

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-040


Respondent.

FINAL ORDER

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


FINDINGS OF FACT

1. Respondent's parents were notified by the Principal of Lake Shore Middle School that the Respondent was being recommended for expulsion on December 9, 2004. The Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit A).
2. Respondent's parents were notified by the Superintendent of the School District of Palm Beach County, Florida ("School District") on January 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 parents of their right to an administrative hearing to contest the charges contained therein provided they requested a hearing within ten (10) days of receipt of same.
4. No hearing request has been received in the Office of the Chief Academic Officer.

CONCLUSIONS OF LAW

1. The School Board has jurisdiction over the subject matter and the parties hereto.
2. The School Board finds that the Respondent is guilty of the acts alleged by the Superintendent in the letter dated January 12, 2005, to wit:

Possession of a knife while on the campus of Lake Shore Middle School on
December 9, 2004.

ORDERED AND ADJUDGED by the School Board in regular session that the recommendation of the Superintendent be accepted and confirmed.  is hereby expelled from the School District for one calendar year from January 11, 2005. Your daughter may choose to continue educational services during her

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

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

Dated this 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 _____, 2004.

Alicia Palmer, Clerk



LAKE SHORE MIDDLE SCHOOL

425 West Canal Street North
Belle Glade, FL 33430

Phone: 561.829.1100 • Fax: 561.829.1130

Floyd C. Henry, Jr.
Principal

"EXCELLENCE IS OUR STANDARD" Regular and Certified Mail

Return Receipt Requested

Date 12/09/2004

Student Number [REDACTED]

[REDACTED]

Custodial Parent/Guardian of:

[REDACTED]

Dear Custodial Parent/Guardian:

On 12/09/2004 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.

Your child was in possession of a knife on Lake Shore Middle School's campus with the intent to harm another student. The knife was found on her person by Officer Brown, Mrs. Williams-Dorsey and Mr. Henry. [REDACTED] admitted to bringing the knife for protection.

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

As of 01/11/2005, your son/daughter/ward is assigned to the Department of Alternative Education.

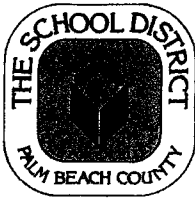
Sincerely,

Floyd Henry, Principal
425 West canal Street North
Belle Glade, Florida 33430
561-829-1183

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



A Title I Schoolwide Project



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 3477 9338

NOTICE OF RECOMMENDATION FOR EXPULSION



Dear 

Based upon the recommendation of Floyd Henry, Principal of Lake Shore 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 daughter,  from the Palm Beach County School District. This decision is based upon the following action:

Possession of a knife while on the campus of Lake Shore Middle School on December 9, 2004.

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

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

Sincerely,

Arthur C. Johnson, Ph.D.
Superintendent

cc: Principal, Lake Shore Middle School
West Area Superintendent
Chief Academic Officer
Director of Alternative Education

SUMMARY OF INCIDENT

Student Name	[REDACTED]
Student #	[REDACTED]
Violation and Code	Possession of a knife #86
School	Lake Shore Middle School
Principal	Floyd Henry
Area Superintendent	Dr. Janis Andrews
Grade	6 th
Sex	Female
Age	14
Language	English
ESE?	No
504?	N/A
Police Report Charge, if known	Possession of a knife on School Bd. property #86 Case # 04-3970
Persons Involved And Witnesses to Testify	Mr. Floyd Henry - principal Anne Williams - Dorsey - Asst Prin. off. S. Brown
Additional Information (use additional page, if necessary)	

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

Principal's Signature A. Johnson F / Floyd C. Henry

THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Student Discipline Referral

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

STUDENT NAME [Redacted]	STUDENT NUMBER [Redacted]	GRADE [Redacted]	ESE / 504 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE 12/11/04	TIME 11:02	BUS CODE
REPORTED BY Mellina Dancy Shore Middle	STAFF ID NUMBER	REPORTED BY (CODE) (Use number below for those persons without a staff ID.)	INTERVENTIONS BY TEACHER BEFORE REFERRAL			
3K - Bookstore		975 - Paraprofessional	<input type="checkbox"/> Letter to parent	<input type="checkbox"/> De-escalation techniques	<input type="checkbox"/> Mediation	
3S - Bus Stop		976 - Bus Driver	<input type="checkbox"/> Referral to CORE team	<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Problem solving techniques	
3U - School Bus/Transportation		977 - Clerical	<input type="checkbox"/> Conference with student	<input type="checkbox"/> Conference with counselor	<input type="checkbox"/> Other	
3A - Cafeteria		978 - Crossing Guard	<input type="checkbox"/> Telephone call to parent			
CL - Clinic		979 - Custodian				
CS - Regular Classroom		980 - Food Service Staff				
GR - School Grounds		981 - Law Enforcement Officer				
GY - Gymnasium		982 - Parent/Guardian				
HA - Highway		983 - Student				
IS - Alternative to Suspension Room		984 - Substitute Teacher				
LA - Laboratory		985 - School Volunteer				
LI - Library/Media Center		999 - Other				
OF - Office						
OG - Off School Grounds						
OT - Other						
PG - Playground/Track						
PK - Parking Lot						
RE - Restroom						
RT - Returning Home						
TO - Field Trip/Activity						
TR - Off Campus						
- To School						
NATURE OF PROBLEM (Be Specific) Possession of a knife on a school campus with the intent of harming another student. Refer to Case # 043970.						

ADMINISTRATIVE USE ONLY BELOW THIS LINE		WHERE EVENT OCCURRED (circle one)		INVOLEMENT TYPE (circle one)		RELATED ISSUES (circle all that apply)	
WHEN EVENT OCCURRED (circle one)		DURING SCHOOL HOURS		A - STUDENT		G - Gang related	
1 - Outside school hours, school sponsored activity		2 - Outside school hours, non-school sponsored activity		B - Both student and non-student		W - Weapon related	
3 - Outside school hours, non-school sponsored activity		4 - Unrelated event or unknown		U - Unknown		A - Alcohol related	
5 - Unrelated event or unknown						H - Hate related	
						D - Drug related	
ADMINISTRATOR'S NAME [Redacted]		ADMINISTRATION ID [Redacted]		EVENT NUMBER [Redacted]		DATE 12/9/04	
COMMENTS P/C [Redacted] 10 days		SIGNATURE OF PARENT [Redacted]		SIGNATURE OF STUDENT [Redacted]		DATE	
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.							

SUCCESS PLAN

SY: 04

DOB: [REDACTED] GR: 06 (AIP)
 FNRT: [REDACTED] ABS: 4 RET: 1
 FCAT: READ: 17 MATH: 40
 MAP: READ: 247 MATH: 161
 WAP: 3.0 AIP: R-FZ W-ZZ M-FZ S-FZ
 PRIM: LEP: 504:

BIRTH DATE	GRADE LEVEL	STUDENT ID	SCHOOL YR
/ /			
STUDENT'S PREVIOUS YEAR ATTENDANCE RECORD			
Days Absent	Days Tardy		
YES	NO		
		Previous Retentions	Grade Level(s)
		Previous LEP Plan	Exit Grade Level
		Previous AIP	Grade Level(s)
		504 Plan	Grade Level(s)
		Child Study Screening	Exit Grade Level

IDENTIFICATION State/District Tests Previous Report Card
 Teacher Observations/Portfolio Other

	<input checked="" type="checkbox"/> READING	<input checked="" type="checkbox"/> WRITING	<input checked="" type="checkbox"/> MATHEMATICS	<input checked="" type="checkbox"/> SCIENCE
DIAGNOSTIC ASSESSMENTS	<input type="checkbox"/> Running Record or Informal Reading Inventory with comprehensive retelling <input checked="" type="checkbox"/> Textbook Assessments <input checked="" type="checkbox"/> FCAT Diagnostic/Practice Tests <input checked="" type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input checked="" type="checkbox"/> Palm Beach Writes <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Textbook Assessments <input type="checkbox"/> Portfolio <input type="checkbox"/> Performance Assessments <input type="checkbox"/> FCAT Diagnostic/Practice Tests <input type="checkbox"/> Diagnostic Software <input type="checkbox"/> Other (see attached)
FOCUS OF REMEDIATION	Phonemic Awareness <input type="checkbox"/> Rhyming <input type="checkbox"/> Syllabication <input checked="" type="checkbox"/> Segmenting/Blending Phonics <input checked="" type="checkbox"/> Sound/Symbol Correspondence <input type="checkbox"/> Decoding/Encoding Fluency <input checked="" type="checkbox"/> High Frequency Words <input type="checkbox"/> Rate Vocabulary <input type="checkbox"/> Structural Analysis <input checked="" type="checkbox"/> Word Meaning Text Comprehension <input checked="" type="checkbox"/> Questioning <input type="checkbox"/> Summarizing	Types of Writing <input checked="" type="checkbox"/> Word/Sentence writing <input type="checkbox"/> Paragraph Writing <input type="checkbox"/> Composition Writing Awareness/Application of FCAT Writing Rubric <input type="checkbox"/> Focus <input type="checkbox"/> Support <input type="checkbox"/> Organization <input type="checkbox"/> Conventions Compositions <input type="checkbox"/> Narrative <input type="checkbox"/> Expository <input type="checkbox"/> Persuasive	<input type="checkbox"/> Number Sense, Concepts and Operations <input checked="" type="checkbox"/> Measurement <input checked="" type="checkbox"/> Geometry <input type="checkbox"/> Algebraic Thinking <input type="checkbox"/> Data Analysis and Probability <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ _____ _____	<input type="checkbox"/> The Nature of Matter <input checked="" type="checkbox"/> Energy <input type="checkbox"/> Force and Motion <input type="checkbox"/> Processes that Shape the Earth <input type="checkbox"/> Earth and Space <input type="checkbox"/> Processes of Life <input type="checkbox"/> How Living Things Interact with their Environment <input type="checkbox"/> The Nature of Science concepts <input type="checkbox"/> Reading in Content Area Specific Concepts _____ _____ <i>Blasquez</i>
DESIRED LEVELS OF PERFORMANCE	3.5	Compose grammatically correct sentences + paragraphs using proper vocabulary	will demonstrate learning gains on FCAT	move student up one level
CONTENT AREA INTERVENTION STRATEGIES	Read 180	journaling word of the day grammar lessons	warm up activities and classroom instructions	science website
INSTRUCTIONAL DELIVERY INTERVENTION STRATEGIES	Tutoring <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday Instructional Alternatives <input type="checkbox"/> Temporary Skill Groups <input checked="" type="checkbox"/> Cooperative Learning Groups <input checked="" type="checkbox"/> Guided Reading/Writing Groups <input checked="" type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) Assignment Alternative <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input checked="" type="checkbox"/> Intensive Reading	Tutoring <input type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday Instructional Alternatives <input type="checkbox"/> Temporary Skill Groups <input checked="" type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) Assignment Alternative <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Intensive Language Arts	Tutoring <input type="checkbox"/> During School Day <input checked="" type="checkbox"/> After/Before School / Saturday Instructional Alternatives <input type="checkbox"/> Temporary Skill Groups <input type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) Assignment Alternative <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input checked="" type="checkbox"/> Intensive Mathematics	Tutoring <input checked="" type="checkbox"/> During School Day <input type="checkbox"/> After/Before School / Saturday Instructional Alternatives <input type="checkbox"/> Temporary Skill Groups <input checked="" type="checkbox"/> Cooperative Learning Groups <input type="checkbox"/> Guided Reading/Writing Groups <input checked="" type="checkbox"/> Technology <input type="checkbox"/> Other (see attached) Assignment Alternative <input type="checkbox"/> Time <input type="checkbox"/> Quantity <input type="checkbox"/> Product Requirements <input type="checkbox"/> Child Study Referrals <input type="checkbox"/> Intensive Reading
Student progress will be monitored throughout the school year, and student progress will be reflected on the report card.				
END-OF-YEAR REVIEW	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)	<input type="checkbox"/> Successfully Remediated <input type="checkbox"/> Requires New AIP Next School Year <input type="checkbox"/> Special Services / Placement <input type="checkbox"/> Other (see attached)

Deficiencies due to non-attendance (refer to Attendance Specialist)

Parent/Guardian Commitment/Contribution
 Check all that apply.

Monitor Attendance / Tardies
 Encourage Reading at Home
 Attend Parent Conferences
 Attend Parent Curriculum/ Information Meetings

Check Homework
 Reinforce Skills
 Sign Daily/Weekly Notes

SIGNATURE OF PARENT/GUARDIAN _____ DATE 10/15/04
 SIGNATURE OF PRINCIPAL _____ DATE 10/15/04
 SIGNATURE OF TEACHER _____ DATE 10/14/04
 SIGNATURE OF TEACHER _____ DATE 10/14/04

PANEL: _____ A24. STUDENT DISCIPLINE SUMMARY YEAR: 04

Thursday December 9, 2004 2:19 pm

STDT: [REDACTED] SCHL: 1232 GR: 06 ST: A
SPEC: YTD-ISS: 003 OSS: 005
SY EVENT DATE TIME SCHL LOC CODE X C TAKEN DUR

SY	EVENT	DATE	TIME	SCHL	LOC	CODE	X	C	TAKEN	DUR
04	10759012	04162004	0800	2401	CA	E 902 STEPHENS, E I 29 PHY AGGRESSION A 81 O/S 1-2 DAYS	*		04162004	001

PF1=HELP 3=EXIT 5=REFRESH 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE
NO ADDITIONAL PAGES...NEXT?

TERML: BM1D

OFFENSE-INCIDENT REPORT

Juvenile in Report Juvenile Warn/Demiss 1. Original 2. Supplement **1**

ADM	Date of Supplement		PALM BEACH COUNTY SCHOOL BOARD				Agency Report Number 043970	
	Original Day Reported THU 12/09/2004	Date 12/09/2004	Time (mil) 1145	Time Dispatched (mil)	Time Arrived (mil)	Time Completed (mil)		
EVENT DATA	Incident Type 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day Date THU 12/09/2004	
	From THU 12/09/2004		Time (mil) 1145		To THU 12/09/2004		Time (mil) 1345	
EVENT DATA	OFF/INC #1	Type 1	Description WEAPON		A-Attempted C-Committed	Statute Violation Number C 790	NCIC/UCR Code 5200	
	OFF/INC #2							
EVENT DATA	Incident Location (Street, Apt. Number) 1232				City BELLE GLADE		Zip 33430	District
	Business Name/Area Identifier LAKE SHORE MS				Forced Entry 0. N/A 2. No. 1. Yes		Occupancy 0. N/A 2. Unoccupied 1. Occupied 3. Abandoned	
EVENT DATA	Location Type							
	01. Residence Single	06. Gas Station	11. Specialty Store	16. Storage	21. Airport	26. Highway/Roadway	99. Other	
EVENT DATA	# OFF/INC.		# Victims		# Offenders		# Prem. Ent.	
	01	01	01	00	00	00	00	05
CODES	V/W Code V-Victim P-Proprietor W-Witness Z-Other C-Reporting Person		Victim Type 0. N/A 4. Business 1. Juvenile 5. Government 2. L.E. Officer 6. Church 3. Adult 7. Other		Race N-N/A I-American Indian W-White O-Oriental/Asian B-Black U-Unknown		Sex N-N/A M-Male F-Female U-Unknown	
	Injury Type 00. N/A 04. Unconscious 01. Gunshot 05. Poss. Broken Bones 02. Stabbed 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other		Victim Relationship To Offender 00. N/A 03. Spouse 01. Undetermined 04. Ex-Spouse 02. Stranger 05. Co-Habitant		06. Parent 07. Brother/Sister 10. Step-Child 11. In-Law 12. Other Family Friend 13. Student 16. Boy/Girl Friend	
VICTIM/WITNESS	OFF/INC Indicator 1. #1 3. Both 2. #2	V/W Code 1 V	# 01	V. Type 9	Name (Last, First, Middle or Business) STATE OF FLORIDA			Residence Phone
	Address (Street, Apt. Number)				City WEST PALM BEACH	State FL	Zip 33406	Business Phone
VICTIM/WITNESS	Other Contact Info. (Time Available, Interpreter, ect.)				Synopsis of Involvement			
	If V/W Code V, W or P	Race N	Sex N	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s) 00 00
VICTIM/WITNESS	OFF/INC Indicator 1. #1 3. Both 2. #2	V/W Code 1 V	# 01	V. Type 9	Name (Last, First, Middle or Business)			Residence Phone
	Address (Street, Apt. Number)				City	State	Zip	Business Phone
VICTIM/WITNESS	Other Contact Info. (Time Available, Interpreter, ect.)				Synopsis of Involvement			
	If V/W Code V, W or P	Race	Sex	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	Injury Type(s)
SUSPECT	OFF/INC Indicator 1. #1 3. Both 2. #2	Suspect Code S-Suspect E-Escapee A-Arrestee Z-Other		Code #	Juvenile	Name (Last, First, Middle)		Residence Phone
	Maiden Name		Nickname/Street Name		Place of Birth		Business Phone	
SUSPECT	Last Known Address (Street, Apt. Number)				City	State	Zip	Business Phone
	Occupation		Employer/School		Address		Social Security Number	
SUSPECT	Driver's License State/Number		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)	
	Clothing (Describe)				Scars/Marks/Tattoos (Location/Describe)			
SUSPECT	Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	Hair Length
	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers		
NARRATIVE	SEE ATTACHED NARRATIVE							
ADMINISTRATIVE	Person/Unit Notified		Time	Related Report Number(s)				
	Officer(s) Reporting S. BROWN		I.D. Number 896		Referred		Assigned To JF JW	
ADMINISTRATIVE	Officer Reviewing (If Applicable)		I.D. Number	Routed To	By	Date		
	Case Status CA		Clearance Type 1. Arrest 3. Unfounded 2. Exceptional 4. Open Pend. 1		A-Adult J-Juvenile	Date Cleared 12/17/2004	Jail Number	Number Arrested 01
ADMINISTRATIVE	Exception Type 1. Extradition Declined		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V/W Refused to Cooperate		5. Prosecution Declined 6. Juvenile Custody	
	OBTS Number 043970		Page 1		Page 1		of	

COMPLAINT / ARREST AFFIDAVIT

PALM BEACH COUNTY SCHOOL BOARD

OBTS Number 043970, Police Case No. 043970, DEFENDANT'S NAME, LOCAL ADDRESS, PERMANENT ADDRESS, BUSINESS ADDRESS, DRIVER'S LICENSE NO.

Weapon Seized? Yes, Arrest Date 12/09/2004, Arrest Time, Arrest Location 1232 LAKE SHORE MS, Influence of Drugs, Influence of Alcohol, Citizenship US, Resid. Type Florida, County State

CO-DEFENDANTS 1., 2., DRUG ACTIVITY, DRUG TYPE, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Derv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

Table with columns: CHARGES, Activity, Type, Counts, STATUTE, D.V., AC, CAPIAS, BW, FW, PW, CIT, VIOLATION OF SECT. Row 1: WEAPON, N, N, 01, 790.115, 2, 1

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

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

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

PROPERTY REPORT

PALM BEACH COUNTY SCHOOL BOARD

Agency Report Number
043970

ADM	Date of Supplement		PROPERTY REPORT				Agency Report Number 043970									
Original Date Reported 12/09/2004	Primary Offense Description WEAPON						Victim #1 Name STATE OF FLORIDA									
CODES	Person code V-Victim S-Suspect		P-Proprietor A-Arrestee Z-Other		Status Code 1. Stolen 2. Recovered		3. Stolen and Recovered 4. Recovered for Other Jurisdiction		5. Lost 6. Found 7. Safekeeping		8. Evidence/Seized 9. Other		Damage Code 0. N/A 1. Arson		2. Criminal Mischief 3. During other Offense 9. Other	
	Property Type A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool		F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal		K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment		P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/VCR		U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment		Z. Miscellaneous					
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name WEAPON		Brand		Model Name/Number					
	V	01	01	8	Z	1	WEAPON									
PROPERTY	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) 8.5 INCH BLACK HANDL STEAK KNIFE											
	Value \$		Value Recovered \$ 10		Date Recovered 12/09/2004		FCIC/NCIC									
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand		Model Name/Number					
PROPERTY	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)											
	Value \$		Value Recovered \$		Date Recovered		FCIC/NCIC									
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand		Model Name/Number					
PROPERTY	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)											
	Value \$		Value Recovered \$		Date Recovered		FCIC/NCIC									
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand		Model Name/Number					
PROPERTY	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)											
	Value \$		Value Recovered \$		Date Recovered		FCIC/NCIC									
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand		Model Name/Number					
PROPERTY	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)											
	Value \$		Value Recovered \$		Date Recovered		FCIC/NCIC									
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name		Brand		Model Name/Number					
PROPERTY	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)											
	Value \$		Value Recovered \$		Date Recovered		FCIC/NCIC									
TOTALS	Property Stolen		\$		Change in Property Stolen Value		\$									
	Property Recovered		\$ 10		Change in Property Recovered Value		\$									
CODES	Activity P. Possess S. Sell B. Buy T. Traffic R. Smuggle		D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate		Z. Other		Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen		M. Marijuana O. Opium/Derivative P. Paraphemalia/ Equipment S. Synthetic		U. Unknown Z. Other		Unit 1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound		6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item	
	Activity	Type	Description		Quantity	Unit	Estimated Street Value \$									
DRUGS	Activity	Type	Description		Quantity	Unit	Estimated Street Value \$									
	Activity	Type	Description		Quantity	Unit	Estimated Street Value \$									
	Activity	Type	Description		Quantity	Unit	Estimated Street Value \$									
PROPERTY DETAIL/NARRATIVE	SEE ATTACHED NARRATIVE															
ADMINISTRATIVE	Officer(s) Reporting S. BROWN				ID. Number(s)/Locator Code 896				Unit				Date			
	Officer Reviewing (if applicable)				ID. Number		Routed To		Referred To		Assigned To JF		By JW		Date	
Page of 																

NARRATIVE CONTINUATION

FLO 504200

PALM BEACH COUNTY SCHOOL DISTRICT POLICE

Case: 04-3970
Investigator: S. BROWN 896
Reported Date: 12/09/04 - 11:45 Hours

On Wednesday May 19,2004, while on duty at Lake Shore Middle School located at 425 West Canal Street North, Belle Glade Florida 33430. I Officer Shaunda Brown was counseling with a student when I was advised that [REDACTED] was in possession of a knife. Upon arrival to room 4108 I [REDACTED] continued to stated that she was guilty. [REDACTED] then reached into her left side pocket and place a black and silver steak on the desk. [REDACTED] was then escorted to the school police office where she was read and explained her Miranda Rights.

I made contact with [REDACTED] and advise her that [REDACTED] was been placed under arrest for possession of a weapon on school grounds. [REDACTED] stated the she wouldn't pick her up to do whatever needed to be done. After completion of processing her she stated that she was hungry I officer Brown escorted [REDACTED] to the cafeteria to allow her the opportunity to eat lunch. After [REDACTED] had eaten her lunch, I Officer Brown was escorting [REDACTED] back to the school police office. Once [REDACTED] reached the middle of the courtyard area [REDACTED] ran and left campus while she was still in my custody.

This case will be forwarded to the State Attorney for criminal prosecution. The knife was placed in evidence by Lt. Cano. This case is clear based on the investigation conducted at Lake Shore Middle School.

This case was prepared by Officer Shaunda Brown # 896.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Miranda Rights

Case No.	04-3970
Date	December 09, 2004
Time	11:52 AM

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

12/09/04

DATE
FECHA
DAT

Police Officer Shaunda Brown 
Policia
Ofisye Polis

I.D. No 896
Nº de Identidad
Nimewo Idantite

Location Lake Shore Middle School 425 West Canal Street North Belle Glade 33430

Lugar de entrevista
Kote konvèsasyon an te fet

Witness _____
Testigo
Temwen

Witness _____
Testigo
Temwen



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	04-3970
Date	12-09-2004
Time	1158 hours

WITNESS VICTIM SUSPECT OTHER

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

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

VICTIM ONLY (Parent of Juvenile) :

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

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

I built a knife because she wanted to hurt me and she built a knife to school so that's why I built an knife to school

[REDACTED SIGNATURE] 12/09/04

DATE

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 9th day of December, 2004.

NOTARY PUBLIC, STATE OF FLORIDA Shawanda Green 896
LAW ENFORCEMENT OFFICER ID NO.



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

SECTION 1: Filing Receipt

Case number 04-3970

Agency Palm Beach County School Police

Arrest date 12-09-2004

Received with reference to **DEFENDANT**

[REDACTED] [REDACTED] [REDACTED]
 Last Name First Name MI

DOB [REDACTED]

The following in the above style case (check)

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

Charged by Officer with

Possession of a Weapon on School Property

Charges filed by Assistant State Attorney _____

Officer's Name Shaunda Brown

ID number 896

This _____ day of _____,

By _____
 ASSISTANT STATE ATTORNEY

SECTION 2: State Attorney's Office Filing Information

DEFENDANT [REDACTED]

AIKIA _____

Co-Defendants (if any) _____

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

Arrest date _____ Agency case number 04-3970

Arresting/lead officer: Shaunda Brown ID number: 896

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

Current shift hours 8:00 to 4:00 Days off Saturday and Sunday

Leave/shift change information _____

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

_____ Phone no. () -

Sentencing recommendations with state guidelines

Additional comments (if any) _____

Filing documents attached

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

Other attachments Include

- 9. _____
- 10. _____
- 11. _____

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

SECTION 3: Defendant/Evidence List

Defendant [REDACTED] Circuit Court case # _____

Arresting/lead officer Shaunda Brown ID number 896

Filing Officer (if different from arresting) _____

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

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

Written Taped Oral (Check only if statement was written down when person said it)

Copy of transcript provided? Yes No

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

1. Person to whom made Officer Shaunda Brown

Date of statement 12 / 09 / 2004 Written Taped Oral

If oral, what did he/she say?

2. Person to whom made _____

Date of statement / / Written Taped Oral

If oral, what did he/she say?

SECTION 3: Defendant/Evidence List continued

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

1. Person to whom made _____

Date of statement ___ / ___ / ___ Written Taped Oral

If oral, what did he/she say?

2. Person to whom made _____

Date of statement ___ / ___ / ___ Written Taped Oral

If oral, what did he/she say?

- E. Grand Jury Testimony Yes No
- F. Confidential Information Yes No
- G. Electronic Surveillance Yes No
- H. Search and/or Seizure Yes No
- I. Reports of Experts Yes No

Name of expert _____

Nature of testimony _____

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

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1. silver steak knife	Paul Williams	ofc. Shaunda Brown
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

SECTION 3: Defendant/Evidence List continued

K. Other evidence

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

L. Anything showing the defendant may not be guilty

Source N/A

Describe information

M. Information or evidence to be supplied later

Item

Date will be furnished.

Why not supplied at filing

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

Shanda Brown
SIGNATURE OF FILING OFFICER

12-9-04
DATE (MM/DD/YYYY)

SECTION 4: Victim/Witness List

Victim State of Florida D.O.B. _____

Address (W) 425 West Canal Street North Belle Glade, FL 33430
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

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

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

Name _____ Phone number () -

Address _____
Street/Apt. Number City State Zip Code

Can testify to

Arresting officer Shaunda Brown ID number 896

Department Palm Beach County School Police

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

Phone number (561) 434 - 8300

Can testify to

_____ was in possession of the knife.

Name _____ D.O.B. _____

Address (W) _____
Street/Apt. Number City State Zip Code

(H) _____
Street/Apt. Number City State Zip Code

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

Can testify to

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

SECTION 4: Victim/Witness List continued

Name _____ **D.O.B.** _____

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

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

Work phone number () - _____ **Home phone number** () - _____

Can testify to

Name _____ **D.O.B.** _____

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

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

Work phone number () - _____ **Home phone number** () - _____

Can testify to

Name _____ **D.O.B.** _____

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

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

Work phone number () - _____ **Home phone number** () - _____

Can testify to

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

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

4 Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 5 0 4 2 0 0		Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE		Agency Report Number 9 9 - 0 4 - - 3 9 7 0		
	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) Lake Shore Middle School				Location of Offense (Business Name, Address) Lake Shore Middle School			
	Date of Arrest 1 2 0 9 0 4	Time of Arrest 1 1 4 5	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 B F	Date of Birth	Height 5'4	Weight 120 lbs.	Eye Color BRO	Hair Color BLK	Complexion DRK	Build THN
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoo On right upper arm					Marital Status S	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
	Local Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone
	Permanent Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone
	Business Address (Name, Street)					(City)	(State)	(Zip)	Phone
	D/L Number, State N/A	Social Security Number		INS Number		Place of Birth Fort Pierce		Citizenship USA	

CO-DEF	Co-Defendant Name (Last, First, Middle) N/A	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) N/A	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 type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input checked="" type="checkbox"/> Other: aunt	Name (Last)	(First)	(Middle)	Residence Phone		
	Address (Street, Apt. Number)				(City)	(State)	(Zip)
	Notified by: (Name) Officer Shaunda Brown		Date 12-09-2004	Time 1200	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 Lake Shore Middle School	Grade 06

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 of a Weapon on School Property						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 # 04-3970		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.					

ADMINISTRATIVE	Hold for other Agency Name:	Signature of Arresting Officer X <i>Shaunda B.</i>	Name Verification (Printed by Arrested) (PRINT)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) Shaunda Brown	ID # 896
	Intake Deputy	ID #	Transporting Officer	ID # Agency

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

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 9 7 0
	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

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

CHARGE	Charge Description POSSESSION OF WEAPON ON SCHOOL GROUNDS 790.115	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) Lake Shore Middle School	Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 425 West Canal Street North	(City) Belle Glade	(State) Florida	(Zip) 33430
	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 _____ Officer Shaunda Brown admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 9th day of December 20 04 at 11:58 A.M. P.M. (Specifically include facts constituting cause for arrest.)

_____ did unlawfully, willingly and knowingly posses a black Handle Steak knife totaling 8.5 inches in length, while on the campus of Lake Shore Middle School.

I Officer Shaunda Brown was counseling with a student when I was advised that _____ was in possession of a knife. Upon arrival to room 4108 I _____ continued to stated that she was guilty. _____ then reached into her left side pocket and place a black and silver steak on the desk. _____ was then escorted to the school police office where she was read and explained her Miranda Rights.

I made contact with _____ and advise her that _____ was been placed under arrest for possession of a weapon on school grounds. _____ stated the she wouldn't pick her up to do whatever needed to be done. After completion of processing her she stated that she was hungry I officer Shaunda escorted _____ to the cafeteria to allow her the opportunity to eat lunch. After _____ had eaten her lunch, I Officer Shaunda Brown was escorting _____ back to the school police office. Once _____ reached the middle of the courtyard area _____ ran and left campus while she was still in my custody.

The weapon and placed in evidence. Based on the investigation conducted at Lake Shore Middle School I believe probable cause exist for a capias.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	DATE	NAME OF OFFICER (PLEASE PRINT) Shaunda Brown

December 09, 2004

DATE

PAGE 1 OF 1

PANEL: _____

A03. DEMOGRAPHICS

YEAR: 05

Thursday December 16, 2004 8:20 am

STDT: [REDACTED]

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

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

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

SEX	RACE	DOB	BIRTH CITY	ST	VER	PHONE	PUB	SUMMER	ORIG	SAC	SCHL2
F	B	[REDACTED]	FORT PIERCE	FL	1	[REDACTED]	N		082196	434A	

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
EO1	081104	1232	06		01	N					[REDACTED]	[REDACTED]		US	FL	50

LNG	PGL	COB	SURVEY	STAT	CAT	LEP	RES	EN:DS	SCHL	C1:B-H-M-N	CH2	EHA	D/B	ST:C	M	EX
EN	EN	US	081996			ZZ	3			N N N N	N	N	N	N	N	Z

PF1=HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE
 RECORD IS DISPLAYED...NEXT?

TERML: Z32C