

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-44

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 John F. Kennedy Middle School that the Respondent was being recommended for expulsion on November 24, 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 a knife while on the campus of John F. Kennedy 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. _____ 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

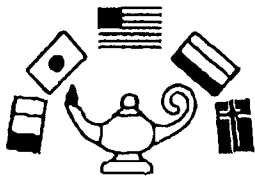
BY: _____
Thomas Lynch, Chairman

Attest: _____
Arthur C. Johnson, Ph.D., Secretary

(SEAL)

Filed with the Clerk of the School Board this ____ day of _____, 2005.

Alicia Palmer, Clerk



JOHN F. KENNEDY MIDDLE MAGNET SCHOOL

1901 Avenue "S" • Riviera Beach • Florida 33404

Office: 561-845-4500 • Fax: 561-845-4537

www.jfkmiddleschool.com

"Where **KNOWLEDGE** is the Main Attraction"



V
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ETHEL L. RANDOLPH
Principal

November 24, 2004

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED
(Certified #7002 2030 0006 4505 1209)

To the Parent/Guardian of



Re: Recommendation for Expulsion Study of [REDACTED]

Dear Parent/Guardian:

On November 22, 2004, your son was rendered a ten (10) day suspension as documented by my letter to you, a copy of which is attached.

Pursuant to Florida Statute § 230.26(6)(c), which authorizes the School Board to decide cases recommended for expulsion, I have this date recommended to the Expulsion Screening Committee that the School Board expel [REDACTED] from the public schools of Palm Beach County, Florida. My recommendation is based on substantial evidence available to me supporting the following serious misconduct:

- Weapon on School Grounds
- Police Report #04-3712
- See attached summary of incident

Pursuant to § 230.33(8), the Superintendent may extend the ten (10) day suspension until the date of the School Board meeting at which time the School Board will act on the expulsion. As of December 9, 2004 [REDACTED] is assigned to the Department of Alternative Education.

Sincerely,

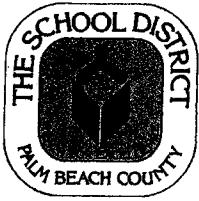
Ethel L. Randolph
Principal

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

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

FILE COPY

~~December 20, 2004~~
Jan. 12, 2005

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED



7002 2410 0004 3510 3691

NOTICE OF RECOMMENDATION FOR EXPULSION



Dear Ms. Weaver:

Based upon the recommendation of Ethel Randolph, Principal of John F. Kennedy 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 a knife while on the campus of John F. Kennedy 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, John F. Kennedy Middle School
North Area Superintendent
Chief Academic Officer
Director of Alternative Education

EXHIBIT

B

Student Name: [REDACTED]
Student #: [REDACTED]
School: John F. Kennedy Middle
Violation and Code: 86 – Possession of a Knife
Principal: Ethel L. Randolph
Area Superintendent: Marisol Ferrer
Grade: 06
Sex: Male
Age: 12
Language: English
ESE? No
ESOL? No
504? No
Police Report
Charge, if known: 04-3712 – Weapon on school grounds
Person Involved Eugene Ford, Assistant Principal
And Shannon Nisbet-Burch, Teacher
Witnesses to Testify:

A teacher (S. B.) reported to me that several students had seen [REDACTED] with a box cutter in his possession. I immediately apprehended [REDACTED] and questioned him about the allegations. He denied having the box cutter. After searching him, I found the box cutter in his front pocket. I asked him why did he have a box cutter in his pocket, he stated to me that he was holding the box cutter for a female friend (female friend unknown). I notified the school police who immediately took him into custody.

Several students gave sworn statements that [REDACTED] had verbally threatened to bring a knife and a gun to school to kill certain students. One student stated that on her way to the bus stop, she witnessed [REDACTED] go up to another female student, pull out a box cutter, and threaten to slice her neck.

Student Discipline Referral

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DIRECTIONS: Write in the appropriate code number or letter in the corresponding boxes

STUDENT NAME [REDACTED]	STUDENT NUMBER [REDACTED]	GRADE 6	ESE / 504 <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE 11 / 22 / 04	TIME 11:50 AM	
LOCATION BK - Bookstore BS - Bus Stop BU - School Bus/Transportation CA - Cafeteria CL - Clinic CS - Regular Classroom GR - School Grounds GY - Gymnasium HA - Hallway IS - Alternative to Suspension Room LA - Laboratory LI - Library/Media Center OF - Office OG - Off School Grounds OT - Other PG - Playground/Track PK - Parking Lot RE - Restroom RT - Returning Home TO - Field Tnp/Activity TR - To School	REPORTED BY Nisbet Burch	STAFF ID NUMBER 604	INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Conference with student <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Conference with counselor <input checked="" type="checkbox"/> Other Weapon			BUS CODE
NATURE OF PROBLEM (Be Specific) A student reported to me that [REDACTED] had a box cutter. I questioned [REDACTED] and he told me he was not carrying a weapon. In following up on the student's concern that [REDACTED] had a weapon, I reported the incident to Mr. Ford.						

ADMINISTRATIVE USE ONLY BELOW THIS LINE			
DISTRICT NUMBER DISTRICT 50 If not District 50, provide District number	WHEN EVENT OCCURRED (circle one) 1 - DURING SCHOOL HOURS 2 - Outside school hours, school sponsored activity 3 - Outside school hours, non-school sponsored activity 4 - Unrelated event or unknown	WHERE EVENT OCCURRED (circle one) 1 - SCHOOL GROUNDS / ON CAMPUS 2 - School sponsored activity / off campus 3 - School sponsored transportation (includes bus stops)	INVOLEMENT TYPE (circle one) S - STUDENT N - Non-student B - Both student and non-student U - Unknown
WHAT KIND OF WEAPON USED (if appropriate) K - Knife H - Handgun F - Firearm/Explosive device R - Rifle/Shotgun O - Other Weapon U - Unknown	INCIDENT CODES (see code sheets) 86	ADMINISTRATOR'S NAME Eugene Trof	RELATED ISSUES (circle all that apply) G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related
DURATION How many days Begin Date Return Date 12/11/04	ACTION CODE (see code sheets) 09	ADMINISTRATION ID 035	EVENT NUMBER 1077578
CASE NUMBER/AGENCY	CRT / TEAM INTERVENTION <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE 11/22/04	SIGNATURE OF PARENT [REDACTED]
TRESPASSING NOTICE: I, the student, am aware that I may not be on school grounds and may not attend any school functions or school activities on or off school grounds of any Palm Beach County School District facility during the dates of my suspension. [REDACTED]			



CASE NO. 04-3712
BOA CUTER ^{up/blade} 11/22/04

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

WITNESS VICTIM SUSPECT OTHER

Case No:	04-3712
Date:	11-22-04
Time:	11:00

I, (print full name) _____
 _____ BIRTH DATE _____
 _____ HOME STREET ADDRESS _____ (561) _____ HOME TELEPHONE NO _____
 _____ CITY _____ (561) _____ WORK TELEPHONE NO _____

voluntarily furnish this sworn/affirmed statement to: Sentier 919 OFFICER ID NO. 2254704

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

It all started when I was coming out of my house and _____ and _____ were waiting to the bus stop and I was to but he stop me and brought me to _____ and _____ he was squeezing my hand and then took out the knife and put it to my neck so I pushed his arm away and then he said you better be lucky that you are in front of my house.

SIGNATURE, PERSON MAKING STATEMENT (sign every page) _____ DATE _____

 WITNESS SIGNATURE (sign every page) _____ DATE 11-22-04

WITNESS SIGNATURE (sign every page) _____ DATE _____
 Sworn to and subscribed this 22 day of November 2004.
 _____ Notary Public, State of Florida _____ 919 Law Enforcement Officer ID No

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No:	04-3712
Date:	11-22-04
Time:	

WITNESS VICTIM SUSPECT OTHER

I, (print full name) [REDACTED] BIRTH DATE [REDACTED]
 [REDACTED] HOME STREET ADDRESS [REDACTED] HOME TELEPHONE NO. (561) [REDACTED]
 [REDACTED] CITY [REDACTED] ZIP CODE [REDACTED] WORK TELEPHONE NO. (561) [REDACTED]

voluntarily furnish this sworn/affirmed statement to:

OFFICER [REDACTED] ID NO. [REDACTED]

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

~~[REDACTED]~~ Friday he said that he got me on Monday because everyone in our class was having a ~~debt~~ debt with him and he didn't like it. So today (Monday) he was yelling out loud that who every wants to fight [REDACTED] will have to go through him. [REDACTED] also said that it's not going to be pretty either. Then I told him what if I was going to fight [REDACTED] He said that he was going to cut me, shout me, and other stuff. I told him why he have to take it so serious. He rolled his eyes and looked at me and like he was going to do something.

[REDACTED SIGNATURE] DATE 11/22/04

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 22 day of Nov, 2004.
 [REDACTED] Notary Public, State of Florida [REDACTED] Law Enforcement Officer ID No. 918

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No:	04-3712
Date:	11-22-04
Time:	

WITNESS VICTIM SUSPECT OTHER

I, (print full name) _____

BIRTH DATE _____

HOME TELEPHONE NO _____

CITY _____

ZIP CODE _____

WORK TELEPHONE NO _____

voluntarily furnish this sworn/affirmed statement to: _____

OFFICER _____

ID NO. _____

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

We was talking about people wanting to fight a boy named _____ and he said that's my sister cousin and we don't play, so if you want to fight him you is going to go through knives, guns, pistols, AK47, and razors, blades. And me and _____ said what if we want to fight _____ said _____ well we'll going go through knives, guns, pistols, AK47, and razors, blades. He said under his breath I'll bring all that tomorrow. He said "I better shut up or he is going to kill me."

WITNESS SIGNATURE (sign every page)

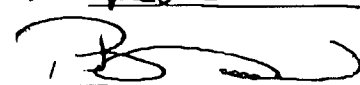
11-22-04
DATE

WITNESS SIGNATURE (sign every page) _____

DATE _____

WITNESS SIGNATURE (sign every page) _____

DATE _____

Sworn to and subscribed this	<u>22</u>	day of	<u>Nov</u>	, 20	<u>04</u>
					
Notary Public, State of Florida			Law Enforcement Officer	ID No. <u>915</u>	

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No:	04-3712
Date:	11-22-04
Time:	

WITNESS VICTIM SUSPECT OTHER

I, (print full name) _____

_____ BIRTH DATE _____

_____ HOME STREET ADDRESS _____ HOME TELEPHONE NO _____

_____ CITY _____ ZIP CODE _____ WORK TELEPHONE NO _____

voluntarily furnish this sworn/affirmed statement to: _____ OFFICER _____ ID NO _____

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

On the bus he said that he's going cut me on the bus. _____ told me to shut up bitch and I didn't say anything so I just turned my head and he said you better turn it so I said leave me alone and he call my mom and my dad or her and a bitch. And the box cutter was red.

SIGNATURE PERSON MAKING STATEMENT (sign every page)	DATE
_____	_____
WITNESS SIGNATURE (sign every page)	DATE
_____	_____
WITNESS SIGNATURE (sign every page)	DATE
_____	_____

Sworn to and subscribed this 22 day of January 2004

Notary Public, State of Florida

Law Enforcement Officer ID No 576

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No:	04-3712
Date:	11-22-04
Time:	

WITNESS VICTIM SUSPECT OTHER

I, (print full name) _____ BIRTH DATE _____

_____ HOME STREET ADDRESS _____ (561) _____ HOME TELEPHONE NO _____

_____ CITY _____ ZIP CODE _____ (301) _____ WORK TELEPHONE NO _____

voluntarily furnish this sworn/affirmed statement to: _____ OFFICER _____ ID NO _____

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

He told me that he was going after me on Monday. Then _____ said he was going to bring a gun to kill me and 3 other people. And he said to us that he was going to come to our house and kill us if he can't get on Friday or Monday. _____ said that he was also coming after millions of people to kill.

SIGNATURE, PERSON MAKING STATEMENT (sign every page) DATE 11/22/04

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 22 day of Nov, 2004

Notary Public, State of Florida Law Enforcement Officer ID No 915

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No:	04-3712
Date:	11-22-04
Time:	

WITNESS VICTIM SUSPECT OTHER

I, (print full name) _____ BIRTH DATE _____

TELEPHONE NO _____

CITY _____ ZIP CODE _____ WORK TELEPHONE NO _____

voluntarily furnish this sworn/affirmed statement to: _____ OFFICER _____ ID NO _____

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

On Friday November 19, 2004, _____
and that he was coming after me on
Monday. He said this because my friend
_____ was playing with him by talking
about him with me. On our way to fourth
period, he said he was coming after me on
Monday. On the ramp while we were waiting
for _____
was talking to _____
_____ someone and he was saying how
he would bring knives, guns, bullets, and some
other stuff.

SIGNATURE, PERSON MAKING STATEMENT (sign every page) DATE 11-22-04

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 22 day of November, 2004.

Notary Public, State of Florida Law Enforcement Officer ID No 818

Reported Day: MONDAY Date: 11/22/04 Time (mil): 10:30 Time Dispatched (mil): Time Arrived (mil): Time Completed (mil):

Incident Day: FROM MONDAY TO MONDAY Date: 11/22/04 Time (mil): 10:30 Incident Day: TO MONDAY Date: 11/22/04 Time (mil):

EVENT DATA

CODES: Type: #1 1 WEAPON SCHOOL GROUNDS 790.115 A/C: C NCIC/UCR Code: 5200

1-Felony #2
3-Misdemeanor #3
9-Other #4

Incident Location (Street, Apt. Number): 1901 s AVENUE City: RIVIERA BEACH State: FL Zip Code: 33404 Geographic Indicator: 0201

Business Name/Area Identifier: JOHN F. KENNEDY MIDDLE SCHOOL Forced Entry: 0 Occupancy: 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

Offenses: 1 # Victims: 1 # Offenders: 1 # Prem. Ent.: 0 # Veh. Stolen: 0 Type Weapon: 00-N/A, 01-Handgun, 02-Rife, 03-Shotgun, 04-Firearm, 05-Knife/Cutting Instrument, 06-Blunt Object, 07-Hands/Fist/Feet, 08-Poison, 09-Explosives, 10-Fire/Incendiary, 11-Threat/Intimidation, 12-Simulated Weapon, 13-Drugs, 14-Unknown, 15-Other

CODES

VW Code: V-Victim, W-Witness, C-Reporting Person, P-Proprietor, Z-Other
 VW Type: 0-N/A, 1-Juvenile, 2-L.E. Officer, 3-Adult, 4-Business, 5-Government, 6-Church, 9-Other
 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, 01-Undetermined, 02-Stranger, 03-Spouse, 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

VICTIM / WITNESS

Offense Indicator (circle): 1 2 3 4 V/W Code # 1 V/W Type 5 Name (Last, First, Middle or Business): STATE OF FLORIDA Residence Phone: () -

Address (Street/Apt. Number): NA City: NA State: NA Zip: NA Business Phone: () -

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

Race: NA Sex: NA Date of Birth: NA Res. Type: NA Res. Status: NA Extent of Injury: NA Injury Type(s): NA Relationship: NA Ethnicity: NA

SUBJECT

Offense Indicator (circle): 1 2 3 4 Suspect Code # S 1 Juvenile: Yes Name (last, first, middle): [REDACTED]

Maiden Name: [REDACTED] Nickname/Street Name: [REDACTED] Place of Birth: WEST PALM BEACH Residence Phone: (561) [REDACTED]

Last Known Address (Street, Apt. Number): [REDACTED] WEST PALM BEACH FL 33407 Business Phone: (561) [REDACTED]

Occupation: STUDENT Employer/School: JOHN F KENNEDY MIDDLE Address: 1901 s AVENUE RIVIERA BEACH FL 33404 Social Security No.: [REDACTED]

Driver's License State/Number: [REDACTED] Immigration and Naturalization Number: [REDACTED] Other I.D. Number: STUDENT I.D. [REDACTED] FCIC/NCIC: [REDACTED]

Clothing (described): BLACK T SHIRT JEANS Scars/Marks/Tatoos (Location/Describe): NA

Race: B Sex: M Date of Birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eye Color: [REDACTED] Hair Color: [REDACTED] Hair Length: [REDACTED] Hair Style: [REDACTED]

Complexion: [REDACTED] Build: [REDACTED] Facial Hair: [REDACTED] Teeth: [REDACTED] Speech/Voice: [REDACTED] Special Identifiers: [REDACTED]

ADMINISTRATIVE

Officer Reporting: OFC SENKIER 919 I.D. Number: 919 Date: [REDACTED] Related Case No./Agency: [REDACTED]

Lieutenant Reviewing: LT. ARROYO I.D. Number: 214 Date: 11/23/04 Captain Reviewing: [REDACTED] I.D. Number: 106 Date: 11/29/04 Forward to: [REDACTED] Date: [REDACTED]

Case Status: Cleared Clearance Type: 1-Arrest, 2-Exceptional, 3-Unfounded, J-A-Adult, J-Juvenile Date Cleared: 11-22-04 Recommended Youth Court: Yes 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: [REDACTED] Page: of

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 - Suppl.	<input type="checkbox"/> 1 - Offense <input checked="" type="checkbox"/> 2 - Arrest	Case Number 04-3712
	Offense weapon on school grounds					
Original Date Reported 11 22 04						

On Monday November 22, 2004 at approximately 10:20 a.m. Assistant Principal Mr. Ford called me via radio to respond to the cafeteria. When I arrived Mr. Ford advised me that a student had just informed him that a student had a knife cutter in his pant pocket. Mr. Ford approached student [REDACTED] and asked him if he had any weapons on him. He told Mr. Ford "Yes I do, it's in my pocket." Mr. Ford pulled a red and silver knife cutter from [REDACTED] right pocket. Mr. Ford handed me a red/silver box cutter with a blade.

I escorted [REDACTED] to the police office and read him his Miranda Rights. He understood them and signed. I asked [REDACTED] if he wanted to write a statement, he said yes.

I asked [REDACTED] why did he bring a knife cutter to school. He openly stated, " If [REDACTED] hits me again I was going to cut her". [REDACTED] also wrote this in his written statement.

Student [REDACTED] is a classmate with [REDACTED] in teacher's classroom Mr. [REDACTED] I told Mr. [REDACTED] that I saw [REDACTED] with a knife. Mr. [REDACTED] asked [REDACTED] did he have a knife, [REDACTED] replied, no. I saw [REDACTED] take the knife and stick it in his belt. Later in Teacher's classroom Mrs [REDACTED] I heard him say that he was going to cut someone.

Student [REDACTED] also witnessed [REDACTED] with the knife in Mr. [REDACTED] classroom.

After interviewing the Witnesses, I find probable cause to charge [REDACTED] with Florida State Statue 790.115 with Carrying a Weapon on school grounds.

[REDACTED] mother, [REDACTED] was contacted and told of the charges also [REDACTED] would be transported to the Juvenile assessment Center.

Administrative action was taken.

Knife cutter was placed into evidence.

t

ADMINISTRATIVE	Officer Reporting OFC. SENKIER 919	I.D. Number 919	Date	Lieutenant Reviewing LT. ARROYO	I.D. Number 214	Date		
	Captain Reviewing	I.D. Number	Date	Forward to		Date		
	Case Status Cleared	Clearance Type 1-Arrest 3-Unfounded 2-Exceptional	1	A-Adult J-Juvenile	J	Date Cleared	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 of		

ADM	Agency ORI Number FLO 504200	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 04-3712
	Original Date Reported 11 22 04		Offense weapon on school grounds		

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	5- Government 6- Church 9- Other	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 (P) 2 3 4	V/W Code # W 1	V/W Type 3	Name (Last, First, Middle or Business) [REDACTED]	Residence Phone (561) [REDACTED]	
	Address (Street/Apt. Number) [REDACTED]				City RIVIERA BEACH	State Zip FL 33404
	Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
	Race B	Sex M	Date of Birth 00-00-00	Res. Type 1	Res. Status 1	Extent of Injury 0

VICTIM / WITNESS	Offense Indicator (P) 2 3 4	V/W Code # W 2	V/W Type 1	Name (Last, First, Middle or Business) [REDACTED]	Residence Phone (561) [REDACTED]	
	Address (Street/Apt. Number) [REDACTED]				City RIVIERA BEACH	State Zip FL 33404
	Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
	Race B	Sex M	Date of Birth [REDACTED]	Res. Type 1	Res. Status 1	Extent of Injury 0

VICTIM / WITNESS	Offense Indicator (P) 2 3 4	V/W Code # C 3	V/W Type 1	Name (Last, First, Middle or Business) [REDACTED]	Residence Phone (561) [REDACTED]	
	Address (Street/Apt. Number) [REDACTED]				City LAKE WORTH	State Zip FL 33467
	Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
	Race	Sex	Date of Birth	Res. Type	Res. Status	Extent of Injury

VICTIM / WITNESS	Offense Indicator (P) 2 3 4	V/W Code # W 1	V/W Type 1	Name (Last, First, Middle or Business) [REDACTED]	Residence Phone (561) [REDACTED]	
	Address (Street/Apt. Number) [REDACTED]				City RIVIERA BEACH	State Zip FL 33404
	Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
	Race B	Sex F	Date of Birth [REDACTED]	Res. Type 1	Res. Status 1	Extent of Injury 0

VICTIM / WITNESS	Offense Indicator (P) 2 3 4	V/W Code #	V/W Type	Name (Last, First, Middle or Business)	Residence Phone	
	Address (Street/Apt. Number)				City	State Zip
	Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement	
	Race	Sex	Date of Birth	Res. Type	Res. Status	Extent of Injury

ADMINISTRATIVE	Officer Reporting OFC. SENKIER 919	I.D. Number 919	Date	Lieutenant Reviewing LT. ARROYO	I.D. Number 214	Date	
	Captain Reviewing		I.D. Number	Date	Forward to		
	Case Status Cleared	Clearance Type 1-Arrest 2-Exceptional	3-Unfounded	A-Adult J-Juvenile	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	of

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number	Agency ORI Number FLO 5 0 4 2 0 0	Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE	Agency Report Number 9 9 - 0 4 - 3 7 1 2
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

Name (Last, First, Middle)	Alias	Race B	Sex M	Date of Birth
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Charge Description	Charge Description
WEAPON ON SCHOOL GROUNDS 790.115	
Charge Description	Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
JOHN F. KENNEDY MIDDLE SCHOOL			
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
1901 "S" Avenue	RIVIERA BEACH	FL	33404
Phone	Address Source		
(561) 845 - 4501	SCHOOL		
Business Address (Name, Street)	(City)	(State)	(Zip)
JOHN F. KENNEDY MIDDLE SCHOOL			
Phone	Occupation		
(561) 845 - 4501	STUDENT		

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 22 day of NOVEMBER 2004 at 10:30 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On Monday November 22, 2004 at approximately 10:20 a.m. Assistant Principal Mr. Ford called me via radio to respond to the cafeteria. When I arrived Mr. Ford advised me that a student had just informed him that a student had a knife cutter in his pant pocket. Mr. Ford approached student _____ and asked him if he had any weapons on him. He told Mr. Ford "Yes I do, it's in my pocket." Mr. Ford pulled a red and silver knife cutter from _____'s right pocket. Mr. Ford handed me a red/silver box cutter with a blade.

I escorted _____ to the police office and read him his Miranda Rights. He understood them and signed. I asked _____ if he wanted to write a statement, he said yes.

I asked _____ why did he bring a knife cutter to school. He openly stated, " If _____ hits me again I was going to cut her". _____ also wrote this in his written statement.

Student _____ is a classmate with _____ in teacher's classroom Mr. _____. I told Mr. _____ that I saw _____ with a knife. Mr. _____ asked _____ did he have a knife, _____ replied, no. I saw _____ take the knife and stick it in his belt. Later in Teacher's classroom Mrs. _____, I heard him say that he was going to cut someone.

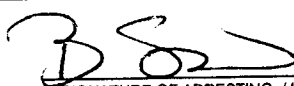
Student _____ also witnessed _____ with the knife in Mr. _____ classroom.

After interviewing the Witnesses, I find probable cause to charge _____ with Florida State Statue 790.115 with Carrying a Weapon on school grounds.

_____'s mother, Mrs. _____ was contacted and told of the charges also _____ would be transported to the Juvenile assessment Center.

Administrative action was taken.

Knife cutter was placed into evidence.

SWORN AND SUBSCRIBED BEFORE ME	
NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<u>11-22-04</u>	OFC. SENKIER 919
DATE	NAME OF OFFICER (PLEASE PRINT)
	<u>11-22-04</u>
	DATE
	PAGE 1 OF 1

ADMINISTRATIVE	ARREST / NOTICE TO APPEAR Juvenile Referral Report										1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile <input checked="" type="checkbox"/>						
	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 1 2							
	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 checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) JOHN F. KENNEDY MIDDLE SCHOOL										Location of Offense (Business Name, Address)										
Date of Arrest 1 1 2 2 0 4		Time of Arrest 1 0 3 0		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 I - American Indian B - Black O - Oriental/Asian		Sex B M		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA										Marital Status S		Religion		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>		Y N Unk <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			
	Local Address (Street, Apt. Number) [REDACTED]				(City) WEST PALM BEACH FL 33407				(State) (Zip)		Phone (561) [REDACTED]		Residence Type: 1. City 3. Florida 4. Out of State		2. County 4. Out of State		1			
	Permanent Address (Street, Apt. Number) [REDACTED]				(City) WEST PALM BEACH FL 33407				(State) (Zip)		Phone (561) [REDACTED]		Address Source SCHOOL							
	Business Address (Name, Street) JOHN F. KENNEDY MIDDLE SCHOOL				(City) WEST PALM BEACH FL 33407				(State) (Zip)		Phone (561) 845 - 4500		Occupation STUDENT							
	D/L Number, State				Social Security Number [REDACTED]				INS Number				Place of Birth WEST PALM BEACH		Citizenship USA					
	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 Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: [REDACTED]										Residence Phone (561) [REDACTED]									
	Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED] WEST PALM BEACH FL 33407										Business Phone (561) 4 [REDACTED]									
	Notified by: (Name) OFC. SENKIER 919				Date 11-22-04		Time 12:20		Juvenile Disposition 1. Handled/Processed within 2. TOT HRS/CYF Dept. and Released 3. Incarcerated											
	Released To: (Name) JAL						Relationship				Date 11-22-04		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 JOHN F. KENNEDY MIDDLE SCHOOL				Grade 6					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property												
CHARGE	Drug Activity S. Sell R. Smuggle K. Dispense/ N. N/A B. Buy D. Deliver Distribute P. Possess T. Traffic E. Use		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown A. Amphetamine C. Cocaine M. Marijuana Equipment Z. Other E. Heroin O. Opium/Deriv. S. Synthetic		Charge Description WEAPON ON SCHOOL GROUNDS 790.115				Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 7 9 0 - 1 1 1 5		Violation of ORD #	
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond							
	Charge Description		Counts		<input checked="" 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 [Signature]				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 SENKIER 919				ID #				Witness here if subject signed with an "X"							
	Intake Deputy ID #				Transporting Officer ID # [Signature] 803				Agency PRCSDDP				PAGE / OF /							

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

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 1 2		
	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		
	Location of Arrest (Including Name of Business) JOHN F. KENNEDY MIDDLE SCHOOL				Location of Offense (Business Name, Address)			
	Date of Arrest 1 1 2 2 0 4	Time of Arrest 1 0 3 0	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	American Indian O - Oriental/Asian	Sex B M	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NA				Marital Status S	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>			
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (561)	Residence Type: 1. City 3. Florida 2. County 4. Out of State		1	
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (561)	Address Source SCHOOL			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone (561) 845 - 4500	Occupation STUDENT			
D/L Number, State		Social Security Number		INS Number		Place of Birth WEST PALM BEACH		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 (561)	
	Address (Street, Apt. Number)				(City)	(State) (Zip)
	WEST PALM BEACH FL 33407					
	Notified by: (Name) OFC. SENKIER 919		Date 11-22-04	Time 12:20	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated	
	Released To: (Name) JAC			Relationship	Date 11-22-04	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 JOHN F. KENNEDY MIDDLE SCHOOL	Grade 6
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property JAC			Value of Property		

CHARGE	Drug Activity	S. Sell N. N/A P. Possess	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description WEAPON ON SCHOOL GROUNDS 790.115	Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 7 9 0 - 1 1 5	Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
	Charge Description	Counts	<input checked="" 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 SHOULD 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>	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) ID # OFC SENKIER 919	Witness here if subject signed with an "X" PAGE
	Intake Deputy ID #	Transporting Officer ID # Agency JANMAN 803 PBCSMD	OF



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	04-3712
Date	11/22/04
Time	10:48 AM

WITNESS VICTIM SUSPECT OTHER

NAME OF PERSON MAKING STATEMENT (full name)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
[REDACTED]	[REDACTED]	(561) [REDACTED]	(561) [REDACTED]
ADDRESS (street address, city, state, zip code)			

I voluntarily furnish this sworn/affirmed statement to: Officer Senkovic ID 919

VICTIM ONLY (Parent of Juvenile) :

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

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

I seen [REDACTED] with a box cutter. The box cutter was medium ~~length~~ length. The boxcutter was originally red but the paint was ~~com~~ coming off so it was red and silver. I seen this item in Mrs. [REDACTED] class in my 1st period class. [REDACTED] had it on his belt but right when I were telling the teacher he put the box cutter in his pants kind of. I am not the only person to see this item. [REDACTED] had seen it as well.

dc. B. Sen

WITNESS SIGNATURE (sign every page)

11/22/04
DATE

[REDACTED SIGNATURE]

SIGNATURE, PERSON MAKING STATEMENT (sign every page)

11/22/04
DATE

WITNESS SIGNATURE (sign every page)

DATE

Sworn to and subscribed this 22 day of November, 2004.

B. Sen

919

NOTARY PUBLIC, STATE OF FLORIDA

LAW ENFORCEMENT OFFICER

ID NO.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No. 04-3712
Date 11-22-04
Time 10:45

WITNESS VICTIM SUSPECT OTHER

I, (print full name) [REDACTED] BIRTH DATE [REDACTED]

[REDACTED] HOME STREET ADDRESS (561) [REDACTED] HOME TELEPHONE NO.

[REDACTED] CITY [REDACTED] ZIP CODE (561) [REDACTED] WORK TELEPHONE NO.

voluntarily furnish this sworn/affirmed statement to: Sentir OFFICER 919 ID NO.

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

A student reported that [REDACTED] was carrying a box cutter. Questioned [REDACTED], and asked him to tuck in his shirt, so I could see if he had a weapon. I didn't see anything, so I decided to tell the Assistant Principal. In lunch I told AP Ford that a student reported [REDACTED] carrying a box cutter.

[REDACTED] SIGNATURE, PERSON MAKING STATEMENT (sign every page) 11/22/04 DATE

Ofc. Sentir WITNESS SIGNATURE (sign every page) 11/22/04 DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 22 day of November, 20 04
[REDACTED] Notary Public, State of Florida [REDACTED] Law Enforcement Officer 919 ID No.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	04-3712
Date	11/22/04
Time	11:00

WITNESS VICTIM SUSPECT OTHER

NAME OF PERSON MAKING STATEMENT (full name)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
[REDACTED]	[REDACTED]	561 [REDACTED]	() -
ADDRESS (street address, city, state, zip code)			

I voluntarily furnish this sworn/affirmed statement to: Officer Spencer ID 919

VICTIM ONLY (Parent of Juvenile) :

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

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

me and [REDACTED] seen [REDACTED] with a box cutter. [REDACTED] asked everybody should one stitch, we said yes. She told and Mrs. [REDACTED] asked him does he have it. He said no. He stuck it in his belt. Later in Mrs. [REDACTED] class I herd that he said he was going to cut someone.

WITNESS SIGNATURE (sign every page) DATE

X [REDACTED] 11/22/04
SIGNATURE DATE

ofc. Silu 11/22/04
WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 22 day of November, 2004.

[Signature] 919
NOTARY PUBLIC, STATE OF FLORIDA LAW ENFORCEMENT OFFICER ID NO.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No:	04-3712
Date:	11-22-04
Time:	11:05

WITNESS VICTIM SUSPECT OTHER

I, (print full name) _____ BIRTH DATE _____

_____ HOME STREET ADDRESS _____ HOME TELEPHONE NO. _____

_____ CITY _____ ZIP CODE 33407 _____ WORK TELEPHONE NO. _____

voluntarily furnish this sworn/affirmed statement to: Officer Senkier OFFICER 919 ID NO.

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

I was treated very poorly by the school police officer Senkier and Verien. Today the 19th _____ threw me down and injured my foot so on Monday the 22nd I brought a box cutter to school in case she were to hit me again. So today I pulled it out and was walking behind her with it closed, so then _____ said give me that so I gave it to her when we were on the bus, and she gave it to me and I put it in my backpack the when I opened it in first period _____ had saw it so I put it in my pocket in case she checked my backpack.

SIGNATURE, PERSON MAKING STATEMENT (sign every page) DATE 11/22/04

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 22 day of November, 2004.

Notary Public, State of Florida [Signature] Law Enforcement Officer 919 ID No.

Miranda Rights

Case No:	04-3712
Date:	11-22-04
Time:	10:30

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

11/22/04

Police Officer: OFF. SENKIER
Policia:
Ofisye Polis:

I.D. No: 919
Nº de Identidad:
Nimewo Idantite:

Location: 1906 S Avenue, Riviera Beach
Lugar de entrevista:
Kote konvèsasyon an te fet:

Witness: _____
Testigo:
Temwen:

Witness: _____
Testigo:
Temwen:

