

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-043

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 Jefferson Davis Community Middle School that the Respondent was being recommended for expulsion on November 22, 2004. 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 12, 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 12, 2005, to wit:

Possession of drugs with the intent to sell and/or distribute while on the campus of Jefferson Davis Middle School on November 22, 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 December 9, 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



**JEFFERSON
D-A-V-I-S
COMMUNITY
MIDDLE SCHOOL**

HOME OF THE HURRICANES

1560 Kirk Rd. West Palm Bch., FL 33406
(661) 434-3300

Sandra M. Jinks
Principal

Regular and Certified Mail

Return Receipt Requested

Date 11/22/2004

Student Number [REDACTED]

[REDACTED]
Custodial Parent/Guardian of:
[REDACTED]

Dear Custodial Parent/Guardian:

On 11/22/2004 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:

[REDACTED] was caught in possession with over 8 grams of marijuana in the back of our school (portable area). A lighter was also retrieved from the location. Student initially stated that he wasn't doing anything even though there was a strong odor of marijuana in the air and on his clothes. [REDACTED] was taken to the school police officer's office for questioning and field testing. It was at that time that a school resource officer found a trace amount in his coat, pocket and a large amount (8 grams) hidden inside a pair of shorts he was wearing under his school uniform. [REDACTED] stated that he was given the marijuana to sell to a student at school. He also stated that he would get some of the proceeds from the sell. [REDACTED] was previously suspended last year for a similar incident (incident # 10703939). The case number of the current incident is 04-3708.

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 12/09/2004, your son/daughter/ward is assigned to the Department of Alternative Education.

Sincerely,

Sandra Jinks
Principal
1560 Kirk Road
West Palm Beach, FL 33406
561-434-3330

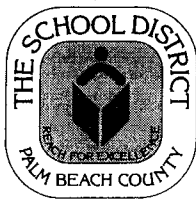
cc: Area Superintendent
Chief Academic Officer
Director of Alternative Education
School Police

PBSD 02:5 (REV 11/0/2001)



EXHIBIT

A



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

~~December 20, 2004~~

Jan. 12, 2005

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED



NOTICE OF RECOMMENDATION FOR EXPULSION



Dear [REDACTED]

Based upon the recommendation of Sandra Jinks, Principal of Jefferson Davis Middle 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 drugs with the intent to sell and/or distribute while on the campus of Jefferson Davis Middle School on November 22, 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

cc: Principal, Jefferson Davis Middle School
Central Area Superintendent
Chief Academic Officer
Director of Alternative Education

SUMMARY OF INCIDENT

Student Name	[REDACTED]
Student #	[REDACTED]
Violation and Code	PBC CODE 93 - Possession WITH INTENT To SELL / DELIVER
School	JEFFERSON DAVIS MIDDLE SCHOOL
Principal	SANDRA JINKS
Area Superintendent	ROD MONTGOMERY
Grade	8
Sex	MALE
Age	14 YRS. 5 MONTHS
Language	ENGLISH
FSF?	No
504?	No
Police Report Charge, if known	POSSESSION W/ INTENT TO SELL
Persons Involved And Witnesses to Testify	DON HOFFMAN, AP OFC. DAVE FURTADO
Additional Information (use additional page, if necessary)	STUDENT WAS HIDING THE DRUGS INSIDE HIS SHORTS. STUDENT WAS ALSO SMOKING MARIJUANA WHEN HE WAS CAUGHT. THERE IS A SMALL HISTORY WITH THIS STUDENT AND MARIJUANA, (1 CASE LAST YEAR). STUDENT ALSO HAD AN ACCOMPLICE WITH HIM. THE DRUGS WERE DESIGNATED TO BE GIVEN TO ANOTHER STUDENT ON CAMPUS TODAY.

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

Principal's Signature

Sandra Jinks

THE SCHOOL DISTRICT OF PALM BEACH COUNTY

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

Student Discipline Referral

STUDENT NAME [REDACTED]		STUDENT NUMBER [REDACTED]	GRADE 08	ESSE <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE 11/22/04	TIME 8:55
LOCATION [REDACTED]		SCHOOL JOLMS	BUS CODE			
REPORTED BY SMITH		INTERVENTIONS BY TEACHER BEFORE REFERRAL				
STAFF ID NUMBER 100		<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"/> Telephone call to parent <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Parent Conference <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Other <input type="checkbox"/> Teacher referral				
REPORTED BY (CODE) (Use number below for those persons without a staff ID.)		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		I responded to a report of bullying activity outside portable 804. Upon investigating the area I saw two students huddled behind the tree. [REDACTED] and another student were in an area perming with the [REDACTED] [REDACTED] by school police [REDACTED] upon a [REDACTED] search of [REDACTED] [REDACTED] in his possession. (9 grams)				
ADMINISTRATIVE USE ONLY BELOW THIS LINE						
C-DISTRICT NUMBER		WHEN EVENT OCCURRED (circle one)		WHERE EVENT OCCURRED (circle one)		RELATED ISSUES (circle all that apply)
DISTRICT 50		1 - DURING SCHOOL HOURS 2 - Outside school hours, school sponsored activity 3 - Outside school hours, non-school sponsored activity 4 - Unrelated event or unknown		1 - SCHOOL GROUNDS / ON CAMPUS 2 - School sponsored activity / off campus 3 - School sponsored transportation (includes bus stops)		G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related
SCHOOL NO		INCIDENT CODES (see code sheets)		ADMINISTRATOR'S NAME		ADMINISTRATION ID
HOME SCHOOL		93		[Signature]		018
WHAT KIND OF WEAPON USED (if appropriate)		ACTION CODE (see code sheets)		EVENT NUMBER		DATE
K - Knife H - Handgun F - Firearm/Explosive device R - Rifle/Shotgun O - Other Weapon U - Unknown		90		10775148		11/22/04
DURATION		CRT / TEAM INTERVENTION		SIGNATURE OF PARENT		DATE
How many days 10		<input type="checkbox"/> Yes <input type="checkbox"/> No		[Signature]		DATE
Begin Date 11/23/04		Return Date 12/9/04		TRESPASSING NOTICE: I, the student, am aware that I may 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 during the dates of my suspension.		DATE
CASE NUMBER/AGENCY		ORIGINAL - Administrator		COPY - Parent		COPY - Original
041-3708						COPY - Guidance Counselor / ESE Contact

Agency ORI Number FLO 504200		THE SCHOOL DISTRICT OF PALM BEACH COUNTY SCHOOL POLICE Offense Incident Report				<input checked="" type="checkbox"/> Juvenile <input checked="" type="checkbox"/> 1- Original <input type="checkbox"/> Adult <input type="checkbox"/> 2- Supplement		Case Number 04-3708															
Reported Day MONDAY		Date 11 22 2004		Time (mil) 0915		Time Dispatched (mil) 0915		Time Arrived (mil) 0915		Time Completed (mil) 1115													
Incident Day FROM MONDAY		Date 11 22 2004		Time (mil) 0915		Incident Day TO		Date		Time (mil)													
CODES Type: 1- Felony 3- Misdemeanor 9- Other		Offense #1 #2 #3 #4		Type 1		Description and Florida State Statute Possession with intent (1000 feet of school) 893.13(1)(C)				A/C C 350A													
Incident Location (Street, Apt. Number) 1560 Kirk Road, West Palm Beach, FL 33406		City		State		Zip Code		Geographic Indicator 0611															
Business Name/Area Identifier Jefferson Davis Middle School		Forced Entry 0- N/A 2- No 1- Yes		0		Occupancy 0- N/A 2- Unoccupied 1- Occupied 3- Abandoned		0															
Location Type 01- Residence-Single 02- Apartment/Condo 03- Residence-Other 04- Hotel/Motel 05- Convenience Store 06- Gas Station 07- Liquor Sales 08- Bar/Nightclub 09- Supermarket 10- Dept./Discount Store 11- Specialty Store 12- Drug Store/Hospital 13- Bank/Financial Inst. 14- Commercial/Office Bldg. 15- Industrial/Mfg. 16- Storage 17- Gov't/Public Bldg. 18- School/University 19- Jail/Prison 20- Religious Bldg. 21- Airport 22- Bus/Rail Terminal 23- Construction Site 24- Other Structure 25- Parking Lot/Garage 26- Highway/Roadway 27- Park/Woodlands/Field 28- Lake/Waterway 29- Motor Vehicle 30- Other Mobile 99- Other										18													
# Offenses 1		# Victims 1		# Offenders 1		# Prem. Ent. 0		# Veh. Stolen 0		# Type 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/Incendary 11- Threat/Intimidation 12- Simulated Weapon		13- Drugs 88- Unknown 99- Other		00	
V/W Code V- Victim W- Witness C- Reporting Person P- Proprietor Z- Other		V/W Type 0- N/A 1- Juvenile 2- L.E. Officer 3- Adult 4- Business		Race N- N/A W- White B- Black I- American Indian O- Oriental/Asian U- Unknown		Sex N- N/A M- Male F- Female U- Unknown		Residential Type 0- N/A 1- City 2- County 3- Florida 4- Out-of-State		Residential 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/Bruiases 99- Other							
Victim Relationship to Offender 00- N/A 01- Undetermined		04- Ex-Spouse 05- Co-Habit 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 Friend		16- Boy/Girl Friend 17- Friend 18- Neighbor		19- Sitter/Day Care 20- Employee 21- Employer		22- Landlord/Tenant 23- Acquaintance 99- Other									
Offense Indicator (circle) ① 2 3 4		V/W Code V 1		# 9		Name (Last, First, Middle or Business) State of Florida				Residence Phone () -													
Address (Street/Apt. Number)		City		State		Zip		Business Phone () -															
Other Contact Info. (Time Available, Interpreter, etc.)		Synopsis of Involvement																					
Race		Sex		Date of Birth		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity							
Offense Indicator (circle) ① 2 3 4		Suspect Code # S 1		Juvenile Yes		Name (last, First, Middle) [REDACTED]				Maiden Name				Nickname/Street Name		Place of Birth Brooklyn, NY		Residence Phone [REDACTED]					
Last Known Address (Street, Apt. Number) [REDACTED]		Occupation Student		Employer/School Jefferson Davis Middle School		Address 1560 Kirk Road, West Palm Beach, FL 33406				Social Security No. [REDACTED]													
Driver's License State/Number None		Immigration and Naturalization Number		Other I.D. Number Student #23102163				FCIC/NCIC															
Clothing (described) Black shirt, black pants, black jacket		Scars/Marks/Tatoos (Location/Describe) UK																					
Race B		Sex M		Date of Birth [REDACTED]		Height 5'08"		Weight 130		Eye Color BRO		Hair Color BLK		Hair Length Short		Hair Style Afro							
Complexion DRK		Build THN		Facial Hair Clean/Shaven		Teeth Normal		Speech/Voice				Special Identifiers											
Officer Reporting Ofc. D. Furtado #874		I.D. Number 874		Date 11-22-04		Related Case No./Agency																	
Lieutenant Reviewing [Signature]		I.D. Number 200		Date 11/24/04		Captain Reviewing		I.D. Number		Date		Forward to		Date									
Case Status Cleared		Clearance Type 1-Arrest 2-Exceptional		3-Unfounded 1		A-Adult J-Juvenile J		Date Cleared 11-22-04		Recommended Youth Court <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number Arrested 1											
Exception Type 1-Extradition Declined 2-Arrest on Primary Offense Without Prosecution		3-Death of Offender 4-V/W Refused to Cooperate		5-Prosecution Declined 6-Juvenile/No Custody		OBTS/Arrest Number				Page 1 of 1													

ADM	Agency ORI Number FLO 5 0 4 2 0 0	THE SCHOOL DISTRICT OF PALM BEACH COUNTY SCHOOL POLICE	<input checked="" type="checkbox"/> Juvenile <input type="checkbox"/> Adult	<input checked="" type="checkbox"/> 1 - Original <input type="checkbox"/> 2 - Supplement	Case Number 04-3708
	Victim/Witness Report				
Original Date Reported 11 22 2004		Offense Possession with intent (1000 feet of school)			

CODES	V/W Code V- Victim W- Witness C- Reporting Person P- Proprietor Z- Other	V/W Type 0- N/A 1- Juvenile 2- L.E. Officer 3- Adult 4- Business	Race N- N/A W- White B- Black I- American Indian O- Oriental/Asian U- Unknown	Sex N- N/A M- Male F- Female U- Unknown	Residential Type 0- N/A 1- City 2- County 3- Florida 4- Out-of-State	Residential 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 02- Stranger 04- Ex-Spouse 07- Brother/Sister 10- Step-Child 13- Student 16- Boy/Girl Friend 19- Sitter/Day Care 22- Landlord/Tenant 01- Undetermined 03- Spouse 05- Co-Habit 08- Child 11- In-Law 14- Teacher 17- Friend 20- Employee 23- Acquaintance 06- Parent 09- Step-Parent 12- Other Family 15- Child of Boy/Girl Friend 18- Neighbor 21- Employer 99- Other								

VICTIM / WITNESS	Offense Indicator (Print) 2 3 4	V/W Code # W 1	V/W Type 3	Name (Last, First, Middle or Business) Hoffman, Donald	Residence Phone (561) 434 - 3300
	Address (Street/Apt. Number) 1560 Kirk Road, West Palm Beach, FL 33406				Business Phone (561) 434 - 3300
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement Witness to incident.	
Race	Sex	Date of Birth	Res. Type	Res. Status	Extent of Injury
W	M	11-30-74	2	1	0
Injury Type(s)	Relationship	Ethnicity			
00	14				
VICTIM / WITNESS	Offense Indicator (Print) 2 3 4	V/W Code # W 2	V/W Type 3	Name (Last, First, Middle or Business) Smith, Todd	Residence Phone (561) 434 - 3300
	Address (Street/Apt. Number) 1560 Kirk Road, West Palm Beach, FL 33406				Business Phone (561) 434 - 3300
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement Witness to incident.	
Race	Sex	Date of Birth	Res. Type	Res. Status	Extent of Injury
W	M	04-17-67	2	1	0
Injury Type(s)	Relationship	Ethnicity			
0	14				
VICTIM / WITNESS	Offense Indicator (Print) 2 3 4	V/W Code #	V/W Type	Name (Last, First, Middle or Business)	Residence Phone () -
	Address (Street/Apt. Number)				Business Phone () -
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
Race	Sex	Date of Birth	Res. Type	Res. Status	Extent of Injury
Injury Type(s)	Relationship	Ethnicity			
VICTIM / WITNESS	Offense Indicator (Print) 2 3 4	V/W Code #	V/W Type	Name (Last, First, Middle or Business)	Residence Phone () -
	Address (Street/Apt. Number)				Business Phone () -
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
Race	Sex	Date of Birth	Res. Type	Res. Status	Extent of Injury
Injury Type(s)	Relationship	Ethnicity			
VICTIM / WITNESS	Offense Indicator (Print) 2 3 4	V/W Code #	V/W Type	Name (Last, First, Middle or Business)	Residence Phone () -
	Address (Street/Apt. Number)				Business Phone () -
Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
Race	Sex	Date of Birth	Res. Type	Res. Status	Extent of Injury
Injury Type(s)	Relationship	Ethnicity			

ADMINISTRATIVE	Officer Reporting Ofc. D. Furtado	I.D. Number 874	Date 11-22-04	Lieutenant Reviewing 	I.D. Number 200	Date 11/24/04	
	Captain Reviewing	I.D. Number	Date	Forward to	Date		
	Case Status Cleared	Clearance Type 1-Arrest 2-Exceptional	1	A-Adult J-Juvenile	J	Date Cleared 11-22-04	Recommended Youth Court <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Exception Type 1-Extradition Declined 2-Arrest on Primary Offense Without Prosecution	3-Death of Offender 4-V/W Refused to Cooperate	5-Prosecution Declined 6-Juvenile/No Custody	OBTS/Arrest Number		Page 1 of 1	

ADM	Agency ORI Number FLO 5 0 4 2 0 0		THE SCHOOL DISTRICT OF PALM BEACH COUNTY SCHOOL POLICE Offense Narrative Continuation		<input checked="" type="checkbox"/> Juvenile <input type="checkbox"/> Adult	<input checked="" type="checkbox"/> 1 - Original <input type="checkbox"/> 2 - Suppl.	<input checked="" type="checkbox"/> 1 - Offense <input type="checkbox"/> 2 - Arrest	Case Number 04-3708
	Original Date Reported 11 22 2004		Offense Possession of Marijuana (less than 20 grams) with intent (1,000 ft. of school)					

On 11-22-04 at approximately 0915 hrs., a radio call went out at Jefferson Davis Middle School stating that there were several students on the northeast side of campus next to a large tree. Mr. Smith, an assistant principal at Jefferson Davis Middle School, responded out to the area. Mr. Smith said that when he walked around one of the portable classrooms on the northeast side of campus, he saw two students and smelled a strong odor of what he suspected was marijuana. Mr. Smith approached the students who were identified as [REDACTED] and [REDACTED], both are 8th grade students at Jefferson Davis Middle School. Mr. Smith discovered a red lighter on the ground next to the two boys. Mr. Hoffman, the 8th grade assistant principal at Jefferson Davis Middle School, responded to assist Mr. Smith with the two students. Mr. Hoffman escorted [REDACTED] to my office where I met with [REDACTED] and Mr. Hoffman. As [REDACTED] was sitting in my office, there was a strong odor of what was suspected to be marijuana emanating from [REDACTED] clothing. I advised [REDACTED] of his Miranda Rights. [REDACTED] signed a form indicating that he had been advised and understood his rights. I asked [REDACTED] if he was in possession of marijuana. [REDACTED] stated that he was not. At that time, I asked [REDACTED] to remove his jacket. [REDACTED] removed his jacket and handed the jacket to me. In the right hand pocket of the jacket, I found approximately 1/2 gram of what was suspected to be marijuana. The suspect marijuana, which was not in a container, was emptied from the pocket. I field tested the suspect marijuana with a NARK #8 Duquenois Reagent Marijuana-Hashish-THC Test. The test met with positive results. I then asked [REDACTED] to stand up to check if [REDACTED] had anything else in his possession. [REDACTED] had two pair of pants on, and in the right hand pocket of the shorts that [REDACTED] had on under his pants was a plastic baggy containing what was suspected to be marijuana. The baggy contained approximately 8 grams of what is suspected to be marijuana. I asked [REDACTED] why he was in possession of such a large bag of marijuana. [REDACTED] said that he got the substance from someone in his neighborhood and was going to deliver the substance to [REDACTED] an 8th grade student at Jefferson Davis Middle School.

The suspect marijuana is submitted as evidence.

Based on my investigation, [REDACTED] was knowingly and unlawfully in possession of approximately 8 grams of marijuana on the campus of Jefferson Davis Middle School, with the intent to deliver said controlled substance between the hours of 6:00 a.m. and 12:00 a.m., contrary to F.S.S. 893.13(1)(c).

I contacted Junia at Youth Court. Junia advised that [REDACTED] is not eligible for the Youth Court program. [REDACTED] mother, was contacted and responded to Jefferson Davis Middle School where she took custody of [REDACTED].

Case information has been shared with the administration at Jefferson Davis Middle School for administrative and disciplinary purposes.

Nothing further.

This case is submitted to the state attorney's office for further review.

Officer Reporting Ofc. D. Furtado		I.D. Number 874	Date 11-22-04	Lieutenant Reviewing 		I.D. Number [REDACTED]	Date 11/22/04
Captain Reviewing		I.D. Number	Date	Forward to		Date	
Case Status Cleared	Clearance Type 1-Arrest 2-Exceptional	3-Unfounded 1	A-Adult J-Juvenile J	Date Cleared 11-22-04	Recommended Youth Court <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Arrested 1	
Exception Type 1-Extradition Declined 2-Arrest on Primary Offense Without Prosecution				3-Death of Offender 4-V/W Refused to Cooperate	5-Prosecution Declined 6-Juvenile/No Custody	OBTS/Arrest Number Page 1 of 1	

ADM	Agency ORI Number	THE SCHOOL DISTRICT OF PALM BEACH COUNTY SCHOOL POLICE	<input checked="" type="checkbox"/> Juvenile <input type="checkbox"/> Adult	<input checked="" type="checkbox"/> 1 - Original <input type="checkbox"/> 2 - Suppl.	Case Number
	FLO 5 0 4 2 0 0	Property/Drug Report	04-3708		
	Original Date Reported	Offense			
	11 22 2004	Possession with intent (1000 feet of school)			

THEFT	Type Theft						
	00- N/A	02- Robbery	04- Pocket Picking	06- Embezzlement	08- From Public Access Bldg.	10- Extortion	12- Fraud
	01- Burglary	03- Shopping	05- Purse Snatching	07- From Coin Oper. Machine	09- From Vehicle	11- By Computer	99- Other

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

PROPERTY	Person Code #	Item #	Status	Damage	Prop. Type	Quantity	Name	Brand	Model Name/Number											
	Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered					Entered Into FCIC/NCIC <input type="checkbox"/> No <input type="checkbox"/> Yes Date				
	Person Code #	Item #	Status	Damage	Prop. Type	Quantity	Name	Brand	Model Name/Number											
	Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered					Entered Into FCIC/NCIC <input type="checkbox"/> No <input type="checkbox"/> Yes Date				
	Person Code #	Item #	Status	Damage	Prop. Type	Quantity	Name	Brand	Model Name/Number											
	Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.)									
	Value					Value Recovered					Date Recovered					Entered Into FCIC/NCIC <input type="checkbox"/> No <input type="checkbox"/> Yes Date				
	Person Code #	Item #	Status	Damage	Prop. Type	Quantity	Name	Brand	Model Name/Number											
Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.)										
Value					Value Recovered					Date Recovered					Entered Into FCIC/NCIC <input type="checkbox"/> No <input type="checkbox"/> Yes Date					
Person Code #	Item #	Status	Damage	Prop. Type	Quantity	Name	Brand	Model Name/Number												
Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.)										
Value					Value Recovered					Date Recovered					Entered Into FCIC/NCIC <input type="checkbox"/> No <input type="checkbox"/> Yes Date					
Person Code #	Item #	Status	Damage	Prop. Type	Quantity	Name	Brand	Model Name/Number												
Serial Number					Owner Applied Number					Description (Size, Color, Caliber, Barrel Length, Etc.)										
Value					Value Recovered					Date Recovered					Entered Into FCIC/NCIC <input type="checkbox"/> No <input type="checkbox"/> Yes Date					

CODES	Activity		Type		Unit			
	P- Possess	T- Traffic	E- Use	z- Other	A- Amphetamine	E- Heroin	O- Opium/Derivative	U- Unknown
	S- Sell	R- Smuggle	K- Dispense/Distribute		B- Barbiturate	H- Hallucinogen	P- Paraphernalia/Equipment	Z- Other
	B- Buy	D- Deliver	M- Manufacture/Produce/Cultivate		C- Cocaine	M- Marijuana	S- Synthetic	

DRUGS	Activity	Type	Description	Quantity	Unit	Estimated Street Value
	P	M	Plastic baggy containing suspect marijuana.	Approx. 8	1	\$40.00
	Activity	Type	Description	Quantity	Unit	Estimated Street Value
	Activity	Type	Description	Quantity	Unit	Estimated Street Value

ADM	Officer Reporting	I.D. Number	Date	Lieutenant Reviewing	I.D. Number	Date
	Ofc. D. Furtado	874	11-22-04		200	11/22/04
	Captain Reviewing	I.D. Number	Date	Forward To		
					Page 1 of 1	Pages 1

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☐ OTHER

Case No. 04-3708

Date 11-22-04

Time 0930 hrs

I, (print full name) Don Hoffman

11 / 30 / 1974
BIRTH DATE

1560 Kirk Road

HOME STREET ADDRESS

(561) 434 - 3300

HOME TELEPHONE NO.

West Palm Beach, FL 33406

CITY

ZIP CODE

() -

WORK TELEPHONE NO.

voluntarily furnish this sworn/affirmed statement to: Ofc. D. Furtado

OFFICER

874

ID NO.

VICTIM ONLY: I am requesting criminal charges be pressed in this case. Victim's Initials: _____

I was called out to behind portable 809 to pick up two students. When I arrived, I was first hit by a strong odor of marijuana. Both students appeared to be under the influence (glossy eyes, slurred speech). I searched ~~him~~ quickly but did not find anything. I then escorted him to the school resource officer's office, where he was thoroughly searched by the school police. The school police's search yielded a small amount in his coat pocket and a large amount concealed inside a pair of shorts he was wearing under his pants. My search of his pants yielded no findings.

Don Hoffman
SIGNATURE, PERSON MAKING STATEMENT (sign every page)

11/22/04
DATE

WITNESS SIGNATURE (sign every page)

DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this 22nd day of November, 20 04

Notary Public, State of Florida

1 Ofc. D. Furtado
Law Enforcement Officer

874
ID No.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

☒ WITNESS ☐ VICTIM ☐ SUSPECT ☐ OTHER

Case No. 04-3708

Date 11-22-04

Time 0930 hrs

I, (print full name) Todd Smith

04 / 17 / 1967
BIRTH DATE

1560 Kirk Road

HOME STREET ADDRESS

(561) 434 - 3300

HOME TELEPHONE NO.

West Palm Beach, FL 33406

CITY

ZIP CODE

() -
WORK TELEPHONE NO.

voluntarily furnish this sworn/affirmed statement to: Ofc. D. Furtado

OFFICER

874

ID NO.

VICTIM ONLY: I am requesting criminal charges be pressed in this case. Victim's Initials: _____

I WAS CALLED TO INVESTIGATE SUSPICIOUS ACTIVITY AROUND
PORTABLE 809. WHEN I ARRIVED I SAW [REDACTED] AND ANOTHER
STUDENT HIDDEN BEHIND THE TREE. UPON ESTABLISHING
CONTACT WITH THE STUDENTS I NOTICED A DISTINCTIVE AROMA
OF MARIJUANA. THE SMELL PERMEATED FROM THE STUDENTS.
AS I CALLED FOR ASSISTANCE THE STUDENTS BECAME
VISIBLY NERVOUS. THE STUDENTS WERE ESCORTED TO THE
POLICE SEPARATELY FOLLOWING A CURSORY SEARCH.

Todd Smith
SIGNATURE, PERSON MAKING STATEMENT (sign every page)

11/22/04
DATE

WITNESS SIGNATURE (sign every page)

DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this 22nd day of November, 20 04.

Notary Public, State of Florida

1 Ofc. D. Furtado
Law Enforcement Officer

874
ID No.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

Case No. 04-3108

Date 11/22/04

Time 0915

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

DATE
FECHA
DAT

Police Officer
Policia
Ofisye Polis

I.D. No 974
Nº de Identidad
Nimewo Idantite

Location 1500 Kirk Road, West Palm Beach Ft 33406
Lugar de entrevista
Kote konvèsasyon an te fet

Witness
Testigo
Temwen

Witness
Testigo
Temwen

Case No. 04-3708

Property Receipt

Date 11/22/04		Time 0930 hrs		School No. 0611		Type Case Possession of Marijuana with intent to sell		Bin No:	
<input type="checkbox"/> Property of Deceased		<input type="checkbox"/> Found Property		<input type="checkbox"/> Stolen/Recovered		<input checked="" type="checkbox"/> Trial		<input checked="" type="checkbox"/> Laboratory	
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		To Whom					
Address Where Property Impounded 1560 Kirk Road, West Palm Beach, FL 33410									
NAME			ADDRESS				TELEPHONE		
Discovered By Ofc. D. Furtado #874			1560 Kirk Road, West Palm Beach FL 33406				(561) 434 - 3300		
Owner [REDACTED]			[REDACTED]				[REDACTED]		
Victim State of Florida							() -		
Suspect(s) Include DOB Same as owner							() -		

[illegible]

<p>I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt.</p> <p>[Redacted Signature]</p> <p>SIGNATURE</p>		<p>I hereby acknowledge that the above list represents all property impounded by me in the official performance of duty as an investigator.</p> <p>[Redacted Signature]</p> <p>SIGNATURE</p>	
RECEIVED BY	REASON	DATE & TIME	
Final Disposition	Authority	Date & Time	

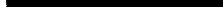
Case No. 04-3708

Property Receipt


Date 11/22/04		Time 0930 hrs	School No. 0611	Type Case Possession of Marijuana with intent to sell	Bin No:
<input type="checkbox"/> Property of Deceased		<input type="checkbox"/> Found Property		<input type="checkbox"/> Stolen/Recovered	<input checked="" type="checkbox"/> Trial <input checked="" 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 1560 Kirk Road, West Palm Beach, FL 33410					
NAME		ADDRESS			TELEPHONE
Discovered By Ofc. D. Furtado #874		1560 Kirk Road, West Palm Beach FL 33406			(561) 434 - 3300
Owner [REDACTED]		[REDACTED]			[REDACTED]
Victim State of Florida					() -
Suspect(s) Include DOB Same as owner					() -

[illegible]

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

[illegible]



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Required Notification of Student Arrest

Complete this form, print and cut along dotted line.
Deliver one slip to the principal and to each teacher that requires notification of the student's arrest.

School Jefferson Davis Middle School Student ID. [REDACTED]
Florida State Statute (FSS) F.S.S. 893.13(1)(C) ☐ State Attorney's Office
Date of Incident 11 / 22 / 2004 Police Department Palm Beach County School District P.D

Required Notification of Student Arrest (confidential information)

To Principal Sandra Jinks Date of Incident 11 / 22 / 2004
Student ID. [REDACTED] Florida State Statute (FSS) F.S.S. 893.13(1)(C)

Required Notification of Student Arrest (confidential information)

To Classroom Teacher _____ Date of Incident 11 / 22 / 2004
Student ID. [REDACTED] Florida State Statute (FSS) F.S.S. 893.13(1)(C)

Required Notification of Student Arrest (confidential information)

To Classroom Teacher _____ Date of Incident 11 / 22 / 2004
Student ID. [REDACTED] Florida State Statute (FSS) F.S.S. 893.13(1)(C)

Required Notification of Student Arrest (confidential information)

To Classroom Teacher _____ Date of Incident 11 / 22 / 2004
Student ID. [REDACTED] Florida State Statute (FSS) F.S.S. 893.13(1)(C)

Required Notification of Student Arrest (confidential information)

To Classroom Teacher _____ Date of Incident 11 / 22 / 2004
Student ID. [REDACTED] Florida State Statute (FSS) F.S.S. 893.13(1)(C)

Required Notification of Student Arrest (confidential information)

To Classroom Teacher _____ Date of Incident 11 / 22 / 2004
Student ID. [REDACTED] Florida State Statute (FSS) F.S.S. 893.13(1)(C)

Required Notification of Student Arrest (confidential information)

To Classroom Teacher _____ Date of Incident 11 / 22 / 2004
Student ID. [REDACTED] Florida State Statute (FSS) F.S.S. 893.13(1)(C)

Required Notification of Student Arrest (confidential information)

To Classroom Teacher _____ Date of Incident 11 / 22 / 2004
Student ID. [REDACTED] Florida State Statute (FSS) F.S.S. 893.13(1)(C)

		ARREST / NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		4	Juvenile	<input checked="" type="checkbox"/>																																	
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 7 0 8																										
	Change Type Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input 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										Multiple Clearance Indicator																										
	Location of Arrest (Including Name of Business)																				Location of Offense (Business Name, Address)																												
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																																					
DEFENDANT	Name (Last, First, Middle)																				Alias (Name, DOB, Social Security #, Etc.)																												
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex B M		Date of Birth		Height 5'08"		Weight 130		Eye Color BRO		Hair Color BLK		Complexion DRK		Build THN																														
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None																				Marital Status S		Religion None		Indication of: Alcohol Influence Drug Influence		Y N Unk <input type="checkbox"/> <input checked="" type="checkbox"/> <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 School Records																														
	Business Address (Name, Street)										(City)		(State)		(Zip)		Phone (561) 434 - 3300		Occupation Student																														
	DL Number, State		Social Security Number		INS Number		Place of Birth		Citizenship USA																																								
CO-DEF	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																						
	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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)										Residence Phone																																				
	Address (Street, Apt. Number) (City) (State) (Zip)																				Business Phone																												
	Notified by: (Name)										Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated																																		
	Released To: (Name)										Relationship										Date		Time																										
	The above address was provided by <input 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 type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																				School Attended Jefferson Davis Middle School										Grade 8																		
CODE	Drug Activity		S. Sell N. N/A P. Possess		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 with intent (1000 ft. of school)										Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 8 9 3 - 1 3 (IC)										Violation of ORD #																								
	Drug Activity P		Drug Type M		Amount / Unit Approx. 8 grams		Offense # 04-3708		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	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 #																								
NTA	<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																													
ADMINISTRATIVE	Hold for other Agency Name:										Signature of Arresting Officer X <i>[Signature]</i> 874										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) Ofc. D. Furtado #874										ID #																												
	Intake Deputy										ID #										Transporting Officer										ID #										Agency								
																				Witness here if subject signed with an "X"										PAGE 1 OF 1																			

		ARREST / NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		4	Juvenile	<input checked="" type="checkbox"/>																																																																																														
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 7 0 8																																																																															
	Change Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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										Multiple Clearance Indicator																																																																																									
	Location of Arrest (Including Name of Business)										Location of Offense (Business Name, Address)																																																																																																			
	Date of Arrest										Time of Arrest										Booking Date										Booking Time										Jail Date										Jail Time										Location of Vehicle																																																	
DEFENDANT	Name (Last, First, Middle)										Alias (Name, DOB, Social Security #, Etc.)																																																																																																			
	Race W - White B - Black										Sex M										Date of Birth										Height 5'08"										Weight 130										Eye Color BRO										Hair Color BLK										Complexion DRK										Build THN																													
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None										Marital Status S										Religion None										Indication of: Alcohol Influence Drug Influence										<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk																																																																					
	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 School Records																																																											
	Business Address (Name, Street)										(City)										(State)										(Zip)										Phone (561) 434 - 3300										Occupation Student																																																											
	DL Number, State										Social Security Number										INS Number										Place of Birth										Citizenship USA																																																																					
CO-DEF	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																																																																					
	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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other										Name (Last)										(First)										(Middle)										Residence Phone																																																																					
	Address (Street, Apt. Number)										(City)										(State)										(Zip)										Business Phone																																																																					
	Notified by: (Name)										Date										Time										Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated																																																																															
	Released To: (Name)										Relationship										Date										Time																																																																															
CHARGE	The above address was provided by <input 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 type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended Jefferson Davis Middle School										Grade 8																																																																																									
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Description of Property										Value of Property																																																																																									
	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 with intent (1000 ft. of school)										Counts 1										<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD										Statute Violation Number 8 9 3 1 3 1 (1C)										Violation of ORD #																																																																					
	Drug Activity P										Drug Type M										Amount / Unit Approx. 8 grams										Offense # 04-3708										Warrant / Capias Number										Bond																																																											
NTA	<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																																																																																																			
ADMINISTRATIVE	Hold for other Agency Name:										Signature of Arresting Officer X <i>[Signature]</i> ID #										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) Ofc. D. Furtado #874										Witness here if subject signed with an "X"										PAGE 1 OF 1																																																																															

		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		4	Juvenile	<input checked="" type="checkbox"/>	
ADMINISTRATIVE	OBT 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 7 0 8		
	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		
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)						
	Date of Arrest		Time of Arrest		Booking Date		Booking Time		
DEFENDANT	Name (Last, First, Middle)		Alias (Name, DOB, Social Security #, Etc.)						
	Race W - White B - Black		Sex M		Date of Birth		Height 5'08"		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status S		Religion None		Complexion DRK		
	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		
	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		
	Business Address (Name, Street)		(City)		(State)		(Zip)		
	1560 Kirk Road, West Palm Beach, FL 33406								
	D/L Number, State		Social Security Number		INS Number		Place of Birth		
	None						USA		
	CO-DEF	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth			
JUVENILE	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		
	Address (Street, Apt. Number)		(City)		(State)		(Zip)		
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated		
	Released To: (Name)		Relationship		Date		Time		
CHARGE	The above address was provided by <input 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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended Jefferson Davis Middle School		Grade 8		Value of Property		
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property						
	Drug Activity S. Sell N. N/A P. Possess		B. Buy D. Deliver T. Traffic		R. Smuggle K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		
	Charge Description Possession with intent (1000 ft. of school)		Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 8 9 3 - 1 3 (IC)		
	Drug Activity P		Drug Type M		Amount / Unit Approx. 8 grams		Offense # 04-3708		
	Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		
	Drug Activity		Drug Type		Amount / Unit		Offense #		
	Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		
	Drug Activity		Drug Type		Amount / Unit		Offense #		
	Charge Description		Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number		
NTA	<input type="checkbox"/> Mandatory Appearance in Court		Location (Court, Room Number, Address)						
	Month		Day		Year		Time		
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 X <i>Ofc. D. Furtado</i> 874		Name Verification (Printed by Arrested) (PRINT)		PAGE		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) Ofc. D. Furtado #874		Witness here if subject signed with an "X"		1 OF 1		
	Intake Deputy ID #		Transporting Officer ID #		Agency				

		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		4		Juvenile		X		
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 7 0 8					
	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)		Location of Offense (Business Name, Address)									
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
DEFENDANT	Name (Last, First, Middle)		Alias (Name, DOB, Social Security #, Etc.)									
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex B M	Date of Birth	Height 5'08"	Weight 130	Eye Color BRO	Hair Color BLK	Complexion DRK	Build THN		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None						Marital Status S	Religion None	Indication of: Alcohol Influence Drug Influence	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 School Records					
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Student					
	1560 Kirk Road, West Palm Beach, FL 33406						(561) 434 - 3300					
	D/L Number, State		Social Security Number		INS Number		Place of Birth		Citizenship USA			
	None											
	CO-DEF	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					
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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone							
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone						
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated							
	Released To: (Name)		Relationship		Date	Time						
	The above address was provided by <input 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 type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended Jefferson Davis Middle School		Grade 8							
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
CHARGE	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 with intent (1000 ft. of school)		Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 8 9 3 - 1 3 (1C)		Violation of ORD #					
	Drug Activity P	Drug Type M	Amount / Unit Approx. 8 grams	Offense # 04-3708	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)		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							
ADMINISTRATIVE	Hold for other Agency Name:		Signature of Arresting Officer X <i>Ofc. D. Furtado</i> 8-1		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) Ofc. D. Furtado #874		Witness here if subject signed with an "X"							
Intake Deputy ID #		Transporting Officer ID #		Agency		PAGE 1 OF 1						

		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request for Warrant 2. N.T.A 4. Request for Capias		4 Juvenile		<input checked="" type="checkbox"/>				
ADMINISTRATIVE	OBT 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 7 0 8					
	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)		Location of Offense (Business Name, Address)									
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
DEFENDANT	Name (Last, First, Middle) [REDACTED]											
	Alias (Name, DOB, Social Security #, Etc.)											
	Race W - White B - Black I - American Indian O - Oriental/Asian	Sex M	Date of Birth [REDACTED]	Height 5'08"	Weight 130	Eye Color BRO	Hair Color BLK	Complexion DRK	Build THN			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status S	Religion None	Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone [REDACTED]		Residence Type: 1. City 3. Florida 2. County 4. Out of State				
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone [REDACTED]		Address Source School Records				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone (561) 434 - 3300		Occupation Student				
	DL Number, State		Social Security Number		INS Number		Place of Birth		Citizenship USA			
	None		[REDACTED]		[REDACTED]		[REDACTED]		USA			
	CO-DEF	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				
JUVENILE	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone		Business Phone					
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		[REDACTED]				
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released		2. TOT HRS/CYF 3. Incarcerated					
	Released To: (Name)		Relationship		Date	Time						
	The above address was provided by <input 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 type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended Jefferson Davis Middle School		Grade 8					
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
CHARGE	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 with intent (1000 ft. of school)		Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 8 9 3 - 1 3 (1C)		Violation of ORD #					
	Drug Activity P		Drug Type M	Amount / Unit Approx. 8 grams	Offense # 04-3708	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 #					
NTA	<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.											
ADMINISTRATIVE	Hold for other Agency Name:		Signature of Arresting Officer X [Signature] 874		Name Verification (Printed by Arrested) (PRINT)		Witness here if subject signed with an "X"		PAGE 1 OF 1			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. D. Furtado #874		Transporting Officer ID #		Agency					
	Intake Deputy ID #											

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 4. Request for Capias		4		Juvenile	
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 7 0 8					
Change Type Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input 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					

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

Charge Description Possession with intent (1000 ft. of school)		Charge Description	
Charge Description		Charge Description	

Victim's Name (Last, First, Middle) State of Florida		Race		Sex		Date of Birth	
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 22nd day of November 20 04 at 0915 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On 11-22-04 at approximately 0915 hrs., a radio call went out at Jefferson Davis Middle School stating that there were several students on the northeast side of campus next to a large tree. Mr. Smith, an assistant principal at Jefferson Davis Middle School, responded out to the area. Mr. Smith said that when he walked around one of the portable classrooms on the northeast side of campus, he saw two students and smelled a strong odor of what he suspected was marijuana. Mr. Smith approached the students who were identified as _____ both are 8th grade students at Jefferson Davis Middle School. Mr. Smith discovered a red lighter on the ground next to the two boys. Mr. Hoffman, the 8th grade assistant principal at Jefferson Davis Middle School, responded to assist Mr. Smith with the two students. Mr. Hoffman escorted _____ to my office where I met with _____ and Mr. Hoffman. As _____ was sitting in my office, there was a strong odor of what was suspected to be marijuana emanating from _____ clothing. I advised _____ of his Miranda Rights. _____ signed a form indicating that he had been advised and understood his rights. I asked _____ if he was in possession of marijuana. _____ stated that he was not. At that time, I asked _____ to remove his jacket. _____ removed his jacket and handed the jacket to me. In the right hand pocket of the jacket, I found approximately 1/2 gram of what was suspected to be marijuana. The suspect marijuana, which was not in a container, was emptied from the pocket. I field tested the suspect marijuana with a NARK #8 Duquenois Reagent Marijuana-Hashish-THC Test. The test met with positive results. I then asked _____ to stand up to check if _____ had anything else in his possession. _____ had two pair of pants on, and in the right hand pocket of the shorts that _____ had on under his pants was a plastic baggy containing what was suspected to be marijuana. The baggy contained approximately 8 grams of what is suspected to be marijuana. I asked _____ why he was in possession of such a large bag of marijuana. _____ said that he got the substance from someone in his neighborhood and was going to deliver the substance to _____ an 8th grade student at Jefferson Davis Middle School. The suspect marijuana is submitted as evidence.

Based on my investigation, _____ was knowingly and unlawfully in possession of approximately 8 grams of marijuana on the campus of Jefferson Davis Middle School, with the intent to deliver said controlled substance between the hours of 6:00 a.m. and 12:00 a.m., contrary to F.S.S. 893.13(1)(c). This case is submitted to the state attorney's office for further review.

SWORN AND SUBSCRIBED BEFORE ME		Signature of Arresting / Investigating Officer	
Notary Public / Clerk of Court / Police Officer (F.S.S. 117.10)		Ofc. D. Furtado #874	
DATE		DATE	
11/24/04		11/24/04	
PAGE		PAGE	
1 OF 1		1 OF 1	

OBT Number _____		PROBABLE CAUSE AFFIDAVIT																														1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias 4 Juvenile <input checked="" type="checkbox"/>									
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 7 0 8																			
Change Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input 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 [REDACTED]	Race B	Sex M	Date of Birth [REDACTED]
-----	--	---------------------	-----------	----------	-----------------------------

CHARGE	Charge Description Possession with intent (1000 ft. of school)	Charge Description [REDACTED]
CHARGE	Charge Description [REDACTED]	Charge Description [REDACTED]

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

PROBABLE CAUSE STATEMENT	<p>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.</p> <p>The Person taken into custody...</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>22nd</u> day of <u>November</u> 20 <u>04</u> at <u>0915</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 11-22-04 at approximately 0915 hrs., a radio call went out at Jefferson Davis Middle School stating that there were several students on the northeast side of campus next to a large tree. Mr. Smith, an assistant principal at Jefferson Davis Middle School, responded out to the area. Mr. Smith said that when he walked around one of the portable classrooms on the northeast side of campus, he saw two students and smelled a strong odor of what he suspected was marijuana. Mr. Smith approached the students who were identified as [REDACTED] both are 8th grade students at Jefferson Davis Middle School. Mr. Smith discovered a red lighter on the ground next to the two boys. Mr. Hoffman, the 8th grade assistant principal at Jefferson Davis Middle School, responded to assist Mr. Smith with the two students. Mr. Hoffman escorted [REDACTED] to my office where I met with [REDACTED] and Mr. Hoffman. As [REDACTED] was sitting in my office, there was a strong odor of what was suspected to be marijuana emanating from [REDACTED] clothing. I advised [REDACTED] of his Miranda Rights. [REDACTED] signed a form indicating that he had been advised and understood his rights. I asked [REDACTED] if he was in possession of marijuana. [REDACTED] stated that he was not. At that time, I asked [REDACTED] to remove his jacket. [REDACTED] removed his jacket and handed the jacket to me. In the right hand pocket of the jacket, I found approximately 1/2 gram of what was suspected to be marijuana. The suspect marijuana, which was not in a container, was emptied from the pocket. I field tested the suspect marijuana with a NARK #8 Duquenois Reagent Marijuana-Hashish-THC Test. The test met with positive results. I then asked [REDACTED] to stand up to check if [REDACTED] had anything else in his possession. [REDACTED] had two pair of pants on, and in the right hand pocket of the shorts that [REDACTED] had on under his pants was a plastic baggy containing what was suspected to be marijuana. The baggy contained approximately 8 grams of what is suspected to be marijuana. I asked [REDACTED] why he was in possession of such a large bag of marijuana. [REDACTED] said that he got the substance from someone in his neighborhood and was going to deliver the substance to [REDACTED] an 8th grade student at Jefferson Davis Middle School. The suspect marijuana is submitted as evidence.</p> <p>Based on my investigation, [REDACTED] was knowingly and unlawfully in possession of approximately 8 grams of marijuana on the campus of Jefferson Davis Middle School, with the intent to deliver said controlled substance between the hours of 6:00 a.m. and 12:00 a.m., contrary to F.S.S. 893.13(1)(c). This case is submitted to the state attorney's office for further review.</p>
--------------------------	---

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;"> NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10) DATE <u>11/24/04</u> </div>	<div style="text-align: center;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER Ofc. D. Furtado #874 NAME OF OFFICER (PLEASE PRINT) DATE <u>11/24/04</u> </div>
ADMINISTRATIVE	PAGE 1 OF 1	

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 4. Request for Capias		4 Juvenile <input checked="" type="checkbox"/>	
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 7 0 8			
Change Type Check as many as apply		<input checked="" type="checkbox"/> 1. Felony <input 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			

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

Charge Description Possession with intent (1000 ft. of school)	Charge Description
Charge Description	Charge Description

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 22nd day of November 20 04 at 0915 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On 11-22-04 at approximately 0915 hrs., a radio call went out at Jefferson Davis Middle School stating that there were several students on the northeast side of campus next to a large tree. Mr. Smith, an assistant principal at Jefferson Davis Middle School, responded out to the area. Mr. Smith said that when he walked around one of the portable classrooms on the northeast side of campus, he saw two students and smelled a strong odor of what he suspected was marijuana. Mr. Smith approached the students who were identified as _____, both are 8th grade students at Jefferson Davis Middle School. Mr. Smith discovered a red lighter on the ground next to the two boys. Mr. Hoffman, the 8th grade assistant principal at Jefferson Davis Middle School, responded to assist Mr. Smith with the two students. Mr. Hoffman escorted _____ to my office where I met with _____ and Mr. Hoffman. As _____ was sitting in my office, there was a strong odor of what was suspected to be marijuana emanating from _____ clothing. I advised _____ of his Miranda Rights. _____ signed a form indicating that he had been advised and understood his rights. I asked _____ if he was in possession of marijuana. _____ stated that he was not. At that time, I asked _____ to remove his jacket. _____ removed his jacket and handed the jacket to me. In the right hand pocket of the jacket, I found approximately 1/2 gram of what was suspected to be marijuana. The suspect marijuana, which was not in a container, was emptied from the pocket. I field tested the suspect marijuana with a NARK #8 Duquenois Reagent Marijuana-Hashish-THC Test. The test met with positive results. I then asked _____ to stand up to check if _____ had anything else in his possession. _____ had two pair of pants on, and in the right hand pocket of the shorts that _____ had on under his pants was a plastic baggy containing what was suspected to be marijuana. The baggy contained approximately 8 grams of what is suspected to be marijuana. I asked _____ why he was in possession of such a large bag of marijuana. _____ said that he got the substance from someone in his neighborhood and was going to deliver the substance to _____ an 8th grade student at Jefferson Davis Middle School. The suspect marijuana is submitted as evidence.

Based on my investigation, _____ was knowingly and unlawfully in possession of approximately 8 grams of marijuana on the campus of Jefferson Davis Middle School, with the intent to deliver said controlled substance between the hours of 6:00 a.m. and 12:00 a.m., contrary to F.S.S. 893.13(1)(c). This case is submitted to the state attorney's office for further review.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		Ofc. _____ #874 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)		Ofc. D. Furtado #874 NAME OF OFFICER (PLEASE PRINT)	
	DATE 11/24/04		DATE 11/24/04	
			PAGE 1 OF 1	

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request for Warrant 4. Juvenile ☒ 2. 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 7 0 8
	Change Type Check as many as apply	Special Notes			
	<input checked="" type="checkbox"/> 1. Felony	<input 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		

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

CHARGE	Charge Description	Charge Description
	Possession with intent (1000 ft. of school)	

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

☐ confessed to admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 22nd day of November 20 04 at 0915 A.M. (Specifically include facts constituting cause for arrest)

On 11-22-04 at approximately 0915 hrs., a radio call went out at Jefferson Davis Middle School stating that there were several students on the northeast side of campus next to a large tree. Mr. Smith, an assistant principal at Jefferson Davis Middle School, responded out to the area. Mr. Smith said that when he walked around one of the portable classrooms on the northeast side of campus, he saw two students and smelled a strong odor of what he suspected was marijuana. Mr. Smith approached the students who were identified as _____ both are 8th grade students at Jefferson Davis Middle School. Mr. Smith discovered a red lighter on the ground next to the two boys. Mr. Hoffman, the 8th grade assistant principal at Jefferson Davis Middle School, responded to assist Mr. Smith with the two students. Mr. Hoffman escorted _____ to my office where I met with _____ and Mr. Hoffman. As _____ was sitting in my office, there was a strong odor of what was suspected to be marijuana emanating from _____ clothing. I advised _____ of his Miranda Rights. _____ signed a form indicating that he had been advised and understood his rights. I asked _____ if he was in possession of marijuana. _____ stated that he was not. At that time, I asked _____ to remove his jacket. _____ removed his jacket and handed the jacket to me. In the right hand pocket of the jacket, I found approximately 1/2 gram of what was suspected to be marijuana. The suspect marijuana, which was not in a container, was emptied from the pocket. I field tested the suspect marijuana with a NARK #8 Duquenois Reagent Marijuana-Hashish-THC Test. The test met with positive results. I then asked _____ to stand up to check if _____ had anything else in his possession. _____ had two pair of pants on, and in the right hand pocket of the shorts that _____ had on under his pants was a plastic baggy containing what was suspected to be marijuana. The baggy contained approximately 8 grams of what is suspected to be marijuana. I asked _____ why he was in possession of such a large bag of marijuana. _____ said that he got the substance from someone in his neighborhood and was going to deliver the substance to _____ an 8th grade student at Jefferson Davis Middle School. The suspect marijuana is submitted as evidence.

Based on my investigation, _____ was knowingly and unlawfully in possession of approximately 8 grams of marijuana on the campus of Jefferson Davis Middle School, with the intent to deliver said controlled substance between the hours of 6:00 a.m. and 12:00 a.m., contrary to F.S.S. 893.13(1)(c). This case is submitted to the state attorney's office for further review.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	Signature of Arresting / Investigating Officer 874
	NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT) Ofc. D. Furtado #874
	DATE 11/24/04	DATE 11/24/04

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 4. Juvenile <input checked="" type="checkbox"/>	
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 7 0 8	
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 B	Sex M	Date of Birth
----------------------------	-------	-----------	----------	---------------

Charge Description Possession with intent (1000 ft. of school)	Charge Description
Charge Description	Charge Description

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 22nd day of November 20 04 at 0915 ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On 11-22-04 at approximately 0915 hrs., a radio call went out at Jefferson Davis Middle School stating that there were several students on the northeast side of campus next to a large tree. Mr. Smith, an assistant principal at Jefferson Davis Middle School, responded out to the area. Mr. Smith said that when he walked around one of the portable classrooms on the northeast side of campus, he saw two students and smelled a strong odor of what he suspected was marijuana. Mr. Smith approached the students who were identified as _____, both are 8th grade students at Jefferson Davis Middle School. Mr. Smith discovered a red lighter on the ground next to the two boys. Mr. Hoffman, the 8th grade assistant principal at Jefferson Davis Middle School, responded to assist Mr. Smith with the two students. Mr. Hoffman escorted _____ to my office where I met with _____ and Mr. Hoffman. As _____ was sitting in my office, there was a strong odor of what was suspected to be marijuana emanating from _____ clothing. I advised _____ of his Miranda Rights. _____ signed a form indicating that he had been advised and understood his rights. I asked _____ if he was in possession of marijuana. _____ stated that he was not. At that time, I asked _____ to remove his jacket. _____ removed his jacket and handed the jacket to me. In the right hand pocket of the jacket, I found approximately 1/2 gram of what was suspected to be marijuana. The suspect marijuana, which was not in a container, was emptied from the pocket. I field tested the suspect marijuana with a NARK #8 Duquenois Reagent Marijuana-Hashish-THC Test. The test met with positive results. I then asked _____ to stand up to check if _____ had anything else in his possession. _____ had two pair of pants on, and in the right hand pocket of the shorts that _____ had on under his pants was a plastic baggy containing what was suspected to be marijuana. The baggy contained approximately 8 grams of what is suspected to be marijuana. I asked _____ why he was in possession of such a large bag of marijuana. _____ said that he got the substance from someone in his neighborhood and was going to deliver the substance to _____ an 8th grade student at Jefferson Davis Middle School. The suspect marijuana is submitted as evidence.

Based on my investigation, _____ was knowingly and unlawfully in possession of approximately 8 grams of marijuana on the campus of Jefferson Davis Middle School, with the intent to deliver said controlled substance between the hours of 6:00 a.m. and 12:00 a.m., contrary to F.S.S. 893.13(1)(c). This case is submitted to the state attorney's office for further review.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Ofc. D. Furtado</i> 874
NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	Ofc. D. Furtado #874
DATE 11/24/04	NAME OF OFFICER (PLEASE PRINT) 4/24/02
	PAGE 1 OF 1