHOOL GROUNDS / ON CAMPUS 2 - School sponsored activity / off campus 3 - School sponsored transportation (includes bus stops)	INVOLVEMENT TYPE (circle one) S - STUDENT N - Non-student B - Both student and non-student U - Unknown	RELATED ISSUES (circle all that apply) G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related
SCHOOL NO. 2331	ADMINISTRATOR'S NAME D. Burton			
HOME SCHOOL If not Home School, provide School Number.	COMMENTS 10 Days D.S.S. 2nd offered Recommendation for Expulsion Police made Parent Contact			
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) 70 74	ADMINISTRATION ID	EVENT NUMBER	DATE 11/8/04
DURATION How many days Begin Date 11/9/04 Return Date 1/1/05	ACTION CODE (see code sheets) 90 99	SIGNATURE OF PARENT [REDACTED]		
CASE NUMBER/AGENCY 7928367	CRT / TEAM INTERVENTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SIGNATURE OF STUDENT [REDACTED]		

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

Juven. in Report Juvenile Warn/Dismis 1. Original 2. Supplement 1

ADM	Date of Supplement		PALM BEACH COUNTY SCHOOL BOARD				Agency Report Number 043472				
	Original Day Reported MON 11/08/2004	Date 11/08/2004	Time (mil) 1130	Time Dispatched (mil)	Time Arrived (mil)	Time Completed (mil)					
EVENT DATA	Incident Type 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From	Date MON 11/08/2004	Time (mil)	Day To	Date MON 11/08/2004	Time (mil)		
	OFF/INC #1	Type 3	Description POSS PARAPHERNL	A-Attempted C-Committed	Statute Violation Number 893	147		NCIC/UCR Code 350B			
	OFF/INC #2										
	Incident Location (Street, Apt. Number)		City ROYAL PALM BEACH		Zip 33411	District	Grid	Area	Zone		
	Business Name/Area Identifier ROYAL PALM HS		Forced Entry 0. N/A 1. Yes		2. No.		Occupancy 0. N/A 1. Occupied 2. Unoccupied 3. Abandoned				
	Location Type 01. Residence Single 06. Gas Station 11. Specialty Store 16. Storage 21. Airport 26. Highway/Roadway 99. Other 02. Apartment/Condo 07. Liquor Sales 12. Drug Store/Hospital 17. Gov't/Public Bldg. 22. Bus/Rail Terminal 27. Park/Woodlands/Field 03. Residence-Other 08. Bar/Nightclub 13. Bank/Financial Inst. 18. School/University 23. Construction Site 28. Lake/Waterway 04. Hotel/Motel 09. Supermarket 14. Commercial/Office Bldg. 19. Jail/Prison 24. Other Structure 29. Motor Vehicle 05. Convenience Store 10. Dept/Discount Store 15. Industrial/Mfg. 20. Religious Bldg. 25. Parking Lot/Garage 30. Other Mobile										
	# OFF/INC.	# Victims	# Offenders	# Prem. Ent.	# Veh. Stolen	Type of Weapon 00. N/A 01. Handgun	02. Rifle 03. Shotgun 04. Firearm	05. Knife/Cutting Instrument 06. Blunt Object	07. Hands/Fist/Feet 08. Poison 09. Explosives	10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon	13. Drugs 88. Unknown 99. Other
	01	01	01	00	00						00
	V/W Code V-Victim W-Witness C-Reporting Person	P-Proprietor Z-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 7. Other	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex M-Male F-Female U-Unknown	Residence Type 0. N/A 1. City 2. County	3. Florida 4. Out-of-State	Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident	Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal
	Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	03. Spouse 04. Ex-Spouse 05. Co-Habitant	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend	17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known	
OFF/INC Indicator 1.#1 3.Both 2.#2	V/W Code 1 Y	# 01	V.Type 9	Name (Last, First, Middle or Business) STATE OF FLA				Residence Phone			
Address (Street, Apt. Number)		City WEST PALM BEACH		State FL	Zip 33406		Business Phone				
Other Contact Info. (Time Available, Interpreter, ect.)				Synopsis of Involvement							
If V/W Code V, W or P	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="radio"/> No <input type="radio"/>	
N	N	N					00 00	00			
OFF/INC Indicator 1.#1 3.Both 2.#2	V/W Code 1 W	# 01	V.Type 3	Name (Last, First, Middle or Business) BURTON, VICTORIA, L				Residence Phone			
Address (Street, Apt. Number)		City ROYAL PALM BCH		State FL	Zip 33411		Business Phone				
Other Contact Info. (Time Available, Interpreter, ect.)				Synopsis of Involvement							
If V/W Code V, W or P	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)	Relationship	Ethnicity	Will Victim prefer charge? Yes <input type="radio"/> No <input type="radio"/>	
W	W	F		1	1		00 00				
OFF/INC Indicator 1.#1 3.Both 2.#2	Suspect Code S-Suspect A-Arrestee		E-Escapes Z-Other		Name (Last, First, Middle)		Residence Phone				
Maiden Name		Nickname/Street Name		Place of Birth		Residence Phone					
Last Known Address (Street, Apt. Number)		City		State	Zip		Business Phone				
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		
Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers						
SEE ATTACHED NARRATIVE											
NARRATIVE											
Person/Unit Notified				Time	Related Report Number(s) CIT7612-ASH6						
Officer(s) Reporting D DELIA		I.D. Number 885		Locator Code		Unit					
Officer Reviewing (If Applicable)		I.D. Number	Routed To	Referred	Assigned To OEF	By AMK	Date				
Case Status CA	Clearance Type 1. Arrest 2. Exceptional		3. Unfounded 4. Open Pend. 1	A-Adult J-Juvenile J	Date Cleared 11/10/2004	Jail Number	Number Arrested 01		Page of		
Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V/W Refused to Cooperate		5. Prosecution Declined 6. Juvenile Custody		OBTS Number 043472		Page of	

COMPLAINT / ARREST AFFIDAVIT

PALM BEACH COUNTY SCHOOL BOARD

OBTS Number 043472, Police Case No. 043472, Defendant's Name, Local Address, Permanent Address, Business Address, Student, Driver's License No.

Weapon Seized? Yes No 00, Arrest Date 11/08/2004, Arrest Location 2331 ROYAL PALM HIGH, If Def. has Concealed Weapons Permit, No. Cases Cleared 01, Influence of Drugs, Influence of Alcoh., Citizenship US, Resid. Type: City

CO-DEFENDANTS, Last, First, Middle, DOB mo/day/yr, In Custody, At Large, Felony, Misdemeanor, Juvenile

Table with columns: CODE, DRUG ACTIVITY, S. Sell, R. Smuggle, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, DRUG TYPE, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Derv, P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

Table with columns: CHARGES, Activity, Type, Counts, STATUTE, D.V., VIOLATION OF SECT. 1. POSS PARAPHERNL, 2., 3., 4.

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

Hold for Other Agency, Agency Verified by, I swear that the above Statement is correct and true to the best of my knowledge and belief, D DELIA Officer's Name, Officer's Signature, Department Name, Court ID Number/Loc.Code, Deputy of the Court or Notary Public, Page of, Signature of Defendant / Juvenile and Parent or Guardian

PROPERTY REPORT

1. Original
2. Supplement **1**

PALM BEACH COUNTY SCHOOL BOARD

Agency Report Number
043472

ADM	Date of Supplement	Primary Offense Description	Victim #1 Name
	Original Date Reported 11/08/2004	NARCOTICS	STATE OF FLA

Person code V-Victim S-Suspect	P-Proprietor A-Arrestee Z-Other	Status Code 1. Stolen 2. Recovered	3. Stolen and Recovered 4. Recovered for Other Jurisdiction	5. Lost 6. Found 7. Safekeeping	8. Evidence/Seized 9. Other	Damage Code 0. N/A 1. Arson	2. Criminal Mischief 3. During other Offense 9. Other
Property Type A. Auto Accessory/Parts F. Food/Liquor/Consumable K. Clothing/Fur P. Art/Collection U. Currency/Negotiable Z. Miscellaneous B. Bicycle G. Gun L. Livestock Q. Computer Equipment V. Credit Card/Non-Negotiable C. Camera/Photo Equipment H. Household Appliance/Goods M. Musical Instrument R. Radio/Stereo W. Boat Motor D. Drug I. Plant/Cactus N. Construction Machinery S. Sports Equipment X. Structure E. Equipment/Tool J. Jewelry/Precious Metal O. Office Equipment T. TV/Video/VCR Y. Farm Equipment							

Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number
V	01	01	8	D		DRUG	PARA	
Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) BLUE GLASS PIPE WITH MARIJUANA RESIDE				
Value		Value Recovered		Date Recovered		FCIC/NCIC		
\$		\$ 40		11/08/2004				

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

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

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

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

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

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

Property Stolen	\$	Change in Property Stolen Value	\$
Property Recovered	\$ 40	Change in Property Recovered Value	\$

Activity	Type	Description	Quantity	Unit	Estimated Street Value
					\$
					\$
					\$

SEE ATTACHED NARRATIVE

Officer(s) Reporting D DELIA	ID. Number(s)/Locator Code 885	Unit	Date
Officer Reviewing (if applicable)	ID. Number	Routed To	Referred To
		Assigned To OEF	By AMK
			Date
			Page Page

NARRATIVE CONTINUATION

FLO 504200

PALM BEACH COUNTY SCHOOL DISTRICT POLICE

Case: 04-3472
Investigator: D. Delia #885
Reported Date: 11/08/04 - 1130 Hours

On Monday, 11-08-04, at approximately 1130 hours, I was called into the office of Ms. V. Burton, assistant principal at Royal Palm Beach High School. Ms. Burton reported to me that she just searched [REDACTED], a student at Royal Palm Beach High School, and recovered a blue glass-smoking pipe from the book bag of [REDACTED]

I tested the residue of the pipe with #8 Duquenois Regent and the test was positive for marijuana. I then tested the pipe with Mistral's Drug Detection and Identification Aerosols and the pipe tested positive for marijuana residue.

I gave [REDACTED] his Miranda Rights Warnings and he refused to make any statements. I notified Ms. [REDACTED], the mother of [REDACTED], and told her of the situation.

[REDACTED] was administratively disciplined for his conduct and Lt. Leon then transported [REDACTED] to the Juvenile Assessment Center for processing.

I request this case be marked cleared by arrest.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	<u>04-3472</u>
Date	<u>11-08-04</u>
Time	<u>1400</u>

WITNESS VICTIM SUSPECT OTHER

NAME OF PERSON MAKING STATEMENT (full name) Victoria I. Burton	BIRTH DATE [REDACTED]	HOME TELEPHONE NUMBER () -	WORK TELEPHONE NUMBER (561) 753 - 4007
ADDRESS (street address, city, state, zip code) 106000 Okeechobee Blvd Royal Palm Beach, FL 33411			

I voluntarily furnish this sworn/affirmed statement to: Officer _____ ID _____

VICTIM ONLY (Parent of Juvenile) :

I am requesting criminal charges. Yes No I further understand that I will be required to appear in court if subpoenaed.

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

My name is Victoria Burton, Assistant Principal at Royal Palm Beach High School. After receiving numerous reports that [REDACTED] was dealing drugs on campus, I brought him in to my office, and in the presences of Mrs. Scarni, Safe Schools Coordinator, Mrs. Henry, Principal, I ask [REDACTED] if he had any thing in his possession that he shouldn't have on campus, and he said no. I asked him to empty his pockets. He had a lighter in his possession As Mrs. Henry picked up the bookbag, he said, "Oh, I have a pipe in there. As I searched the bookbag, I found a pipe that contained marijuana residue, 2 plastic bags of cut up cigars and a bottle of red eye reduction drops. Officer Delia was in the room with us. He heard [REDACTED] say that he had a pipe. Officer Delia then proceded with police procedures

Victoria I. Burton 11/8/04
SIGNATURE, PERSON MAKING STATEMENT (sign every page) DATE

WITNESS SIGNATURE (sign every page) _____ DATE _____ WITNESS SIGNATURE (sign every page) _____ DATE _____

Sworn to and subscribed this 8th day of November, 2004.

NOTARY PUBLIC, STATE OF FLORIDA Delia 885
LAW ENFORCEMENT OFFICER ID NO.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

Case No.	04-3472
Date	November 08, 2004
Time	1215

I am required to warn you before you make any statement that you have the following constitutional rights...

1. You have the right to remain silent and not answer any questions.
2. Any statement you make must be freely and voluntarily given.
3. You have the right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford an attorney, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

I have been advised of my Miranda Rights and I understand them.

Me han avisado de mis derechos Miranda y los entiendo.

Yo te ban m eksplikasyon sou dwa Miranda mwen genyen, epi mwen konprann yo.

SIGNATURE
FIRMA
SIYATI

11/8/04
DATE
FECHA
DAT

Police Officer Daniel Delia
Policia
Ofisye Polis

I.D. No 885
Nº de Identidad
Nimewo Idantite

Location 10600 Okeechobee Blv., Royal Palm Bch., FL 33411
Lugar de entrevista
Kote konvèsasyon an te fet

Witness _____
Testigo
Temwen

Witness _____
Testigo
Temwen

P.O. DELIA 885

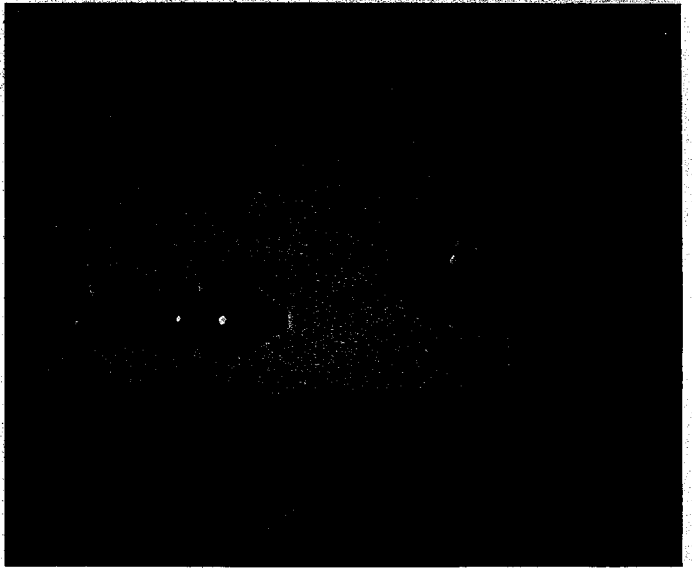


11-08-04

04-3472

Blue Glass pipe w/marijuana Residue

P.O. DELIA 885

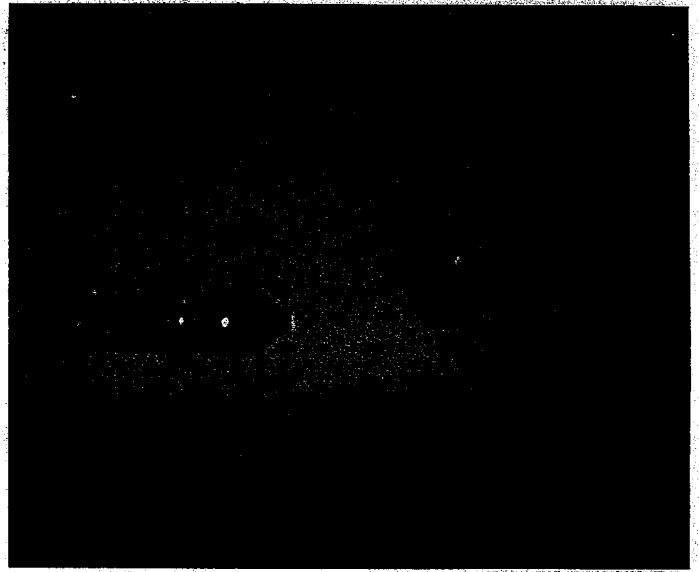


11-08-04

04-3472

Blue Glass pipe w/marijuana Residue

P.O. DELIA 885



11-08-04

04-3472

Blue Glass pipe w/MARIJUANA Residue

PANEL: _____

A03. DEMOGRAPHICS

YEAR: 05

Friday November 19, 2004 5:03 pm

STDT: [REDACTED]

LAST	APP	FIRST	MIDDLE	AKA	FORMER
[REDACTED]	_____	[REDACTED]	[REDACTED]	_____	_____

RES NBR	DR STREET	TYPE PD	APT/BLDG	CITY	ST	ZIP+4
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	LOXAHATCHEE	FL	33470

MLG NBR	DR STREET	TYPE PD	APT/BLDG	CITY	ST	ZIP+4
_____	_____	_____	_____	_____	_____	_____

SEX	RACE	DOB	BIRTH CITY	ST	VER	PHONE	PUB	SUMMER	ORIG	SAC	SCHL2
M	H	[REDACTED]	[REDACTED]	FL	1	561 [REDACTED]	N	_____	040699	068C	_____

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
E01	081104	2331	11	___	01	Y	_____	_____	_____	_____	[REDACTED]	[REDACTED]	[REDACTED]	US	FL	50

LNG	PGL	COB	SURVEY	STAT	CAT	LEP	RES	EN:DS	SCHL	C1:B-H-M-N	CH2	EHA	D/B	ST:C	M	EX
EN	EN	US	032699	___	E	ZZ	3	_____	_____	N	N	N	N	N	N	N

PF1=HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE

RECORD IS DISPLAYED...NEXT?

TERML: Z12E

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3. Request for Warrant
T.A. 4. Request for Capias **1** Juvenile

ADMINISTRATIVE	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 - 3 4 7 2
	Change Type Check as many as apply	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Weapon Seized/Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
	Location of Arrest (Including Name of Business) 10600 Okeechobee Blv., Royal Palm Bch., FL 33411		Location of Offense (Business Name, Address) 10600 Okeechobee Blv., Royal Palm Bch., FL 33411	

DEFENDANT	Name (Last, First, Middle)	Alias (Name, DOB, Social Security #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status S	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Only Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone (561)		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		Address Source school records	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)			Phone (561)		Occupation Student			
	Business Address (Name, Street) (City) (State) (Zip)			Phone ()		D/L Number, State		Social Security Number	INS Number

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

JUVENILE	<input checked="" type="checkbox"/> Parent Name (Last) (First) (Middle)	Residence Phone (561)		
	<input type="checkbox"/> Legal Custodian	Business Phone (561)		
	<input type="checkbox"/> Other:			
	Address (Street, Apt. Number) (City) (State) (Zip)			
	Notified by: (Name) P.O. Daniel Delia	Date 11-08-04	Time 1225	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 type="checkbox"/> defendant and / or <input checked="" 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.		School Attended Royal Palm Beach High School		Grade 11
<input checked="" type="checkbox"/> Yes, by: (Name) P.O. Daniel Delia <input type="checkbox"/> No: (Reason)		Value of Property		

CODE	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description Possession of Paraphernalia (use)	Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 8 9 3 - 1 4 7 1 (1(b))	Violation of ORD #	Drug Activity P	Drug Type P	Amount / Unit	Offense # 04-3472	Warrant / Capias Number	Bond
CHARGE	Charge Description	Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
	Charge Description	Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
	Charge Description	Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
	Charge Description	Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NTA	<input type="checkbox"/> Mandatory Appearance in Court	Location (Court, Room Number, Address)
	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

ADMINISTRATIVE	Hold for other Agency Name:	Signature of Arresting Officer	Name Verification (Printed by Arrested) (PRINT)
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Name of Arresting Officer (Print) Daniel Delia 885	Witness here if subject signed with an "X"
	Intake Deputy ID #	Transporting Officer ID # Agency	PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request for Warrant [1] Juvenile [X]
N.T.A. 4. Request for Capias

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 - 3 4 7 2								
Change Type Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes						
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other							

DEF Name (Last, First, Middle)	Alias	Race W	Sex M	Date of Birth
--------------------------------	-------	-----------	----------	---------------

CHARGE Description	Charge Description
Possession of Paraphernalia (use)	
Charge Description	Charge Description

VICTIM 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 08 day of November 20 04 at 1130 A.M. P.M. (Specifically include facts constituting cause for arrest.)

_____ was unlawfully and knowingly in actual or constructive possession of blue glass smoking pipe with marijuana residue, which was drug paraphernalia being used, intended for use, or designed for use in injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance, contrary to Florida statute 893.147 (1) (b).

On Monday, 11-08-04, at approximately 1130 hours, I was called into the office of Ms. V. Burton, assistant principal at Royal Palm Beach High School. Ms. Burton reported to me, she just searched _____ a student at Royal Palm Beach High School, and recovered a blue glass smoking pipe from the book bag of _____. I tested the residue of the pipe with # 8 Duquenois Regent and the test was positive for marijuana. I then tested the pipe with Mistral's Drug Detection and Identification Aerosols and the pipe tested positive for marijuana residue.

Based on the above stated probable cause, I am requesting charges be filed for possession of drug paraphernalia (use), contrary to Florida Statute 893.147 (1) (b).

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	Daniel Delia
November 08, 2004	November 08, 2004
DATE	DATE

PROBABLE CAUSE AFFIDAVIT

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

ADMIN	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 - 3 4 7 2
	Change Type Check as many as apply	<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes

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

CHARGE	Charge Description Possession of Paraphernalia (use)	Charge Description
	Charge Description	Charge Description

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

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.

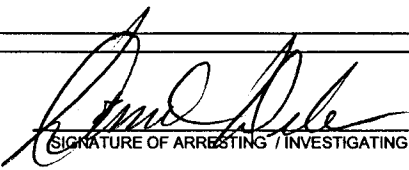

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 08 day of November 2004 at 1130 A.M. P.M. (Specifically include facts constituting cause for arrest.)

[REDACTED] was unlawfully and knowingly in actual or constructive possession of blue glass smoking pipe with marijuana residue, which was drug paraphernalia being used, intended for use, or designed for use in injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance, contrary to Florida statute 893.147 (1) (b).

On Monday, 11-08-04, at approximately 1130 hours, I was called into the office of Ms. V. Burton, assistant principal at Royal Palm Beach High School. Ms. Burton reported to me, she just searched [REDACTED], a student at Royal Palm Beach High School, and recovered a blue glass smoking pipe from the book bag of [REDACTED]. I tested the residue of the pipe with # 8 Duquenois Regent and the test was positive for marijuana. I then tested the pipe with Mistral's Drug Detection and Identification Aerosols and the pipe tested positive for marijuana residue.

Based on the above stated probable cause, I am requesting charges be filed for possession of drug paraphernalia (use), contrary to Florida Statute 893.147 (1) (b).

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
		Daniel Delia
	NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
	November 08, 2004	November 08, 2004
	DATE	DATE
		PAGE 1 OF 1

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

CASE NUMBER
04-3472

Victim/Witness Information For Probable Cause Affidavit

VICTIM WITNESS OWNER

Burton, Victoria L. _____ W _____ F _____
Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

Home Address (Street, Apt. Number) (City) State (Zip) (Phone)

10600 Okeechobee Bly., Royal Palm Bch., FL 33411 _____
Business Address (Street, Apt. Number) (City) State (Zip) (Phone)

- ADDRESS SOURCE**
- Verbal
 - Driver's License
 - Voter's ID
 - Other school records

See Probable Cause Affidavit

Synopsis of Testimony

VICTIM WITNESS OWNER

Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

Home Address (Street, Apt. Number) (City) State (Zip) (Phone)

Business Address (Street, Apt. Number) (City) State (Zip) (Phone)

- ADDRESS SOURCE**
- Verbal
 - Driver's License
 - Voter's ID
 - Other _____

Synopsis of Testimony

VICTIM WITNESS OWNER

Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

Home Address (Street, Apt. Number) (City) State (Zip) (Phone)

Business Address (Street, Apt. Number) (City) State (Zip) (Phone)

- ADDRESS SOURCE**
- Verbal
 - Driver's License
 - Voter's ID
 - Other _____

Synopsis of Testimony

VICTIM WITNESS OWNER

Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

Home Address (Street, Apt. Number) (City) State (Zip) (Phone)

Business Address (Street, Apt. Number) (City) State (Zip) (Phone)

- ADDRESS SOURCE**
- Verbal
 - Driver's License
 - Voter's ID
 - Other _____

Synopsis of Testimony



FLORIDA UNIFORM TRAFFIC CITATION

7612-ASH 6

COUNTY OF Palm Beach (1) F.H.P. (2) P.D. (3) S.O. (4) OTHER
 CITY (IF APPLICABLE) School Police AGENCY 06 98

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

DAY OF WEEK Monday MONTH November DAY 08 YEAR 2004 TIME 1130 A.M. P.M.

NAME [REDACTED]
 STREET [REDACTED]
 CITY [REDACTED] STATE FL ZIP [REDACTED]
 TELEPHONE [REDACTED] RACE W SEX M

DRIVER LICENSE NUMBER [REDACTED] STATE [REDACTED] CLASS [REDACTED] COLL. LICENSE [REDACTED] YR LICENSE EXP. [REDACTED] COMMERCIAL MTR. VEH. "X" HERE

YR. VEHICLE MAKE [REDACTED] STYLE [REDACTED] COLOR [REDACTED] FLAGGED HAZARDOUS MATERIAL "X" HERE

VEHICLE LICENSE NO. [REDACTED] TRAILER TAG NO. [REDACTED] STATE [REDACTED] YEAR TAG EXPIRES [REDACTED] COMMERCIAL CITATION(S) "X" HERE

UPON PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAME Royal Palm Beach High School
10600 Sheechee Blvd., RPB, FL, 33411

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.

- UNLAWFUL SPEED MPH MPH SPEED APPLICABLE MPH
- CARELESS DRIVING
- VIOLATION OF TRAFFIC CONTROL DEVICE
- VIOLATION OF RIGHT-OF-WAY
- IMPROPER CHANGE OF LANE OR COURSE
- IMPROPER PASSING
- CHILD RESTRAINT
- SAFETY BELT VIOLATION
- IMPROPER OR UNSAFE EQUIPMENT
- EXPIRED TAG
- SIX (6) MONTHS OR LESS
- MORE THAN SIX (6) MONTHS
- NO PROOF OF INSURANCE
- EXPIRED DRIVER LICENSE
- FOUR (4) MONTHS OR LESS
- MORE THAN FOUR (4) MONTHS
- NO VALID DRIVER LICENSE
- DRIVING WHILE LICENSE SUSPENDED OR REVOKED
- DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRIVING/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED, OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL %

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
Possession of Paraphernalia (USE)

IN VIOLATION OF STATE STATUTE 893.147(1)(X6)

CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
 INFRACTION. COURT APPEARANCE REQUIRED, AS INDICATED BELOW.
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

7612-ASH 6

COURT INFORMATION
 DATE _____ TIME _____
 COURT _____
 LOCATION _____

ARREST DELIVERED TO JAC DATE 11.8.04

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNING IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLETE THIS CITATION, CONTACT THE CLERK OF THE COURT.

[Signature]
 RANK [REDACTED] SIGNATURE OF OFFICER [REDACTED] BADGE NO. 805 D. NO. _____ TROOP UNIT _____

CASE# 04-3472
BBS
P.O. Devia

PANEL: _____

A03. DEMOGRAPHICS

YEAR: 05

Thursday November 18, 2004 2:54 pm

STDT: [REDACTED]

LAST	APP FIRST	MIDDLE	AKA	FORMER
[REDACTED]	[REDACTED]	[REDACTED]		

RES NBR	DR	STREET	TYPE	PD	APT/BLDG	CITY	ST	ZIP+4
[REDACTED]		[REDACTED]			[REDACTED]	[REDACTED]		[REDACTED]

MLG NBR	DR	STREET	TYPE	PD	APT/BLDG	CITY	ST	ZIP+4

SEX	RACE	DOB	BIRTH	CITY	ST	VER	PHONE	PUB	SUMMER	ORIG	SAC	SCHL2
M	H	[REDACTED]	[REDACTED]	[REDACTED]	FL	1	561 [REDACTED]	N		040699	068C	

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
E01	081104	2331	11		01	Y					[REDACTED]	[REDACTED]		S	FL	50

LNG	PGL	COB	SURVEY	STAT	CAT	LEP	RES	EN:DS	SCHL	C1:B-H-M-N	CH2	EHA	D/B	ST:C	M	EX
EN	EN	US	032699		E	ZZ	3			NNNN	NN	NN	NN	NN	NN	Z

HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE

RECORD IS DISPLAYED...NEXT?

TERML: Z32B