

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-174


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 I. Leonard High School that the Respondent was being recommended for expulsion on August 28, 2005. The Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit A).
2. Respondent's parent was notified by the Superintendent of the School District of Palm Beach County, Florida ("School District") on September 22, 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 September 22, 2005, to wit:

Sale and/or distribution of drugs/imitation/prescription on November 9, 2005
while on the campus of John I. Leonard High School.

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 August 29, 2005. Respondent may choose to continue educational services during his expulsion

period at the ACS site. However, if Respondent 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 ____ day of _____, 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 I. LEONARD COMMUNITY HIGH SCHOOL

4701 Tenth Avenue North, Greenacres, Florida 33463
(561) 641-1200
FAX: (561) 357-1100

REGINALD B. MYERS
Principal
RIGOBERTO GAMEZ
Vice Principal

Return Receipt Requested

Assistant Principals:
Regular and Office Mail
PATRICIA KONTTINEN
Date 08/28/2005
Student Number [REDACTED]

[REDACTED]

Custodial Parent/Guardian of:

[REDACTED]

Dear Custodial Parent/Guardian:

On / / 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.

The Palm Beach County Sheriff's Office in conjunction with the Palm Beach County School Police initiated an undercover police operation to identify and prepare prosecution of suspected narcotics dealers enrolled as students at John I. Leonard High School. On 11-09-04 [REDACTED] sold narcotics to the undercover officer. Case # 05-0282.

A suspension was never issued to the student because he was withdrew from John I. Leonard prior to the conclusion of the operation.

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 08/29/2005, your son/daughter/ward is assigned to the Department of Alternative Education.

Sincerely,

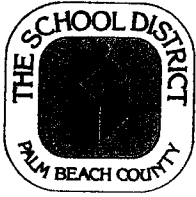
Reginald B. Myers, Principal
470 Tenth Avenue North
Greenacres, FL 33463

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



PS 0.0216 (REV 11/8/2001)

Palm Beach County Schools #3 in the Nation!



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

September 22, 2005

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

7003 2260 0001 9364 5620

[REDACTED]

NOTICE OF RECOMMENDATION FOR EXPULSION

[REDACTED]

Dear Ms. [REDACTED]

Based upon the recommendation of Reginald Myers, Principal of John I. Leonard High School, and in accordance with Florida Statute § 1006.07, and Palm Beach County School Board Policy 5.1813, I will request that the School Board of Palm Beach County, Florida, expel your son, [REDACTED], from the Palm Beach County School District. This decision is based upon the following action:

Sale and/or distribution of drugs/imitation/prescription on November 9, 2005 while on the campus of John I. Leonard High School.

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,

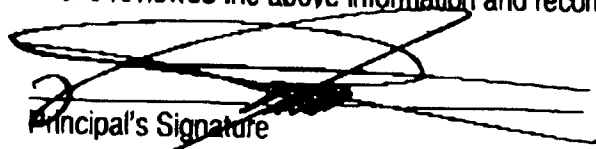
Arthur C. Johnson, Ph.D.
Superintendent

ACJ:AK:JRA:ITM:ci

cc: Principal, John I. Leonard High School
Central Area Superintendent
Chief Academic Officer
Director of Alternative Education

SUMMARY OF INCIDENT	
Student Name	[REDACTED]
Student ID #	[REDACTED]
School	John I. Leonard High School
Principal	Reginald B. Myers
Area Supt.	Rodney Montgomery
Grade	12
Sex	Male
Date of birth & age	[REDACTED]
Language	English
ESE/504	ESE: Yes <input type="checkbox"/> No <input type="checkbox"/> 504: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Incident	11-09-04
Violation & Code	Drugs (Sale/Distribution) 93
If weapons infraction or other assault, did student allege weapon was brought for protection?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check one box only)
If so, has School Board Policy 5.001 been followed?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check one box only)
Police report charge & number	05-0262 Sale of Marijuana in school
Persons involved & witnesses to testify	Undercover police officer from the Palm Beach County Sheriff's Office
Student's Explanation of Incident (Use additional page if necessary)	Student withdrew prior the conclusion of the operation.
Additional Information (Use additional page if necessary)	The Palm Beach County Sheriff's Office in conjunction with the Palm Beach County School Police initiated an undercover police operation to identify and prepare prosecution of suspected narcotics dealers enrolled as students at John I. Leonard High School. On 11-09-04 [REDACTED] sold narcotics to the undercover officer.

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


Principal's Signature

8/23/05
Date

PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Wednesday August 24, 2005 7:06 am

STDT:	SPEC:	SY	EVENT	DATE	TIME	SCHL	LOC	CODE	SCHL:	GR:	ST:	YTD-ISS:	OSS:	X	C	TAKEN	DUR
		05							3390	12	I	000	000				
		05	10793595	12232004	0825	1361	IS	E 041 HOFFMAN									
								I 26 DISOBED/INSUBOR									
								A 81 O/S 1-2 DAYS	*			12232004				002	
								A 09 PAR/GRD CONTCT				12232004					
								A 01 CONF W/STDT/WRN				12232004					
		05	10787028	12102004	1130	1361	CS	E 109 FAULHABER, CAROL									
								I 02 TRUANCY/UNEXPL									
								A 01 CONF W/STDT/WRN				12102004					
		05	10783258	12072004	0000	1361	OF	E 099 DORLEANS, THEOMA									
								I 41 UNSERV SAT DETE									
								I 26 DISOBED/INSUBOR									
								A 65 I/S ALT TO SUSP	*			12072004				002	
								A 09 PAR/GRD CONTCT				12072004					
								A 01 CONF W/STDT/WRN				12072004					

PF1=HELP 3=EXIT 5=REFRESH 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE
PAGE FULL...CONTINUE.

TERML: BQ2A

PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Wednesday August 24, 2005 7:06 am

STDT: [REDACTED]

SCHL: 3390 GR: 12 ST: I

SPEC:

YTD-ISS: 000 OSS: 000

SY	EVENT	DATE	TIME	SCHL	LOC	CODE	X	C	TAKEN	DUR
05	10783258	12072004	0000	1361	OF	A 09 PAR/GRD CONTCT			12072004	
						A 01 CONF W/STDT/WRN			12072004	
05	10774673	11222004	0800	1361	CA	E 999 OTHER				
						I 26 DISOBED/INSUBOR				
						I 01 HABITUAL TARDIN				
						A 43 SAT DETENTION			11222004	001
						A 09 PAR/GRD CONTCT			11222004	
05	10770107	11152004	0000	1361	OF	A 01 CONF W/STDT/WRN			11222004	
						E 006 SILVERMAN				
						I 01 HABITUAL TARDIN				
						A 43 SAT DETENTION			11152004	001
						A 09 PAR/GRD CONTCT			11152004	
05	10761045	11012004	0000	1361	OF	A 01 CONF W/STDT/WRN			11152004	
						E 099 DORLEANS, THEOMA				

PF1=HELP 3=EXIT 5=REFRESH 7=BKWD 8=FWD 9=NXT PAGE 12=ESCAPE
PAGE FULL...CONTINUE.

TERML: BQ2A

PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Wednesday August 24, 2005 7:06 am

STDT: [REDACTED]
SPEC: [REDACTED]

SCHL: 3390 GR: 12 ST: I
YTD-ISS: 000 OSS: 000
X C TAKEN DUR

SY	EVENT	DATE	TIME	SCHL	LOC	CODE			
05	10761045	11012004	0000	1361	OF	I 41	UNSERV SAT DETE		
						I 26	DISOBED/INSUBOR		
						A 65	I/S ALT TO SUSP	*	11012004 002
						A 09	PAR/GRD CONTCT		11012004
						A 01	CONF W/STDT/WRN		11012004
05	10753740	10192004	0800	1361	CA	E 999	OTHER		
						I 01	HABITUAL TARDIN		
						A 43	SAT DETENTION		10192004 001
						A 09	PAR/GRD CONTCT		10192004
						A 01	CONF W/STDT/WRN		10192004

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

TERML: BQ2A

PANEL: _____

A03. DEMOGRAPHICS

YEAR: 06

Thursday September 22, 2005 9:47 am

STDT: [REDACTED]

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

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

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

S R	DOB	BIRTH CITY	ST	VER	PHONE	PUB MIL	SUMMER	ORIG	SAC	SCHL2
M B	[REDACTED]	[REDACTED]		1	561 [REDACTED]			010604	161B	

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
R01	052705	3390	12		01	Y	W10	060105			0000000000	[REDACTED]		US	FL	50

LNG	PLG	COB	SURVEY	STAT	CAT	LEP	RES	EN:DS	SCHL	C1:B-H-M-N	CH2	EHA	D/B	ST:C	M	EX
EN	EN	JM	010604			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: Z343

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FL0, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6, 1, 0, 9, 1, 1, 1, 4, 3, 5
Charge 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	Sex	Date of Birth
[REDACTED]	[REDACTED]	B	M	[REDACTED]

Charge Description	Charge Description
Sale of Cocaine with 100ft of school	

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida			

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 04 day of October 2004 at 1805 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 10/4/04 I was working in undercover capacity at 4701 10th Avenue North, Greenacres, Palm J. Leonard High School. While I was in the Cafeteria [REDACTED] DM approached me and started small talk. I noticed he kept his right hand in his right front pocket of his blue shorts. [REDACTED] was also wearing a matching blue shirt and a white under shirt. [REDACTED] then said "I got a \$20 but I'll give it to you for \$20" referring to \$20 worth of powder cocaine. I told [REDACTED] that I did not have money. [REDACTED] then said "I got some of that green stuff too," this time he was referring to marijuana. [REDACTED] got closer to me and stood to my right while I was sitting and said "You can smell this shit from my pocket" as he opened the right pocket. I got closer to him and motioned as if I could smell the [REDACTED] from his pocket. I again said "I don't have any money, I only have a dollar." [REDACTED] said "I'll hold it for you, just before we know" and he walked away. A few minutes had gone by and [REDACTED] walked over to me again and said "I got \$20 but I'll give it to you for \$20" I said again "I don't have any money." However [REDACTED] had the small clear baggie with the suspected powder cocaine in his west hand extended out to me therefore, I took it from him and put it in my wallet. [REDACTED] said

STATE OF FLORIDA COUNTY OF PALM BEACH	Signature of Arresting/Investigative Officer <u>[Signature]</u> 7452
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>04</u> day of <u>October</u> 20 <u>04</u> by <u>D/SJ Reyes 7452</u>	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	<u>[Signature]</u> 7654

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number _____

Agency ORI Number: FLO 5 0 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 0 6 10411785

Charge Type: Check as many as apply
 1. Felony
 2. Traffic Felony
 3. Misdemeanor
 4. Traffic Misdemeanor
 5. Ordinance
 6. Other _____

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

Charge Description: Sale of Cocaine within 1000ft of school

Victim's Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Local Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____ Phone: _____ Address Source: _____

Business Address (Name, Street): _____ (City): _____ (State): _____ (Zip): _____ Phone: _____ Occupation: _____

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody ...
 committed the below acts in my presence.
 confessed to _____ admitting to the below facts.
 was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.

On the 04 day of October 2004 at 12:05 A.M. P.M. (Specifically include facts constituting cause for arrest.)

"I know you're good for it." I told him I would give him the \$20 tomorrow (10/05/04). At 12:05 the agreement was made and _____ then walked away.

I tested the white powder with a Scott Cocaine test kit and it tested positive for cocaine. The clear baggie and its contents weighed a total of .3 grams, and was submitted into evidence.

_____ in violation of F.S.S. 893.13(1a) Sale of cocaine within a 1000ft of a school.

On 10/5/04 at 12:30pm I was in the cafeteria at lunch looking for _____ to give him the \$20 for the cocaine he sold to me on 10/4/04. I called _____ from my PBSO issued cell phone to phone # 561-362-2098. I told _____ I had his money. _____ said he was hiding by the media center so I told him to come to the cafeteria. A few minutes later _____ came over to my table to tell me _____ was at his table. I walked over to the northwest corner of the cafeteria where I saw _____ crouched down by a table. I gave _____ the \$20 provided by PBSO investigative funds (serial # 2049274229C). After a few minutes of small talk _____ was escorted away by a dean for skipping class.

STATE OF FLORIDA
 COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) [Signature] 7452

The foregoing instrument was sworn to or affirmed and subscribed before me this 04 day of October 2004 by D/S Prues 7452.

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) [Signature] 7654

PAGE 2

ARREST / NOTICE TO APPEAR Juvenile Referral Report

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

ADMINISTRATIVE

DEFENDANT

CO-DEF.

JUVENILE

CHARGE

CHARGE

CHARGE

CHARGE

NOTICE TO APPEAR

ADMIN.

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		Enter Type		Multiple Clearance Indicator	
FLO, 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0, 1-10, 4-1, 8, 6, 5							
Charge Type: Check as many as apply.		1. Felony <input checked="" 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 <input type="checkbox"/>		If Weapon Seized		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)					
						4701 10th Ave. D. Greenacres John I. Leonard H.S.					
Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle)						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex M		Height		Weight		Eye Color	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion		Indication of: Alcohol influence Drug influence	
Scar on right outside calf						S		CATH		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" 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)		Occupation	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
		FLO		M							
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last, First, Middle)				Residence Phone					
						(661)					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone			
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.						School Attended		Grade			
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)											
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment		S. Synthetic		U. Unknown Z. Other	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Sale of a Controlled Substance		1				8, 9, 3, 1, 1, 3		111a			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
S		Z		1 pill (3 grams)		04-18-65					
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)									
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time									
		Month		Day		Year		Time		A.M. P.M.	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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					
HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee)					
		Iris J. Reyes 7452				(PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #				PAGE	
				Iris J. Reyes							
Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency	

3n

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE

DEFENDANT

CO-DEF.

JUVENILE

VIOLATION

VIOLATION

VIOLATION

VIOLATION

OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 1 1 0 4 1 1 9 2 3		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		Juvenile	
Charge Type: Check as many as apply.		1. Felony <input checked="" type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>	
Location of Arrest (Including Name of Business)		Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date	
Location of Offense (Business Name, Address) 4701 10th Ave North Greenacres John I Leonard HS		Enter Type		Multiple Clearance Indicator		If Weapon Seized					
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White B - Black		Sex M		Date of Birth		Height	
Weight		Eye Color		Hair Color		Complexion		Build		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	
Local Address (Street, Apt. Number)		City		State		Zip		Phone		Marital Status	
Permanent Address (Street, Apt. Number)		City		State		Zip		Phone		Religion	
Business Address (Name, Street)		City		State		Zip		Phone		Indication of: Alcohol Influence Drug Influence	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile	
Parent Legal Custodian		Name (Last)		(First)		(Middle)		Residence Phone			
Address (Street, Apt. Number)		City		State		Zip		Business Phone			
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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.		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		School Attended John I. Leonard High School		Grade		Value of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type		N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana C. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description Sale of Marijuana with roof access		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 8, 9, 3, 1, 1, 3, 1, 1, 1, 2, 1		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit 1.4 grams		Offense # 04-1923		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)		Court Date and Time		Month		Day	
Year		Time		A.M.		P.M.		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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		Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
HOLD for other Agency Name:											

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FLO, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6, 10, 4, 1, 1, 9, 2, 3, 11, 11
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes

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

Charge Description	Charge Description
[REDACTED]	[REDACTED]

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 04 day of October 2004 at 0940 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 10/4/04 at 9:40am I was working in undercover capacity at 4701 11th Ave. North, Greenacres, John J. Leonard High School. While I was at psychology class in room 22-205 [REDACTED] #14 approached me and asked me what happened to me on Friday (10/2/04) when we were supposed to meet. I told him I had to leave early. [REDACTED] walked towards me and said "I have a pic on me right now" referring to the worth of marijuana. [REDACTED] showed me a small blue baggie with suspected marijuana in his left hand. I gave [REDACTED] a \$5 bill (serial # CF2630261C) provided by PISO investigative funds. [REDACTED] walked back to his desk after small talk. [REDACTED] was wearing a grey shirt and blue jean shorts.

I tested the suspected marijuana with the Dugennois Marijuana testing kit and it tested positive for THC and weighed 1.4 grams. I submitted the marijuana into evidence. [REDACTED] is in violation of F.S.S. 893.13 (1a2) Sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA COUNTY OF PALM BEACH
<u>[Signature]</u> (Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>04</u> day of <u>October</u> 20 <u>04</u> by <u>Det. Reyes 7452</u>
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced
<u>[Signature]</u> 7654 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number
Agency Number: FLO, 5, 0, 0, 0, 0, 0
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number (N.T.A.'s only): 0, 1, 1, 0, 4, 1, 1, 9, 6, 1

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
If Weapon Seized: _____
Enter Type: _____
Multiple Clearance Indicator: _____

Location of Arrest (Including Name of Business): _____
Location of Offense (Business Name, Address): 4701 Old Ave N, Greenacres 33463 John I. Leonard H.S.

Date of arrest: _____ Time of Arrest: _____ Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): _____ Alias (Name, DOB, Sex, etc.): _____

Race: W - White B - Black I - American Indian O - Oriental/Asian
Sex: M F
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Complexion: _____ Build: _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Description): _____
Marital Status: S M D W V U
Religion: W B O O O
Indication of: Alcohol Influence Y N Unk
Drug Influence Y N Unk

Local Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____
Phone: _____
Residence Type: 1. City 2. County 3. Florida 4. Out of State 1A

Permanent Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____
Phone: _____
Address Source: _____

Business Address (Name, Street): _____ (City): _____ (State): _____ (Zip): _____
Phone: _____
Occupation: Student

D/L Number, State: _____ Soc. Sec. Number: _____
INS Number: _____ Place of Birth (City, State): _____
Citizenship: _____

Co-Defendant Name (Last, First, Middle): _____
Race: _____ Sex: _____ Date of Birth: _____
 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____
Race: _____ Sex: _____ Date of Birth: _____
 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: _____
Name (Last) (First) (Middle) _____
Residence Phone: _____

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

Notified by: (Name) _____ Date _____ Time _____
Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and / or 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.
 Yes, by: (Name) _____ No: (Reason) _____
School Attended: John I. Leonard H.S. Grade _____

Property Crime? Yes No
Description of Property: _____ Value of Property: _____

Drug Activity: N. N/A, S. Sell, P. Possess, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other
Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

Charge Description: Sale of Marijuana in school with 1000\$
Counts: 1 Domestic Violence Y N
Statute Violation Number: 8, 9, 31, 1, 3, 11, 1, 2, 1
Violation of ORD # _____

Drug Activity: S Drug Type: M Amount / Unit: 9.2 grams Offense #: 04-1961
Warrant / Capias Number: _____ Bond: _____

Charge Description: _____
Counts: _____ Domestic Violence Y N
Statute Violation Number: _____ Violation of ORD # _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____
Warrant / Capias Number: _____ Bond: _____

Charge Description: _____
Counts: _____ Domestic Violence Y N
Statute Violation Number: _____ Violation of ORD # _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____
Warrant / Capias Number: _____ Bond: _____

Charge Description: _____
Counts: _____ Domestic Violence Y N
Statute Violation Number: _____ Violation of ORD # _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____
Warrant / Capias Number: _____ Bond: _____

Instruction No. 1 Mandatory Appearance in Court
 Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.
Location (Court, Room Number, Address): _____
Court Date and Time: _____

Month _____ Day _____ Year _____ Time _____ A.M. _____ P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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 _____

HOLD for other Agency Name: _____ Signature of Arresting Officer: _____ Name Verification (Printed by Arrestee) _____
 Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print) I.D. # (PRINT) PAGE

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number	Agency ORI Number FLO, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6 - 104119, 0, 1
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
[REDACTED]		H	M	[REDACTED]
Charge Description	Charge Description			
Sale of Marijuana				

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

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

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

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

On the 06 day of October 2004 at 10:07 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 10/6/04 I was working in under cover capacity at 4101 10th Ave D, Greenacres John I. Leonard High School. At 10:27am I met [REDACTED] who at the northeast corner of the 600 Building. [REDACTED] reached into his right back pocket with his right hand as he looked around the courtyard. [REDACTED] pulled out a rolled up sandwich bag with suspected marijuana. I handed [REDACTED] \$35, which was the agreed price for an ounce of "trippy" (ie. type of marijuana) and took the marijuana from his hand. I placed the bag in my front left pants pocket. The \$35 was provided by PBSO investigative funds (serial #s \$20 AF 3K12362362D, #10 CAG-19580480A, #5 BB39518469A). At that point I left the area.

I tested the substance with a Duquenois Marijuana test kit and it tested positive for THC. The total weight of the substance and bag was 9.1 grams and 1 bag.

I submitted them into evidence.

[REDACTED] is in violation of F.S.S. 893.13(1a2) Sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA COUNTY OF PALM BEACH	Signature of Arresting/Investigative Officer <u>[Signature]</u> 7452
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>06</u> day of <u>October</u> 20 <u>04</u> by <u>Det Reyes 7452</u>	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	
<u>Det Pennesser 4100</u>	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	

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

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

Juvenile

OBTS Number _____ Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only) **0, 1, 10, 4, 1, 1, 9, 6, 1, 1, 1, 1, 1, 1**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____

Location of Arrest (Including Name of Business) _____ Location of Offense (Business Name, Address) **4701 10th Ave. South Greenacres John I. Leonard #3**

Date of arrest _____ Time of Arrest _____ Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race W - White B - Black American Indian Oriental/Asian Sex _____ Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Complexion _____ Build _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status _____ Religion **UWU** Indication of Alcohol Influence Drug Influence Y N U.K.

Local Address _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Address Source _____

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Occupation **Student**

Place of Birth (City, State) _____ Citizenship **USA**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: _____ Name (Last) _____ (First) _____ (Middle) _____ Residence Phone **(501)**

Address _____ (State) _____ (Zip) _____ Business Phone _____

Notified by: (Name) _____ Time _____ Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and / or 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. Yes, by: (Name) _____ No: (Reason) _____ School Attended **John I. Leonard #3** Grade _____

Property: Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity: N/A Sell Buy Possess Traffic Smuggle Distribute Use Manufacture/Produce/Cultivate Other Drug Type: N/A Amphetamine Barbiturate Cocaine Heroin Hallucinogen Marijuana Opium/Derv. Paraphernalia/Equipment Synthetic Unknown/Other

Charge Description: **sale of Marijuana** Counts **1** Domestic Violence Y N Statute Violation Number **8, 9, 3, 1, 1, 3, 1, 1, 1, 2, 1, 1** Violation of ORD # _____

Drug Activity: N/A Sell Buy Possess Traffic Smuggle Distribute Use Manufacture/Produce/Cultivate Other Drug Type: N/A Amphetamine Barbiturate Cocaine Heroin Hallucinogen Marijuana Opium/Derv. Paraphernalia/Equipment Synthetic Unknown/Other

Charge Description: _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation of ORD # _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number _____ Bond _____

Charge Description: _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation of ORD # _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number _____ Bond _____

Charge Description: _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation of ORD # _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number _____ Bond _____

Instruction No. 1 Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side. Location (Court, Room Number, Address) _____ Court Date and Time _____ Month _____ Day _____ Year _____ Time _____ A.M. _____ P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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 _____ Signature of Arresting Officer **John I. Leonard #3** Name Verification (Printed by Arrestee) _____ (PRINT) _____

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FL0 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 1 04 1 19 6 1
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
[REDACTED]	[REDACTED]	W	M	[REDACTED]
Charge Description	Charge Description	Charge Description	Charge Description	Charge Description
Sale of Marijuana within 1000ft of a school				

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 26 day of October 2004 at 8:40 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 10/26/04 J. was working in undercover capacity at 4101 NW Ave South, Greenacres, John I. Leonard High School. I was standing on the east side of the gym with [REDACTED] when the bell rang for classes to change. We walked towards the main campus when [REDACTED] said "I still have that stuff for you if you want it", referring to \$90 worth of Marijuana. J. told [REDACTED] I still wanted to buy it from him. When we reach the north east corner of the Gym Building [REDACTED] looked around and said "I'm looking out for them boys" meaning the school Police. [REDACTED] then reach into his vest front pocket and pulled out a clear ziplock bag with Marijuana. I handed [REDACTED] the \$90 provided by PBSO Investigative Funds (serial number AF-41766/117F). After the trade was made I walked away.

I tested the substance with a Duquenois Marijuana Testing kit and it tested positive for THC. The substance weighed a total of 9.3 grams and I submitted it into evidence.

[REDACTED] is in violation of F.S.S. 893.13(1)(a) Sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA COUNTY OF PALM BEACH	Signature of Arresting/Investigative Officer <u>[Signature]</u> 7452
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>26</u> day of <u>October</u> 20 <u>04</u> by <u>Det Reyes 7452</u>	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	<u># 7654</u>

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number: _____ Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only): **0, 11-0, 4-11, 9, 8, 6**

Agency Div. Number: **FLO 5 0 0 0 0 0** Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____

Location of Arrest (Including Name of Business): _____ Location of Offense (Business Name, Address): **4701 10th Ave W Green Acres, John J. Leonard H.S.**

Date of arrest: _____ Time of Arrest: _____ Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): _____ Alias (Name, DOB, Soc. Sec. #, Etc.): **"JO"**

Race: W - White B - Black I - American Indian O - Oriental/Asian Sex: **M** Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Complexion: _____ Build: _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____ Marital Status: **S** Religion: **WOM** Indication of: Alcohol Influence Drug Influence Y N Upk.

Local Address (Street, Apt. Number, City, State, Zip): _____ Phone: _____ Residence Type: 1. City 2. County 3. Florida 4. Out of State

Business Address (Name, Street, City, State, Zip): _____ Phone: _____ Address Source: **School** Occupation: **student**

DL Number, State: _____ Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): **Deer Park USA** Citizenship: **USA**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Name (Last, First, Middle): _____ (First) _____ (Middle) _____ Residence Phone: _____

Legal Custodian _____

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

Notified by: (Name) _____ Date: _____ Time: _____ Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship: _____ Date: _____ Time: _____

The above address was provided by defendant and / or 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.

Yes, by: (Name) _____ No: (Reason) _____ School Attended: **John J. Leonard H.S.** Grade: _____

Property Crime? Yes No Description of Property: _____ Value of Property: _____

CODE	Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
CHARGE	Sale of Marijuana School						N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
CHARGE	3.4						A. Amphetamine	E. Heroin	O. Opium/Deriv.		
CHARGE											
CHARGE											
CHARGE											

Instruction No. 1 Mandatory Appearance in Court

Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address): _____ Court Date and Time: _____

Month: _____ Day: _____ Year: _____ Time: _____ A.M. _____ P.M. _____

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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: _____

HOLD for other Agency Name: _____ Signature of Arresting Officer: **Travis V. Myers 455A** Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print): **Travis Myers** I.D. #: _____ (PRINT) _____ PAGE _____

ADMINISTRATIVE
DEFENDANT
CO-DEF.
JUVENILE
CODE
CHARGE
CHARGE
CHARGE
CHARGE
NOTICE TO APPEAR
ADMIN.

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 1 0 9 1 1 9 8 6 1 1 1
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle)	Alias	Race B	Sex M	Date of Birth
Charge Description Sale of Marijuana within 1000ft school	Charge Description	Charge Description	Charge Description	Charge Description

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody ...
 committed the below acts in my presence.
 confessed to _____ admitting to the below facts.
 was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.
 On the 11 day of October 2007 at 8:35 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 10/11/07 I was working in undercover capacity at 4701 10th Avenue, North, Greenacres, John T. Leonard High School. At 8:50am [redacted] [redacted] approached me by the 600 building and asked me "Do you want the stress?" referring to the \$10 worth of Marijuana he offered to sell me. I said yes and followed him to the hallway in the 600 Building. I gave [redacted] the \$10 we agreed on provided by PBSO Investigative Funds (serial #s \$5 CF15306972C, \$5 CL49966576C). [redacted] told me "I have it in my shoe." [redacted] looked around to see if anyone was looking, then took his right shoe off and pulled out a rolled up clear sandwich bag containing suspected Marijuana. [redacted] handed it to me and said "This ain't so good but holler at me and I'll hook it up," and then walked away. I tested the Marijuana with a Duquenois Marijuana testing kit and it tested positive for THC. I submitted the Marijuana into evidence after weighing it (3.1 grams).

[redacted] is in violation of F.S. 893.13
 Sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer) D/S Preyer 7452
The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of October 2007 by D/S Preyer 7452	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced
(Notary Public, Clerk of Court, Officer (F.S.S. 117.10)) James [redacted] # 7654	PAGE 1 OF 1

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number: []
 Agency ORI Number: FLO 5000000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number (N.T.A.'s only): 0,1-104-1-1,9,8,6
 Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____
 Location of Arrest (Including Name of Business): _____ Location of Offense (Business Name, Address): 4701 10th Avenue North Greenacres John I Leonard #5
 Date of arrest: _____ Time of Arrest: _____ Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): [REDACTED] Alias (Name, DOB, Soc. Sec. #, Etc.): [REDACTED]
 Race: W - White B - Black 1 - American Indian O - Oriental/Asian 2 - Other _____ Sex: BM Height: [REDACTED] Weight: [REDACTED] Eye Color: [REDACTED] Hair Color: [REDACTED] Complexion: [REDACTED] Build: [REDACTED]
 Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____ Marital Status: S Religion: WKN Indication of Alcohol Influence: Drug Influence:
 Local Address (Street, Apt. Number, City, State, Zip): [REDACTED] Phone: [REDACTED] Residence Type: 3. Florida 4. Out of State
 Permanent Address (Street, Apt. Number, City, State, Zip): [REDACTED] Phone: [REDACTED] Address Source: _____
 Business Address (Name, Street, City, State, Zip): [REDACTED] Phone: [REDACTED] Occupation: Student
 D/L Number, State: _____ Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): _____ Citizenship: _____

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
 Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: _____ Name (Last, First, Middle): _____ Residence Phone: [REDACTED]
 Address (Street, Apt. Number, City, State, Zip): [REDACTED] Business Phone: [REDACTED]
 Notified by: (Name) _____ Date: _____ Time: _____ Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship: _____ Date: _____ Time: _____
 The above address was provided by defendant and / or 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.
 Yes, by: (Name) _____ No: (Reason) _____ School Attended: John I Leonard High School Grade: _____
 Property Crime? Yes No Description of Property: _____ Value of Property: _____

Drug Activity: S S. Sell M R. Smuggle 3.1 grams K. Dispense/Distribute at school M. Manufacture/Produce/Cultivate 1 Z. Other _____ Drug Type: M N. N/A B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other _____

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
<u>Sale of Marijuana</u>	<u>1</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>8,9,311,3, 11,1,2,1</u>	
<u>3.1 grams</u>	<u>1</u>	<input type="checkbox"/> Y <input type="checkbox"/> N		
<u>at school</u>	<u>1</u>	<input type="checkbox"/> Y <input type="checkbox"/> N		

Instruction No. 1 Mandatory Appearance in Court
 Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.
 Location (Court, Room Number, Address): _____ Court Date and Time: _____
 Month: _____ Day: _____ Year: _____ Time: _____ A.M. P.M.
 I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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: _____

HOLD for other Agency Name: _____ Signature of Arresting Officer: John I. Hayes Name Verification (Printed by Arrestee): _____
 Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print): John I. Hayes I.D. # _____ (PRINT) _____
 Intake Deputy: _____ I.D. # _____ Pouch # _____ Transporting Officer: _____ I.D. # _____ Agency: _____ PAGE _____

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 104 119 86
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle)	Race B	Sex M
Charge Description Sale of Marijuana at a public school	Charge Description	
Charge Description	Charge Description	

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody ...
 committed the below acts in my presence.
 confessed to admitting to the below facts.
 was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.

On the 24 day of October 2004 at 12:15 P.M. (Specifically include facts constituting cause for arrest.)

On 10/24/04 I was working in undercover capacity at 4701 10th Avenue North, Greenwood, John T. Learnerd High School. While at lunch by the cafeteria I saw [redacted] PM. I approached [redacted] and asked him if he had anything on him resembling to Marijuana. [redacted] said "how much do you need?" I asked [redacted] for two "dimes", a street term for \$10 worth of Marijuana. [redacted] told me to wait for a little while, then he said "lets go to the bathroom" pointing towards the 2000 block. [redacted] grabbed some napkins and we walked towards the bathroom however a door was close by. [redacted] said "I'll put it in the napkin and I'll get right cause I got a scale as he showed me a pocket size blue scale. [redacted] said "Meet me at the bathroom in the 2000 block after the roll rings". At that point I went to class and waited for the roll to ring. After a few minutes I went to the bathrooms and opened the boys bathroom door and called out [redacted]. [redacted] came out of the bathroom and handed me a rolled up napkin with Marijuana. I gave [redacted] the \$100 bill provided by PBSO Investigative Support (Serial # EL 8660435A). At that point we went our separate ways.

I tested the substance with a Duquenois Marijuana testing kit and

STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer) [Signature] 7452
The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of October 2004 by [Signature] 7452	(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced
Notary Public, Clerk of Court, Office (F.S.S. 117.10)	[Signature] # 7654

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number Agency ORI Number Agency Name Agency Report Number

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

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

Charge Description: Sale of Marijuana within 1000ft of a school

Victim's Name (Last, First, Middle) Local Address (Street, Apt. Number) Business Address (Name, Street)

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.

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of October 2004 by Sgt. Pappas

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OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile				
Agency ORI Number FLO 5 0 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 0 1 1 0 1 1 0 1 1 5								
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		If Weapon Seized		Multiple Clearance Indicator			
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		Enter Type							
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address)								
Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time			
Location of Vehicle													
Name (Last, First, Middle)					Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White B - Black		Sex		Date of Birth		Height		Weight		Eye Color			
1 - American Indian O - Oriental/Asian		M H											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status		Religion		Indication of: Alcohol Influence Drug Influence				
					S		CNU		Y N Uqk <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				
Local Address (Street, Apt. Number)			(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number)			(City)		(State)		(Zip)		Phone		Address Source		
Business Address (Name, Street)			(City)		(State)		(Zip)		Phone		Occupation Student		
DL Number, State		Lic. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship					
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input checked="" type="checkbox"/> Parent Legal Custodian		Name (Last)		(First)		(Middle)		Residence Phone					
<input type="checkbox"/> Other:		Pineda		Diana				()					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone					
()								()					
Notified by: (Name)			Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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.							School Attended		Grade				
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)							John J. Leonard H.S.		11				
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property					Value of Property						
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment	U. Unknown Z. Other		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Balt Marijuana		1				8,9,3,1,1,3		11,1,2,2					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
S		M		1oz.		04-2115							
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)											
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time											
		Month		Day		Year		Time		A.M. P.M.			
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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						
HOLD for other Agency Name:		Signature of Arresting Officer					Name Verification (Printed by Arrestee)						
		Name of Arresting Officer (Print) I.D. #					(PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) I.D. #		Name of Arresting Officer (Print) I.D. #		Name of Arresting Officer (Print) I.D. #		PAGE			
				Iris Reyes									

ADMINISTRATIVE

DEFENDANT

CO-DEF.

JUVENILE

CODE

CHARGE

CHARGE

CHARGE

CHARGE

NOTICE TO APPEAR

ADMIN

ADMIN Agency ORI Number FLO 5 0 0 0 0 0 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 0 6 10 4 1 9 1 1 5 1 1

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____ Special Notes: _____

DEF Name (Last, First, Middle) [REDACTED] Race W Sex M [REDACTED]

CHARGES Charge Description Sale of Marijuana

VICTIM Victim's Name (Last, First, Middle) State of Florida Race Sex Date of Birth

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.

On the 20 day of October 2004 at 8:00 P.M. (Specifically include facts constituting cause for arrest.)

On 10/20/04 I was working in undercover capacity at 4701 10th Ave North, Greenwood, John J. Leonard High School.

I asked [REDACTED] if he had anything at home referring to Marijuana. [REDACTED] stated "I always keep some around at home."

I told [REDACTED] I needed an amount and [REDACTED] said he had what at home and would cost me \$60. I told [REDACTED] I could call him after school to get some.

At 1500hrs Gpl Fonseca and I went to [REDACTED] subdivision [REDACTED]. Upon arrival I saw [REDACTED] standing in front of apartment number [REDACTED]. [REDACTED] got into the car and I handed him \$60, provided by PBSO Investigative Funds (serial #s \$60 EC 794022363, \$30 CH 092231874, CG 431526363). [REDACTED] handed me a rolled up clear sandwich bag with suspected Marijuana.

[REDACTED] got out of the car when walked into apartment number [REDACTED]. I did test the substance with a Duquenois Marijuana Test kit and it tested positive for THC. The total weight was 1 pound of Marijuana, and then I submitted the substance into evidence.

[REDACTED] is in violation of FSS 893.13, Sale of Marijuana.

DM

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

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

OBTS Number _____ Agency ORI Number _____ Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only) **0, 110, 4122, 5, 4**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____ If Weapon Seized _____ Multiple Clearance Indicator _____

Location of Arrest (Including Name of Business) **John I. Leonard**
4701 10th Ave South, Green Acres

Date of arrest _____ Time of Arrest _____ Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race W - White B - Black I - American Indian O - Oriental/Asian **1814** Sex _____ Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Complexion _____ Build _____

Marital Status **B** Religion **Catholic** Indication of Alcohol Influence Y N Unk. Drug Influence Y N Unk.

Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Residence Type: 1. City 2. County 3. Florida 4. Out of State **12**

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Occupation **Student**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Name (Last) _____ (First) _____ (Middle) _____ Residence Phone _____

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

Notified by: (Name) _____ Date _____ Time _____ Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and / or 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.
 Yes, by: (Name) _____ No: (Reason) _____

Property Crime? Yes No Description of Property _____ Value of Property _____

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
W/In 1000# Sale of Marijuana school	1	<input type="checkbox"/> Y <input type="checkbox"/> N	8, 9, 3, 11, 3, 11, 0, 2, 1	
Drug Activity	Drug Type	Amount / Unit	Offense #	Bond
5	M	11.9 grams	04-22-04	

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		
Drug Activity	Drug Type	Amount / Unit	Offense #	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		
Drug Activity	Drug Type	Amount / Unit	Offense #	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		
Drug Activity	Drug Type	Amount / Unit	Offense #	Bond

CHARGE

Instruction No. 1
 Instruction No. 2
Mandatory Appearance in Court
You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address) _____
Court Date and Time _____
Month _____ Day _____ Year _____ Time _____ A.M. _____ P.M. _____

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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 _____

HOLD for other Agency Name: _____ Signature of Arresting Officer **J. Reyes 7452** Name Verification (Printed by Arrestee) _____

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print) **J. Reyes** I.D. # _____ (PRINT) _____ PAGE _____

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FL05000000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0610418254
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle)	Alias	Race B	Sex M	Date of Birth
Charge Description Sale of Marijuana within 1000ft school	Charge Description	Charge Description	Charge Description	Charge Description

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

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

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

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

On the 12 day of November 2007 at 12:25 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 11-12-07 I was working in undercover capacity at 4701 10th Avenue North, Greenwood, John J. Leonard High School. While at work I approach [redacted] and asked him if he still had the Marijuana he offered to sell me earlier. [redacted] said yes and lead me out the north side of the lunchroom around to the west side of the cafeteria. [redacted] was looking for an area where no one was around. As we walked [redacted] asked me how much I wanted. I told [redacted] I wanted a "quarter" meaning to \$25 worth of Marijuana. Once we were out of sight of the cafeteria [redacted] reached into his right pocket and pulled out a ziplock bag with suspected Marijuana. I handed [redacted] the \$25 provided by PBSO Investigative Funds (serial #s #00 AE5012746TD, \$5 OK 20480742B). After the exchange I went back to the lunchroom and [redacted] went his separate way. I did test the substance with a Duquenois Reinecke testing kit. It did test positive for THC and weighed a total of 11.9 grams. I packaged the substance and ziplock bag into an evidence bag and submitted it into PBSO evidence. Luis Simmons is in violation of F.S. 893.13(1a2) Sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of November 2007 at Bees 7452

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____

D/S
Notary Public, Clerk of Court, Officer (F.S.S. 117.10) #7654

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

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

ADMINISTRATIVE

DEFENDANT

CO-DEF

JUVENILE

CHARGE

CHARGE

CHARGE

NOTICE TO APPEAR

ADMIN.

OB/S Number: [] Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only): **0-11-0411757**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): [REDACTED] Location of Offense (Business Name - Address): [REDACTED]

Date of arrest: [] Time of Arrest: [] Booking Date: [] Booking Time: [] Jail Date: [] Jail Time: [] Location of Vehicle: []

Name (Last, First, Middle): [REDACTED] Alias (Name, DOB, Soc. Sec. #, Etc.): [REDACTED]

Race: [] Sex: [] Date of Birth: [] Height: [] Weight: [] Eye Color: [] Hair Color: [] Complexion: [] Build: []

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): [REDACTED] Marital Status: [] Religion: [] Indication of Alcohol Influence Drug Influence: []

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone: [REDACTED] Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone: [REDACTED] Address Source: [REDACTED]

Business Address (Name, Street) (City) (State) (Zip) Phone: [REDACTED] Occupation: **Student**

D/L Number: [REDACTED] Soc. Sec. Number: [REDACTED] INS Number: [REDACTED] Place of Birth (City, State): [REDACTED] Citizenship: [REDACTED]

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth [] 1. Arrested [] 2. At Large [] 3. Felony [] 4. Misdemeanor [] 5. Juvenile []

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth [] 1. Arrested [] 2. At Large [] 3. Felony [] 4. Misdemeanor [] 5. Juvenile []

Parent Name (Last) (First) (Middle) Residence Phone: [REDACTED]

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone: [REDACTED]

Notified by: (Name) Date Time Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by [] defendant and / or [] 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.

Property Crime? [] Yes [] No Description of Property Value of Property

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

Charge Description: **Sale of Marijuana w/in 1000 ft. of school** Counts: **1** Domestic Violence: Y N Statute Violation Number: **8, 9, 3, 1, 1, 3, 1** Violation of ORD #: **(11, C, 2)**

Drug Activity: **S** Drug Type: **M** Amount / Unit: **2.7g.** Offense #: **04-1757** Warrant / Capias Number: [] Bond: []

Charge Description: [] Counts: [] Domestic Violence: Y N Statute Violation Number: [] Violation of ORD #: []

Drug Activity: [] Drug Type: [] Amount / Unit: [] Offense #: [] Warrant / Capias Number: [] Bond: []

Charge Description: [] Counts: [] Domestic Violence: Y N Statute Violation Number: [] Violation of ORD #: []

Drug Activity: [] Drug Type: [] Amount / Unit: [] Offense #: [] Warrant / Capias Number: [] Bond: []

Charge Description: [] Counts: [] Domestic Violence: Y N Statute Violation Number: [] Violation of ORD #: []

Drug Activity: [] Drug Type: [] Amount / Unit: [] Offense #: [] Warrant / Capias Number: [] Bond: []

Instruction No. 1 Mandatory Appearance in Court Location (Court, Room Number, Address) Court Date and Time Month Day Year Time A.M. P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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

HOLD for other Agency Name: [] Signature of Arresting Officer: [] Name Verification (Printed by Arrestee) (PRINT)

Dangerous [] Resisted Arrest [] Suicidal [] Other: [] Name of Arresting Officer (Print) **Johnson** I.D. # **7654** Agency: [] Intake Deputy I.D. # Pouch # Transporting Officer I.D. # Agency: [] Witness here if subject signed with an "X". PAGE 1 of 1

PROBABLE CAUSE AFFIDAVIT

OB76 Number

1. A
2. N.T.A.

3. Request for Warrant
4. Request for Capias

Juvenile

Y

ADMIN

Agency ORI Number

Agency Name

Agency Report Number

FLO 5 0 0 0 0 0

PALM BEACH COUNTY SHERIFF'S OFFICE

0 6 10 4 11 7 5 7

Charge Type
Check as many as apply

1. Felony
 2. Traffic Felony

3. Misdemeanor
 4. Traffic Misdemeanor

5. Ordinance
 6. Other

Special Notes

DEF

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

Charge Description

Charge Description

Sale of Marijuana within 1000 ft of a school

Charge Description

Charge Description

VICTIM

Victim's Name (Last, First, Middle)

Race

Sex

Date of Birth

State of Florida

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

PROBABLE CAUSE STATEMENT

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 _____

confessed to _____

that he/she saw the arrested person commit the below acts..

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

On the 27 day of August 2004 at 9:20 A.M. P.M. (Specifically include facts constituting cause for arrest.)

While working in an undercover capacity at William T. Dwyer High School located at 13601 North Military Tr. in Palm Beach Gardens, I received a phone call from the defendant on 8-26-04 at 1800 hours on my P.B.S.O. issued cell phone. He asked if I wanted any "weed", which is a street term for marijuana, and I told him yes and to get me two dime bags, which is a street term for two \$10 bags of weed. He then asked me if I needed any "hard", which is a street term for crack cocaine, and I told him to get me a \$20 roll. The defendant then said "yeah" and hung up the phone.

On 8-27-04 the defendant called me at 0649 hours the defendant called my P.B.S.O. cell phone and left a message and said "I couldn't get the hard but I got the refer (which is a street term for marijuana) and I put it in a \$20 bag, meet me in front of guidance at the beginning of fourth hour". He then called again and at 0656 left another message and said "meet me in front of guidance at the beginning of fourth hour". At 0841 I called the defendant back and told him I would meet him before fourth hour.

At 0920 hours, I met the defendant in front of the guidance office which is located in the center of the school on the East side. I then told the defendant to follow me to the bathroom on the North East side of the school. He then pulled a green baggie out of his left front pocket which had a green leafy substance which I recognized from my training and experience to be marijuana. I then handed the defendant a \$20 bill serial #CK76190938A which was provided from P.B.S.O. I gave him the baggie and told the defendant that I would see him later.

I later tested the suspected marijuana using a Duquenois Marijuana test and it tested

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

7654

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of August 2004 by _____

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 2

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

Y

ADMIN

Agency ORI Number

Agency Name

Agency Report Number

FLO 5 0 0 0 0 0

PALM BEACH COUNTY SHERIFF'S OFFICE

0 6 104 167 57

Charge Type:
Check as many
as apply

1. Felony
 2. Traffic Felony

3. Misdemeanor
 4. Traffic Misdemeanor

5. Ordinance
 6. Other

Special Notes:

DEF.

Name: [Redacted] Alias

Race

Sex

Date of Birth

CHARGES

Charge Description
Sale of Marijuana w/in 1000 ft. of a school.

Charge Description

Charge Description

Charge Description

VICTIM

Victim's Name (Last, First, Middle)
State of Florida

Race

Sex

Date of Birth

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

Address Source

Business Address (Name, Street) (City) (State) (Zip) Phone

Occupation

PROBABLE CAUSE STATEMENT

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 _____

confessed to _____ admitting to the below facts.

that he/she saw the arrested person commit the below acts.

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

On the 27 day of August 2004 at 9:20 P.A.M. P.M. (Specifically include facts constituting cause for arrest.)

positive for marijuana. The marijuana was then placed into P.B.S.O. Evidence.

There is probable cause to charge the defendant for sale of marijuana w/in 1000 ft. of a school per FSS 893.13 (1c2)

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

#7654

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of August 2004 by _____

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 2

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

Y

CATS Number

Agency Number
FLO 5 0 0 0 0 0

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only)
0, 1-10, 4-11, 7, 4, 3

Charge Type:
Check as many as apply.
 1. Felony
 2. Traffic Felony
 3. Misdemeanor
 4. Traffic Misdemeanor
 5. Ordinance
 6. Other

If Weapon Seized
Enter Type

Multiple Clearance Indicator
1 80

Location of Arrest (Including Name of Business) Location of Offense (Business Name, Address)
13601 North Military Tr. P.B.C. FL. 33418

Date of arrest Time of Arrest Booking Date Booking Time Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle) Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White 1 - American Indian B - Black O - Oriental/Asian
Sex M Height Weight Eye Color Hair Color Complexion Build

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status Religion Indication of Alcohol Influence Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Residence Type:
1. City 2. County 3. Florida 4. Out of State

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

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation
William T. Dwyer H.S. Student

Soc. Sec. Number INS Number Place of Birth (City, State) Citizenship

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth
 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth
 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Name (Last) (First) (Middle) Residence Phone
 Other: Address (Street, Apt. Number) (City) (State) (Zip) Business Phone

Notified by: (Name) Date Time Juvenile Disposition
1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by defendant and / or 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.
 Yes, by: (Name) No: (Reason) School Attended Grade

Property Crime? Description of Property Value of Property
 Yes No

Drug Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other
N. N/A B. Buy D. Deliver E. Use 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 Counts Domestic Violence Statute Violation Number Violation of ORD #
Sale of Cocaine within 1000 ft. of school 1 89, 311, 1, 3, (11, C)

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond
S C 0.1g 84-1743

Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Instruction No. 1 Mandatory Appearance in Court
 Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.
Location (Court, Room Number, Address) Court Date and Time
Month Day Year Time A.M. P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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

HOLD for other Agency Name: Signature of Arresting Officer Name Verification (Printed by Arrestee)
 Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print) I.D. # (PRINT)

ADMIN. Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print) I.D. # (PRINT) PAGE

PROBABLE CAUSE AFFIDAVIT

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

Juvenile Y

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 104 11 7 43
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle)	Alias	Race B	Sex M
Charge Description Sale of Cocaine w/in 1000 ft. of a school.	Charge Description		
Charge Description	Charge Description		

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody ...
 committed the below acts in my presence.
 confessed to _____ admitting to the below facts.
 was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.

On the 25 day of August 2004 at 9:15 A.M. P.M. (Specifically include facts constituting cause for arrest.)

While working in an undercover capacity at William T. Dwyer High School located at 13601 North Military Trail in Palm Beach Gardens on 8-23-04 at approximately 0900 hours I made contact with the defendant [redacted] and asked him if he smoked. He replied that he smoked weed, which is a street term for marijuana, and said that he sold it along with cocaine. I asked the defendant if he could get me \$20 worth of "weed" and he replied that he could. At 1912 hours the defendant called my P.B.S.O. issued cell phone and said he got the weed and asked if I needed anything else. I asked him for "20 hard" which is a street term for \$20 of rock cocaine. He replied he could and hung up the phone. On 8-24-04 at 0700 hours the defendant called my cell phone and advised that he was not going to school and that he would bring it on 8-25-04.

On 8-25-04 at approximately 0915 hours I made contact with the defendant at W.T. Dwyer H.S. in the locker room on the south side by the showers. He said that he could not give me the "weed" because it was no good but he did have the "rock". The defendant handed me a brown vial and I looked inside and saw what I know from my training and experience to be crack cocaine. I handed the defendant a \$20 bill which was provided by P.B.S.O. Investigative funds. I told the defendant I would see him later and left the area.

I tested the suspected cocaine using a Scott cocaine test kit and it tested positive for cocaine. The cocaine and vial were t.o.t. P.B.S.O. evidence.

Based on the above facts there is probable cause to charge the defendant

STATE OF FLORIDA COUNTY OF PALM BEACH	Signature of Arresting/Investigative Officer <u>[Signature]</u> "7654"
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>25</u> day of <u>August</u> 20 <u>04</u> by _____	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____
Notary Public, Clerk of Court, Officer (F.S. 117.10)	Signature of Notary <u>[Signature]</u> "9452"

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number
FLO, 5, 0, 0, 0, 0, 0

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
0, 6, 1, 0, 4, 1, 1, 7, 4, 3

Charge Type:
Check as many as apply
 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Special Notes:

Name (Last, First, Middle) [Redacted] Alias [Redacted] Race B Sex M Date of Birth [Redacted]

Charge Description
Sale of Cocaine w/in 1000 Ft. of a school.

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

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 _____ day of _____ 20____ at _____ A.M. P.M. (Specifically include facts constituting cause for arrest.)

for sale of cocaine within 1000 feet of a school per F.S.S 893.13. (1c)

STATE OF FLORIDA
COUNTY OF PALM BEACH
James Johnson #7654
(Signature of Arresting Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of August 2024 by _____
(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____
[Signature]
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile Y

ADMINISTRATIVE

OBTS Number _____ Agency ORI Number _____ Agency Name _____ Agency Report Number (N.T.A.'s only) _____

FLO: 5, 0, 0, 0, 0, 0 PALM BEACH COUNTY SHERIFF'S OFFICE 0, 6, 1, 0, 4, 1, 1, 9, 6, 0, 11, 11

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance If Weapon Seized _____
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other _____ Enter Type _____ Multiple Clearance Indicator 10.0

Location of Arrest (Including Name of Business) _____ Location of Offense (Business Name, Address) 13601 N. Military Tr. Palm Beach Gardens, FL. 33418

Date of arrest _____ Time of Arrest _____ Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

DEFENDANT

Name (Last, First, Middle) _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race: W - White A - American Indian B - Black O - Oriental/Asian Birth _____ Height _____ Weight _____ Hair Color _____ Complexion _____ Build _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status Single Religion _____ Indication of: Alcohol Influence Drug Influence Y N Unk.

Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Residence Type: 1. City 3. Florida 2. County 4. Out of State 11

Permanent Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Address Source D.A.U.I.V.

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Occupation Student

W.T. Dwyer High School

DL Number, State _____ Soc. Sec. Number _____ INS Number _____ Place of Birth (City, State) _____ Citizenship U.S.

CO-DEF.

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

JUVENILE

Parent Name (Last) _____ (First) _____ (Middle) _____ Residence Phone _____
 Legal Custodian _____
 Other: _____

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

Notified by: (Name) _____ Date _____ Time _____ Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and / or 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.
 Yes, by: (Name) _____ No: (Reason) _____ School Attended _____ Grade _____

Property Crime? Yes No Description of Property _____ Value of Property _____

CODE

Drug Activity: N. N/A, S. Sell, P. Possess, R. Smuggle, B. Buy, T. Traffic, K. Dispense/Distribute, D. Deliver, E. Use, 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

Charge Description: Sale of Marijuana within 1000 ft. of a school. Courts: 1. Domestic Violence: Y N. Statute Violation Number: 89.311.3. Violation of ORD #: (11.02) 11

Drug Activity: S. Drug Type: M. Amount / Unit: 6.6g. Offense #: 04-1960. Warrant / Capias Number: _____ Bond: _____

CHARGE

Charge Description: _____ Courts: _____ Domestic Violence: Y N. Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

CHARGE

Charge Description: _____ Courts: _____ Domestic Violence: Y N. Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

CHARGE

Charge Description: _____ Courts: _____ Domestic Violence: Y N. Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

NOTICE TO APPEAR

Instruction No. 1: Mandatory Appearance in Court
 Instruction No. 2: You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address) _____ Court Date and Time: _____ Month _____ Day _____ Year _____ Time _____ A.M. _____ P.M. _____

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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.

ADMIN

Signature of Defendant (or Juvenile and Parent/ Custodian) _____ Date Signed _____

HOLD for other Agency Name: _____ Signature of Arresting Officer: _____ Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print): _____ I.D. #: _____ (PRINT) _____

Intake Deputy: _____ I.D. #: _____ Pouch #: _____ Transporting Officer: _____ I.D. #: _____ Agency: _____ Witness here if subject signed with an "X": _____ PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

Y

OBTS Number	Agency ORI Number FLO, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6, 10, 4, 1, 9, 6, 0
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle)	Alias	Race B	Sex M	Date of Birth
Charge Description Sale of Marijuana w/in 1000 ft. of a school	Charge Description	Charge Description	Charge Description	Charge Description

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

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

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

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

On the 06 day of October 2004 at 1220 A.M. P.M. (Specifically include facts constituting cause for arrest.)

While working in an undercover capacity at William T. Dwyer High School located at 13601 North Military Trail in Palm Beach Gardens on 10-6-04 at approximately 1220 hours I made contact with [redacted] who advised me that he would begin selling "weed" which is a street term for marijuana, on Saturday 10-9-04. He then said that his friend [redacted] had weed on him and would sell to me. I agreed and at 1220 hours [redacted] and I walked to the cafeteria which is located in the middle of the school and met with [redacted] who was later identified as the defendant. [redacted] The defendant then said "lets go to the bathroom" and we walked to the bathroom located just West of the cafeteria on the South side. We walked to the last stall where the defendant handed me five baggies of a green leafy substance of suspected marijuana out of his back pack. I handed the defendant \$25 dollars and said "thank you". We exited the bathroom and went back to the cafeteria.

The suspected marijuana tested positive using a Duquenois Marijuana Test for marijuana. The marijuana weighed 6.6 grams and was placed into P.B.S.O. evidence.

Based on the above facts there is probable cause to charge the defendant for sale of Marijuana w/in 1000 feet of a school per. F.S. 893.13 (1c2).

STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>06</u> day of <u>October</u> 20 <u>04</u> by _____	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____
(Signature of Notary Public)	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

OBTS Number _____ ARREST / NOTICE TO APPEAR Juvenile Referral Report 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias Juvenile

Agency ORI Number _____ Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number (N.T.A.'s only) 0, 1, 0, 4, 1, 1, 9, 8, 9, 11, 11

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____ If Weapon Seized _____ Multiple Clearance Indicator 150

Location of Arrest (Including Name of Business) _____ Location of Offense (Business Name, Address) 13601 N. Military Tr. Palm Beach Gardens, FL 33418

Date of arrest _____ Time of Arrest _____ Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race _____ Sex _____ Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Complexion _____ Build _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status single Religion _____ Indication of: Alcohol Influence _____ Drug Influence _____

Local Address _____ (State) _____ (Zip) _____ Phone _____ Residence Type: 1. City 2. County 3. Florida 4. Out of State 11

Permanent Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Address Source D.A.V.I.D.

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Occupation Student

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent _____ Name (Last) _____ (First) _____ (Middle) _____ Residence Phone _____

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

Notified by: (Name) _____ Date _____ Time _____ Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and / or 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. Yes, by: (Name) _____ No: (Reason) _____ School Attended _____ Grade _____

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity _____ S. Sell _____ R. Smuggle _____ K. Dispense/Distribute _____ M. Manufacture/Produce/Cultivate _____ Z. Other _____ Drug Type _____ N. N/A _____ B. Barbiturate _____ H. Hallucinogen _____ P. Paraphernalia/Equipment _____ U. Unknown _____

Charge Description Sale of Marijuana w/in 1000 ft of a school _____ Counts _____ Domestic Violence _____ Statute Violation Number 8, 9, 3, 1, 1, 3, 1, 1, 1, 2, 1 _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Warrant / Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence _____ Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Warrant / Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence _____ Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Warrant / Capias Number _____ Bond _____

Instruction No. 1 Mandatory Appearance in Court _____ Location (Court, Room Number, Address) _____ Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side. _____ Court Date and Time _____

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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 _____

HOLD for other Agency Name: _____ Signature of Arresting Officer _____ Name Verification (Printed by Arrestee) _____

Intake Deputy _____ I.D. # _____ Pouch # _____ Name of Arresting Officer (Print) _____ I.D. # _____ Agency _____

Witness here if subject signed with an "X". _____ PAGE 1 OF 1

ADMIN. Agency ORI Number: FLO 5 0 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 0 6 10411989

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____ Special Notes: _____

CHARGES DEF. Name: [Redacted] Alias: " " Race: W Sex: M Date of Birth: [Redacted]

CHARGES Charge Description: Sale of marijuana w/in 1000 ft. of a school. Charge Description: _____

VICTIM Victim's Name (Last, First, Middle): State of Florida. Race: _____ Sex: _____ Date of Birth: _____

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone () Address Source _____

Business Address (Name, Street) (City) (State) (Zip) Phone () Occupation _____

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

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

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

On the 12 day of October 2004 at 250 A.M. P.M. (Specifically include facts constituting cause for arrest.)

While working in an undercover capacity at William T. Dwyer High School located at 13601 N. Military Trail in Palm Beach Gardens on 10-12-04. At 0707 hours on 10-12-04 the defendant, [Redacted] called me on my cell phone from [Redacted] and advised me to meet him by his white Nissan Maxima after school. At 1450 hours on 10-12-04 I met the defendant in the parking lot where he asked me if I was [Redacted] I told him I was and walked to his car, the defendant opened his driver door and reached into the glove box on the passenger side and pulled out five baggies of suspected marijuana. I asked the defendant if it was \$20 and he said "yes". I handed the defendant a \$20 bill and he handed me the baggies. The defendant then said "I know who you are now" and then said "later". He got into his car and I walked to my car. I left the parking lot and left the area.

I later tested the suspected marijuana using a Duquenois Reagent marijuana test kit and it tested positive for marijuana. The marijuana was entered into P.B.S.O. Evidence. The marijuana weighed 6.8 grams.

Based on the above facts there is probable cause to charge the defendant for sale of marijuana within 1000 ft. of a school per F.S.S. 893.13 (1c2).

STATE OF FLORIDA COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) # 7654

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of October 2004, by _____

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court Officer, F.S.S. 117.10f _____

PAGE 1 OF 1

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile



BTS Number

Agency ORI Number

Agency Name

Agency Report Number (N.T.A.'s only)

LO 500100

Palm Beach County Sheriff's Office

Charge Type: track as many as apply.

1. Felony
2. Traffic Felony

3. Misdemeanor
4. Traffic Misdemeanor
5. Ordinance
6. Other

Weapon Seized / Type

2. 1. Yes
2. No None

Multiple Clearance Indicator

01

Location of Arrest (Including Name of Business)

Location of Offense (Business Name, Address)

500 N. Military Trail Jupiter, FL 33458

Date of Arrest
7/21/04

Time of Arrest

Booking Date

Booking Time

Jail Date

Jail Time

Location of Vehicle

None

Name (Last, First, Middle)

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race
1. White
2. Black
3. American Indian
4. Oriental/Asian

Sex
W M

Date of Birth

Height

Weight

Eye Color

Hair Color

Complexion

Build

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Unknown

Marital Status
Single

Religion
Unknown

Indication of:
Alcohol Influence
Drug Influence

Y N Unk.
1. City
2. County
3. Florida
4. Out of State

Local Address (Street, Apt. Number)

Home Address (Street, Apt. Number)

Business Address (Name, Street)

PL Number, State

Soc. Sec. Number

INS Number

Place of Birth (City, State)

Citizenship
USA

Co-Defendant Name (Last, First, Middle)

Race

Sex

Date of Birth

1. Arrested
2. At Large

3. Felony
4. Misdemeanor
5. Juvenile

Co-Defendant Name (Last, First, Middle)

Race

Sex

Date of Birth

1. Arrested
2. At Large

3. Felony
4. Misdemeanor
5. Juvenile

Parent Legal Custodian Other

Address (Street, Apt. Number)

Arrested by: (Name)

Date

Time

Juvenile Disposition
1. Handled/ processed within Dept. and Released.

2. TOT HRS / DYS
3. Incarcerated

Arrested To: (Name)

Relationship

Date

Time

The above address provided by [] defendant and / or [] defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone-355-2526) informed of any change of address.

School Attended

Jupiter Highschool

Grade
12th

Property Crime? [] Yes [X] No

Description of Property

Value of Property

Drug Activity
S. Sell
B. Buy
T. Traffic
R. Smuggle
D. Deliver
E. Use
K. Dispense/
Distribute
M. Manufacture/
Product/
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. Synthetics

U. Unknown
Z. Other

Charge Description
Sale of Marijuana Within 1000 Feet of a School

Counts
01

Domestic Violence
[] Y [X] N

Statute Violation Number
893.13

Violation of ORD #

Drug Activity
S
M

Amount / Unit
3.9 Grams

Offense #
04-1886

Warrant / Capias Number

Bond

Charge Description

Counts

Domestic Violence
[] Y [] N

Statute Violation Number

Violation of ORD #

Drug Activity

Amount / Unit

Offense #

Warrant / Capias Number

Bond

Charge Description

Counts

Domestic Violence
[] Y [] N

Statute Violation Number

Violation of ORD #

Drug Activity

Amount / Unit

Offense #

Warrant / Capias Number

Bond

Charge Description

Counts

Domestic Violence
[] Y [] N

Statute Violation Number

Violation of ORD #

Drug Activity

Amount / Unit

Offense #

Warrant / Capias Number

Bond

Instruction No. 1
Mandatory Appearance in Court
Instruction No. 2
You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address)

Court Date and Time

Month

Day

Year

Time

A.M. []

P.M. []

AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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

OLD for other Agency name:

Signature of Arresting Officer

Name Verification (Printed by Arrestee)

Dangerous
Suicidal

Resisted Arrest
Other:

Name of Arresting Officer (Print)
A. Margolis

LD. #
757N

(PRINT)

PAGE

Transporting Deputy I.D. # Pouch #

Transporting Officer ID #

Agency

Witness here if subject signed with an "X"

1 OF 1

Agency ORI Number **FLO500400** Agency Name **Palm Beach County Sheriffs Office** Agency Report Number **04-1886**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 6. Other
 2. Traffic Felony 4. Traffic Misdemeanor Special Notes:

Name (Last, First, Middle) _____ Alias _____ Race **W** Sex **M** Date of Birth **12/02/86**

Charge Description **Sale of Marijuana Within 1000 Feet of a School**

Charge Description _____

Victim's Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____

Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (zip) _____ Phone _____ Address Source _____

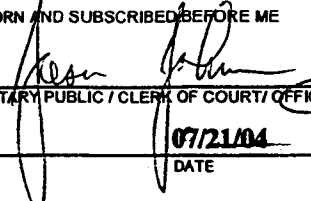
Business Address (Name, Street) _____ (City) _____ (State) _____ (zip) _____ Phone _____ Occupation _____

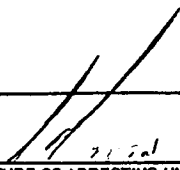
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the **22nd** day of **September** 20 **04** at **10:30** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 09/22/04 at approximately 1030 hours, I was working in an undercover capacity at Jupiter High School located at 500 North Military Trail Jupiter, FL 33458. During lunch, I made contact with the defendant [redacted] in the court yard, directly in front of the cafeteria. This is where [redacted] arranged to meet with me the night before (09/21/04) during our cell phone conversation. On Monday (09/20/04) [redacted] agreed to sell what he called "an eighth of weed" to me for fifty dollars. At that time I had three twenty dollar bills in my possession issued to me by the PBSO investigative funds. I handed [redacted] the three twenty dollar bills, equaling sixty dollars after he agreed to have the marijuana for me today (09/22/04). Today he approached me with his friend [redacted] and told me that he had the marijuana. He told me to follow him to his car because there were too many people where we were standing. [redacted] asked [redacted] if he wanted to come with us as we make the deal and [redacted] agreed. As we began walking to the parking lot [redacted] handed me a ten dollar bill as my change. Once in the parking lot located on the North side of the school [redacted] sat in his Blue Honda Accord (Bearing FL tag [redacted] and pulled out a clear plastic bag with a green leafy substance inside from his front left shorts pocket. As [redacted] handed the suspected marijuana to me, [redacted] was standing next to us acting as the "lookout". At that point I took possession of the marijuana and placed it into my left, side, shorts pocket and walked back into the cafeteria with [redacted] and [redacted].

Once back at PBSO I field tested the suspected marijuana utilizing a Duquenois Marijuana Test Kit. The test produced a positive reaction (Purple in color) for the THC content found in marijuana. I later packaged and placed it into the evidence section. I also obtained a picture of [redacted] from the Driver And Vehicle Information Database and positively identified him as the person who sold the marijuana to me.

Based on the above facts probable cause exists to charge the defendant [redacted] with Sale of Marijuana Within 1000 feet of a school per F.S.S. 893.13.

SWORN AND SUBSCRIBED BEFORE ME

 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
07/21/04
 DATE


 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
A. Margolis
 NAME OF OFFICER (PLEASE PRINT)
07/21/04
 DATE
 PAGE **1** OF **1**

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

Agency ORI Number: 500400
Agency Name: Palm Beach County Sheriff's Office
Agency Report Number (N.T.A.'s only):
Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
Weapon Seized / Type: 2. Yes 1. No None
Multiple Clearance Indicator: 02

Location of Arrest (Including Name of Business):
Location of Offense (Business Name, Address): 500 N. Military Trail Jupiter, FL 33458

Date of Arrest: 10/13/04
Time of Arrest:
Booking Date:
Booking Time:
Jail Date:
Jail Time:
Location of Vehicle: None

Name (Last, First, Middle):
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: W - White 1 - American Indian
Sex: M
Date of Birth:
Height:
Weight:
Eye Color:
Hair Color:
Complexion:
Build:

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: Single
Religion: Unknown
Indication of Alcohol Influence: Y N Unk.
Indication of Drug Influence: Y N Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone:
Residence Type: 1. City 2. County 3. Florida 4. Out of State | 2

Business Address (Name, Street) (City) (State) (Zip) Phone:
Address Source: D.A.V.I.D
Occupation:

DL Number, State Soc. Sec. Number INS Number Place of Birth (City, State) Citizenship: USA

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth
 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth
 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Name (Last) (First) (Middle) Residence Phone:
 Legal Custodian
 Other:

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

Released To: (Name) Relationship Date Time
Juvenile Disposition: 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
 Yes, by: (Name) No: (Reason)
School Attended: Jupiter Highschool Grade: 12th

Property Crime? Yes No Description of Property Value of Property

Drug Activity: S. Sell N. N/A P. Possess B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/ Produce/Cultivate Z. Other
Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

Charge Description: Sale of Marijuana Within 1000 Feet of a School Counts: 01 Domestic Violence: Y N Statute Violation Number: 893.13 Violation of ORD #:

Drug Activity: S M Amount / Unit: 3.2Grams Offense #: 04-2001 Warrant / Capias Number: Bond:

Charge Description: Sale of Ecstasy Within 1000 Feet of a School Counts: 01 Domestic Violence: Y N Statute Violation Number: 893.13 Violation of ORD #:

Drug Activity: S Z Amount / Unit: 1 Pill Offense #: 04-2002 Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Instruction No. 1: Mandatory Appearance in Court
Instruction No. 2: You need not appear in Court but must comply with instructions on Reverse Side.
Location (Court, Room Number, Address):
Court Date and Time: Month Day Year Time A.M. P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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:

HOLD for other Agency Name: Signature of Arresting Officer: Name Verification (Printed by Arrestee):
Signature of Arresting Officer (Print): A. Margolis I.D. #: 757N (PRINT)

Dangerous Suicidal Resisted Arrest Other:
Intake Deputy I.D. #: Patch #: Transporting Officer ID #: Agency: Witness here if subject signed with an -X- PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. Request for Warrant
3. Request for Warrant
4. Request for Capias

Juvenile

Agency ORI Number FLO500400	Agency Name Palm Beach County Sheriff's Office	Agency Report Number 04-2001
---------------------------------------	--	--

Charge 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:
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Charge Description	Charge Description	Charge Description	Charge Description
--------------------	--------------------	--------------------	--------------------

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

Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
---------------------------------	--------	---------	-------	-------	------------

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

committed the below acts in my presence.
 confessed to admitting to the below facts.

was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.

On the 13th day of October 20 04 at 12:20 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 10/13/04 at approximately 1220 hours, I was working in an undercover capacity at Jupiter High School, located at 500 North Military Trail Jupiter FL, 33458. During lunchtime, I made contact with the defendant [redacted] in the court yard, directly in front of the cafeteria. This is where [redacted] arranged to meet with me the day before (10/12/04). On Tuesday (10/12/04) I asked [redacted] if he could get me another "Eighth of weed" [redacted] asked "Do you have fifty bucks on you right now"? I checked my pockets and replied "I have forty eight". [redacted] said "That's fine", and extended his hand. At that point I handed [redacted] forty-eight dollars which was provided by the PBSO investigative funds. After I handed [redacted] the money, I told him that if he could get me a "Bean" (which is street terminology for ecstasy) then I would only need a half of an eighth of marijuana. [redacted] asked me if I wanted a "Purple Mercedes" which I agreed to. On 10/13/04 I was walking to the cafeteria with [redacted] when [redacted] approached us in the courtyard. He said "Lets go for a walk". At that point [redacted] and I began walking to [redacted] car which was in the parking lot located on the North side of the school. Once in the parking lot, [redacted] sat in his Blue Honda Accord (Bearing FL tag [redacted]) and pulled out a clear plastic bag from his right front shorts pocket. Inside the bag was a green leafy substance, and a small, round purple pill with a Mercedes logo stamped on one side. As [redacted] handed the bag to me, [redacted] was standing across from us acting as the "lookout". At that point I took possession of the suspected marijuana and ecstasy and placed it into my left, front shorts pocket. At that point, [redacted] Best and I walked back into the school.

Once back at PBSO I field tested the suspected marijuana utilizing a Duquenois Marijuana Test Kit. The test produced a positive reaction (Purple in color) for the THC content found in marijuana. I then field tested the purple pill utilizing an Ecstasy test kit. The test produced a positive reaction (Purple in color) for Ecstasy. I later packaged and placed the marijuana and the ecstasy into the evidence section. I also obtained a picture of [redacted] from the Driver And Vehicle Information Database and positively identified him as the person who sold the marijuana and ecstasy to me.

Based on the above facts probable cause exists to charge the defendant [redacted] with Sale of Ecstasy within 1000 feet of a school per F.S.S. 893.13 and Sale of Marijuana Within 1000 feet of a school per F.S.S. 893.13.

SWORN AND SUBSCRIBED BEFORE ME

[Signature] #7654

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/13/04

DATE

[Signature]

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

A. Margolis

NAME OF OFFICER (PLEASE PRINT)

10/13/04

DATE

PAGE 1 OF 1

ADMINISTRATIVE

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

Agency Report Number: 04-2086
Agency Name: Palm Beach County Sheriff's Office

Charge Type: 1. Felony (checked), 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor, 5. Ordinance, 6. Other
Weapon Seized / Type: 2. Yes, 1. No, None
Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 6661 Indiantown Rd. (Mobil Gas Station)

Date of Arrest: 10/25/04
Time of Arrest, Booking Date, Booking Time, Jail Date, Jail Time, Location of Vehicle

Name (Last, First, Middle): [Redacted]

Sex: W, M
Date of Birth, Height, Weight, Eye Color, Hair Color, Complexion, Build

Mental Status: Single, Unknown
Alcohol Influence, Drug Influence

Residence Type: 1. City, 2. County, 3. Florida, 4. Out of State (2)
Address Source: D.A.V.I.D.

Occupation: Unknown

INS Number, Place of Birth (City, State), Citizenship: USA

Defendant Name (Last, First, Middle), Race, Sex, Date of Birth, 1. Arrested, 2. At Large, 3. Felony, 4. Misdemeanor, 5. Juvenile

Parent Legal Custodian Name (Last, First, Middle), Residence Phone

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

Arrested by (Name), Time, 1. Handled/processed within Dept. and Released, 2. TOT HRS / DYS, 3. Incarcerated

Released To: (Name), Relationship, Date, Time

School Attended: Jupiter Highschool, Grade: 12th

Property Crime? Yes, No (checked)
Description of Property, Value of Property

Drug Activity: S. Sell, B. Buy, Possess, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetics, U. Unknown, Z. Other

Charge Description: Sale of Cocaine, Counts: 01, Domestic Violence: N, Statute Violation Number: F.S.S. 893.13, Violation of ORD #

Drug Activity: S, C, Amount / Unit: 3 Grams, Offense #: 04-2086, Warrant / Capias Number, Bond

Charge Description, Counts, Domestic Violence, Statute Violation Number, Violation of ORD #

Drug Activity, Drug Type, Amount / Unit, Offense #, Warrant / Capias Number, Bond

Charge Description, Counts, Domestic Violence, Statute Violation Number, Violation of ORD #

Drug Activity, Drug Type, Amount / Unit, Offense #, Warrant / Capias Number, Bond

Instruction No. 1, 2
Location (Court, Room Number, Address), Court Date and Time (Month, Day, Year, Time, A.M./P.M.)

AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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

Signature of Arresting Officer, Name Verification (Printed by Arrestee)

Name of Arresting Officer (Print): A. Margolis, I.D. #: 757J, (PRINT)

Transporting Officer, ID #, Agency, Witness here if subject signed with an -X-, PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

Number

Agency Name

Agency Report Number

00

Palm Beach County Sheriff's Office

04-2086

Many

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

[Redacted Name]

Alias

Race
W

Sex
M

Date of Birth

[Redacted Birth Date]

Description
of Cocaine

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

State of Florida

Race

Sex

Date of Birth

Local Address (Street, Apt. Number)

(City)

(State) (zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State) (zip)

Phone

Occupation

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

- committed the below acts in my presence.
- confessed to _____ admitting to the below facts.
- was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- was found to have committed the below acts, resulting from my (described) investigation.

On the 22nd day of October 20 04 at 1:10 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 10/22/04 I was working in an undercover capacity as a high school student when I made contact with the defendant [Redacted]. I met with [Redacted] in the cafeteria at approximately 1220 hours. He was sitting next to me when he said "Do you know anyone that wants some blow"? Blow is street terminology for the word cocaine. I told him that I would buy some for my girlfriend and he asked me how much I wanted. I told him that I would buy a "twenty" which is street terminology for twenty dollars worth of cocaine. He told me that he had it at his house and asked me where I wanted to meet him. We arranged to meet in the parking lot of 6661 Indiantown Road (Mobil Gas Station). When I arrived at the meeting point, I called [Redacted] to let him know I was there. He said "Okay dude, I'll be there in five minutes." At 1310 hours [Redacted] arrived in a gray Nissan (Bearing FL tag [Redacted]). He parked next to me and walked to the passenger side of my car. I opened the door and [Redacted] sat in my passenger seat. At that point [Redacted] leaned over, reached into his right sock and pulled out two small pink ziploc bags with a white powdery substance inside. He compared the two bags and said "Here, this one has more". He then handed me the bag of suspected cocaine in exchange for twenty dollars. The money used in this transaction was provided by the PBSO investigative funds. After the transaction was complete [Redacted] exited my car and we parted ways. Once back at PBSO I field tested the suspected cocaine utilizing a Scott Reagent Cocaine Test Kit. The test produced a positive reaction (Blue in color) for cocaine. I later packaged and placed the cocaine into the evidence section.

Based on the above facts, probable cause exists to charge the defendant [Redacted] with Sale of Cocaine Per. F.S.S. 893.13.

SWORN AND SUBSCRIBED BEFORE ME

[Signature] # 2654
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/22/04

DATE

[Signature] 757N
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

A. Margolis

NAME OF OFFICER (PLEASE PRINT)

10/22/04

DATE

PAGE

1 OF 1

Agency ORI: **FLO 300400** Agency Report Number (N.T.A.'s only):
 Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
 Weapon Seized / Type: 1. Yes 2. No **None**
 Multiple Clearance Indicator: **01**

Location of Arrest: **500 N. Military Trail Jupiter, FL 33458**
 Date of Arrest: **11/15/04** Time of Arrest: Location of Vehicle: **None**

Name (Last, First, Middle): Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: **W** Sex: **M** Height: Weight: Eye Color: Hair Color: Complexion: Build:
 Marital Status: **Single** Religion: **Unknown**
 Indication of Alcohol Influence: Y N Unk.
 Indication of Drug Influence: Y N Unk.

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **Unknown**
 Local Address (Street, Apt. Number): (City): (State): (Zip): Phone: **(561) Unknown**
 Residence Type: 1. City 2. County 3. Florida 4. Out of State | **2**

Permanent Address (Street, Apt. Number): (City): (State): (Zip): Phone: **(561) Unknown**
 Address Source: **D.A.V.I.D**

Business Address (Name, Street): (City): (State): (Zip): Phone: ()
 Occupation: **Student**

DL Number, State: Soc. Sec. Number: INS Number: Place of Birth (City, State): **Florida** Citizenship: **USA**

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): Race: Sex: Date of Birth: 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent / Legal Custodian / Other: Name (Last): (First): (Middle): Residence Phone: ()
 Address (Street, Apt. Number): (City): (State): (Zip): Business Phone: ()

Notified by: (Name): Date: Time: Juvenile Disposition: 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name): Relationship: Date: Time: School Attended: Grade:

The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.
 Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: **S** S. Sell M. N/A P. Possess B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/ Produce/Cultivate Z. Other Drug Type: **M** N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

Charge Description: **Sale of Marijuana Within 1000 Feet of a School** Counts: **01** Domestic Violence: Y N Statute Violation Number: **F.S.S. 893.13** Violation of ORD #:

Drug Activity: **S** Drug Type: **M** Amount / Unit: **1.8 grams** Offense #: **04-2260** Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Instruction No. 1 Mandatory Appearance in Court
 Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.
 Location (Court, Room Number, Address): Court Date and Time: Month: Day: Year: Time: A.M. P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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:

HOLD for other Agency: Name: Signature of Arresting Officer: **A. Margolis** LD.# **757N** Name Verification (Printed by Arrestee): (PRINT) PAGE: **1 OF 1**
 Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print): **A. Margolis** LD.# **757N** Agency: Transporting Officer: ID #: Agency: Witness here if subject signed with an "X"

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number FLO500400 Agency Report Number 04-2260

Palm Beach County Sheriff's Office

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Charge Description: Sale of Marijuana Within 1000 Feet of a School

Victim's Name (Last, First, Middle) State of Florida

Local Address (Street, Apt. Number) (City) (State) (zip) Phone

Business Address (Name, Street) (City) (State) (zip) Phone Occupation

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

On the 15th day of November 20 04 at 8:25 A.M.

On the above date and time I was working in an undercover capacity as a high school student when I made contact with the defendant [redacted] was walking toward me in the north hallway as I was walking to my class. After a short conversation, [redacted] said "Man I got some funk, this shit is so good". (Funk is terminology that high school students use to describe marijuana). I asked [redacted] if he had it on his person and he said "Yeah, I got a half eighth on me now, you want it"? I told him that I only had ten dollars on me and he said "Don't worry about it, just give it to me at lunch". At that point we walked into the northern most bathroom in the art hallway. [redacted] pulled out a clear plastic bag with a green leafy substance inside. Based on my training and experience I knew this to be marijuana. When he handed it to me I placed it into my right front shorts pocket and asked "This is twenty-five bucks"? [redacted] replied "Yeah twenty-five". I told him that I would go to my car and get more money. He said he would see me at lunch and we parted ways.

At 1029 hours I made contact with [redacted] in the courtyard, directly in front of the cafeteria. I handed him Twenty-five dollars and watched him place it into his left front shorts pocket. The money used in this transaction was provided by the PBSO investigative funds. Once back at PBSO I field tested the suspected marijuana utilizing a Duquenois Marijuana Field Test Kit. The test produced a positive reaction (Purple in color) for the THC content found in marijuana. I later packaged and placed the marijuana into the evidence section along with the surveillance video of the money transaction.

Based on the above facts, probable cause exists to charge the defendant [redacted] with Sale of Marijuana Within 1000 Feet of a School Per F.S.S. 893.13.

SWORN AND SUBSCRIBED BEFORE ME D/S [Signature] 11/15/04 DATE

757 N SIGNATURE OF ARRESTING / INVESTIGATING OFFICER A. Margolis NAME OF OFFICER (PLEASE PRINT) DATE 1 OF 1

ADMINISTRATIVE PROBABLE CAUSE STATEMENT

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

Agency ORF Number 500400	Agency Name Palm Beach County Sheriff's Office	Agency Report Number (N.T.A.'s only)
Charge 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 2 1. Yes 2. No None	Multiple Clearance Indicator 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address) 500 N. Military Trail Jupiter, FL 33458
Date of Arrest 10/21/04	Time of Arrest
Booking Date	Booking Time
Jail Date	Jail Time
Location of Vehicle	None

Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
Race / - White / - American Indian - Black / - Oriental/Asian	Sex W M
Date of Birth	Height
Weight	Eye Color
Hair Color	Complexion
Build	

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) unknown	Marital Status Single	Religion Unknown	Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Local Address (Street, Apt. Number)	(City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1.
Permanent Address (Street, Apt. Number)	(City) (State) (Zip)	Phone	Address Source D.A.V.I.D
Business Address (Name, Street)	(City) (State) (Zip)	Phone	Occupation Unknown

PL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship USA
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Offendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Offendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

Parent Legal Custodian Other	Name (Last) (First) (Middle)	Residence Phone
Address (Street, Apt. Number)	(City) (State) (Zip)	Business Phone

Arrested by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
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Released To: (Name)	Relationship	Date	Time
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Keep the above address provided by [] defendant and / or [] defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. Yes, by: (Name) [] No: (Reason)	School Attended Jupiter	Grade 12th
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Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity 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. Synthetics U. Unknown Z. Other
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Charge Description Sale of Cocaine Within 1000 Feet of a School	Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13	Violation of ORD #
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Drug Activity S	Drug Type C	Amount / Unit 1.2 Grams	Offense # 04-2071	Warrant / Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
---------------	-----------	---------------	-----------	-------------------------	------

Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time Month Day Year Time A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>

AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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
--	-------------

Signature of Arresting Officer X	Name Verification (Printed by Arrestee)
Name of Arresting Officer (Print) A. Margolis	(PRINT)
Transporting Officer	Witness here if subject signed with an "X"

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number

FLO500400

Agency Name

Palm Beach County Sheriff's Office

Agency Report Number

04-2071

Charge Type:
Check as many as apply.

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

W

M

Charge Description

Sale of Cocaine Within 1000 Feet of a School

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

State of Florida

Race

Sex

Date of Birth

Local Address (Street, Apt. Number)

(City)

(State)

(zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State)

(zip)

Phone

Occupation

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

committed the below acts in my presence.

was observed by _____ who told _____

confessed to

that he/she saw the arrested person commit the below acts.

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

admitting to the below facts.

On the 21st day of October 20 04 at 8:33 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 10/20/04 I was working in an undercover capacity when I placed a call into the telephone number [redacted] provided by the defendant [redacted]. [redacted] answered the phone and after a short discussion he told me that he was going to pick up some ecstasy pills later that evening. He told me that he would have four "Purple Mercedes" or "Pink Strawberries" for me on 10/21/04. The term Purple Mercedes and Pink Strawberry is terminology used to describe a type of ecstasy pill. We arranged to meet next to the stairway in the main academic building located on the west side of the school. On 10/21/04 I made contact with [redacted] as he waited for me in our prearranged meeting spot. He said "My friend tried to give me some shitty pills so I didn't get any." He then said "I got some good ass coke though, you wanna try that?" I asked him how much he had and he said "I got a bunch of twenties on me now". The term "twenty" is street terminology for a twenty dollar bag of cocaine. I told him that I would take two. He asked me if I wanted to go into the bathroom to make the deal but I said there were too many people in the area. I recommended that we go into the courtyard and casually make the transaction as we walked. He agreed and said "Okay, just let me go into the bathroom and get it out of my bag". At that point I waited in the courtyard located in the center of the school while [redacted] walked into the bathroom. Seconds later [redacted] came out of the bathroom and approached me again. He said "I got it in my left hand, how do you want to do this?" I said "just act like I'm giving you five and we can do it like that". At that point [redacted] placed a clear plastic bag containing one pink ziploc bag and one clear plastic bag in my left hand. Inside the bags was a white powdery substance. I had \$40.00 in my right hand which was provided by the PBSO investigative funds. [redacted] opened his backpack and told me to place the money inside which I did with my right hand. As we parted ways he said "Trust me that shit is good, just do a few lines and you'll be good". Once back at PBSO, I field tested the suspected cocaine utilizing a Scott Reagent Cocaine Test Kit. The test produced a positive reaction (Blue in color) for cocaine. I later packaged and placed it into the evidence section.

Based on the above facts, probable cause exists to charge the defendant [redacted] with Sale of Cocaine within 1000 feet of a school Per F.S.S 893.13.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/21/04

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

A. Margolis

NAME OF OFFICER (PLEASE PRINT)

10/21/04

DATE

PAGE

1 OF 1

FLO 504200

Offense Incident Report

Juvenile Adult 2-Supplement

05-

Reported Day THURSDAY	Date 01 27 2005	Time (mil) 0830	Time Dispatched (mil)	Time Arrived (mil)	Time Completed (mil)
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Incident Day FROM MONDAY	Date 08 16 2004	Time (mil) 0700	Incident Day TO THURSDAY	Date 01 27 2005	Time (mil) 0930
------------------------------------	------------------------	--------------------	------------------------------------	------------------------	--------------------

CODES	Offense Type	Description and Florida State Statute	A/C	NCIC/UCR Code
Type:	#1 9	Assist another Agency		
1-Felony	#2			
3-Misdemeanor	#3			
9-Other	#4			

Incident Location (Street, Apt. Number)	City	State	Zip Code	Geographic Indicator
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Business Name/Area Identifier	Forced Entry 0-N/A 2-No 1-Yes	Occupancy 0-N/A 2-Unoccupied 1-Occupied 3-Abandoned
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Location Type	01- Residence-Single	06- Gas Station	11- Speciality Store	16- Storage	21- Airport	26- Highway/Roadway	99- Other
	02- Apartment/Condo	07- Liquor Sales	12- Drug Store/Hospital	17- Gov't/Public Bldg.	22- Bus/Rail Terminal	27- Park/Woodlands/Field	
	03- Residence-Other	08- Bar/Nightclub	13- Bank/Financial Inst.	18- School/University	23- Construction Site	28- Lake/Waterway	
	04- Hotel/Motel	09- Supermarket	14- Commercial/Office Bldg.	19- Jail/Prison	24- Other Structure	29- Motor Vehicle	
	05- Convenience Store	10- Dept./Discount Store	15- Industrial/Mfg.	20- Religious Bldg.	25- Parking Lot/Garage	30- Other Mobile	18

# Offenses 33	# Victims 33	# Offenders 24	# Prem. Ent. 00	# Veh. Stolen 00	Type Weapon 00- N/A 01- Handgun	02- Rifle 03- Shotgun 04- Firearm	05- Knife/Cutting Instrument 06- Blunt Object	07- Hands/Fist/Feet 08- Poison 09- Explosives	10- Fire/Incendiary 11- Threat/Intimidation 12- Simulated Weapon	13- Drugs 88- Unknown 99- Other
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V/W Code V- Victim W- Witness C- Reporting Person P- Proprietor Z- Other	V/W Type 0- N/A 1- Juvenile 2- L.E. Officer 3- Adult 4- Business	Race N- N/A W- White B- Black I- American Indian O- Oriental/Asian U- Unknown	Sex N- N/A M- Male F- Female U- Unknown	Residential Type 0- N/A 1- City 2- County 3- Florida 4- Out-of-State	Residential Status 0- N/A 1- Full Year 2- Part Year 3- Non-Resident	Extent of Injury 0- None 1- Minor 2- Serious 3- Fatal	Injury Type 00- N/A 01- Gunshot 02- Stabbed 03- Laceration 04- Unconscious	05- Poss. Broken Bones 06- Poss. Internal Injury 07- Loss of Teeth 08- Burns 09- Abrasions/Bruises 99- Other
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Victim Relationship to Offender 00- N/A 01- Undetermined	04- Ex-Spouse 02- Stranger 03- Spouse	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
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Offense Indicator (circle) ① 2 3 4	V/W Code # V 9	V/W Type 9	Name (Last, First, Middle or Business) State of Florida	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	Injury Type(s)	Relationship	Ethnicity	

Offense Indicator (circle) 1 2 3 4	Suspect Code #	Juvenile	Name (last, First, Middle) See Attached List
Maiden Name		Nickname/Street Name	Place of Birth
Last Known Address (Street, Apt. Number)		Business Phone () -	
Occupation	Employer/School	Address	Social Security No.
Driver's License State/Number	Immigration and Naturalization Number	Other I.D. Number	FCIC/NCIC
Clothing (described)		Scars/Marks/Tatoos (Location/Describe)	
Race	Sex	Date of Birth	Height
Weight	Eye Color	Hair Color	Hair Length
Hair Style	Complexion	Build	Facial Hair
Teeth	Speech/Voice	Special Identifiers	

Officer Reporting Lt. Edmund Brewer	I.D. Number 200	Date 012705	Related Case No./Agency
Lieutenant Reviewing	I.D. Number	Date	Captain Reviewing
I.D. Number	Date	I.D. Number	Date
Forward to	Date		
Case Status Closed	Clearance Type 1-Arrest 2-Exceptional 3-Unfounded	A-Adult J-Juvenile	Date Cleared 011705
Recommended Youth Court <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Arrested		
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

Original Date Reported: 01 27 2005
 Offense: Assist another Agency

On 081604 four PBSO Deputies and one Officer from Delray Beach Police Department went undercover in five High Schools (Wellington, JI Leonard, Forest Hill, WT Dwyer, and Jupiter). The operation was called "Old School House", which lasted till 012705. Attached is a copy of each student's Arrest/Notice to Appear, and Probable Cause Affidavits. Case Closed

NARRATIVE CONTINUATION

[Large empty area for narrative continuation]

ADMINISTRATIVE

Officer Reporting Lt. Edmund Brewer	I.D. Number 200	Date 020405	Lieutenant Reviewing	I.D. Number	Date	
Captain Reviewing	I.D. Number	Date	Forward to	Date		
Case Status Cleared	Clearance Type 1-Arrest 2-Exceptional	3-Unfounded 3	A-Adult J-Juvenile	Date Cleared	Recommended Youth Court <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Arrested
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	

Operation Old School

January 27, 2005

School V.T. DWYER HIGH SCHOOL

Suspect [REDACTED] [REDACTED] ([REDACTED]) ([REDACTED])

Arresting Officer JOHNSON 754

Time Of Arrest 9:17 AM

Parent Notification CONTACT ATTORNEY AT 0930 AM

Vehicle On Campus (NO) BUS RIDER / N2 JORDAN

Contraband Seized ~~N/A~~

Details (AIP DAN FRANK) GOT STUDENT OUT OF
CAGE AND MYSELF AND OFFICER MATT
WILLIAMS SEARCHED AND CUFFED THE
DEBILITATED HE WAS TRANSPORTED
T.O. T60 TO PBSO 0955 HRS

(OFF R SAXE 748)

Operation Old School

January 27, 2005

School Forest Hill HS.

Suspect [REDACTED]

Arresting Officer Patterson # 775

Time Of Arrest 9:50 am

Parent Notification _____

Vehicle On Campus _____

Contraband Seized _____

Details

Sale of Control Sub (Sch IV) 04-2466

Operation Old School

January 27, 2005

School Forest Hill H.S.

Suspect [REDACTED] ([REDACTED])

Arresting Officer GARSON # 920

Time Of Arrest 0955

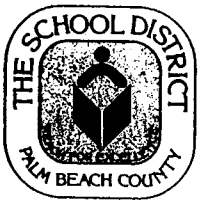
Parent Notification NO contact

Vehicle On Campus NO

Contraband Seized N/A

Details

CONS. To Sell Marij 04-2449



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA

SCHOOL POLICE DEPARTMENT
3330 FOREST HILL BOULEVARD, B-127
WEST PALM BEACH, FL 33406-5869

(561) 434-8300 FAX: (561) 434-8186

JAMES P. KELLY, J.D.
CHIEF OF POLICE

ARTHUR C. JOHNSON, Ph.D.
SUPERINTENDENT

Operation Old School House Thursday January 27, 2005

On Thursday January 27, 2005 at 0830 there will be a Briefing at the following locations;
Palm Beach Gardens Police Department, Greenacres Police Department and PBSO Wellington Sub-Station.

PBSO will have 3 units; School Police will have 6 units at PBGPD. PBSO will have 5 units; School Police will have 2 units at Greenacres PD. PBSO will have 2 units at Wellington Sub-Station School Police will have 3 units. At Forest Hill High School, School Police will have 4 units.

Around 0920 Officers will arrive at the school campus, around 0930 officers will team up with Assistant Principals, and respond to the classroom of the suspects, call them out, search them, handcuff them with flex-cuffs, and bring them through student services for due processing which will be a suspension and recommend expulsion. (WE DO NOT WANT THE 10-15'S TALKING TO EACH OTHER) Once done they will be placed in the caged unit.

Transport the 10-15 one suspect per unit to the Pipe Fitters Union Building 1800 Longwood Road, (Down the street just north of the PBA building off Florida Mango). In the parking lot PBSO will have Incident Command Post (Bus) set up. Each suspect will be interviewed by a drug and gang agent, from there some will be transported by PBSO vans to the JAC center or County Jail.

There will be a Press Conference at the Palm Beach County School District Board Room on Thursday January 27, 2005 at 1530. Chief Kelly, Superintendent Dr. Johnson, and Sheriff Bradshaw will address the press.

School Police Officers Assignments

Jupiter High School- Officers; Lt. Brewer, Pope, Jenne, Williams, Mackey, Dockswell
W.T. Dwyer HS Officers; Lt. Woods, Thomas, Loughnan, Wilkerson, Ferrell, Saxe
Forest Hill HS Officers; Lt. Schappert, Munoz, Manning, Perry, Patterson, Lim, Garson
JI Leonard HS Officers; Lt. Lammie, Morris, Estrella, Kush, Dilbert, Rose
Wellington HS Officers; Lt. Leon, Mullins, Rawlings, Murphy, Preece, Minot

Thank-you for everyone's support and effort.

Any problems or concerns call Lt. Ed Brewer's cell number [REDACTED]

Operation Old School

January 27, 2005

School _____

Suspect _____

Arresting Officer _____

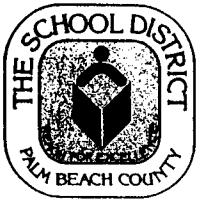
Time Of Arrest _____

Parent Notification _____

Vehicle On Campus _____

Contraband Seized _____

Details



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FLORIDA

SCHOOL POLICE DEPARTMENT
3330 FOREST HILL BOULEVARD, B-127
WEST PALM BEACH, FL 33406-5869

(561) 434-8300 FAX: (561) 434-8186

JAMES P. KELLY, J.D.
CHIEF OF POLICE

ARTHUR C. JOHNSON, Ph.D.
SUPERINTENDENT

Operation Old School House 8/04 till 1/05

[REDACTED]	W/M	[REDACTED]	Jupiter	2 Counts Sale of Marijuana Sale of Ecstasy
[REDACTED]	W/M	[REDACTED]	Jupiter	Sale of Cocaine
[REDACTED]	W/M	[REDACTED]	Jupiter	Sale of Marijuana
[REDACTED]	W/M	[REDACTED]	Jupiter	Sale of Cocaine Sale of Acid (LSD)
[REDACTED]	W/M	[REDACTED]	None	Sale of Acid (LSD) Off Campus
[REDACTED]	B/M	[REDACTED]	Dwyer	Sale of Marijuana at School
[REDACTED]	W/M	[REDACTED]	Dwyer	Sale of Marijuana at School
[REDACTED]	B/M	[REDACTED]	Dwyer	Sale of Marijuana Sale of Cocaine
[REDACTED]	B/M	[REDACTED]	Forest Hill	Sale of Marijuana
[REDACTED]	W/M	[REDACTED]	Forest Hill	Sale of Marijuana
[REDACTED]	W/F	[REDACTED]	Forest Hill	Sale of Zannax
[REDACTED]	W/M	[REDACTED]	Forest Hill	Conspiracy to sell Marijuana
[REDACTED]	B/M	[REDACTED]	Jl Leonard	Sale of Marijuana 3 Counts Sale of Cocaine
[REDACTED]	B/M	[REDACTED]	Jl Leonard	Sale of Schedule IV Drug
[REDACTED]	W/M	[REDACTED]	Jl Leonard	Sale of Marijuana
[REDACTED]	W/M	[REDACTED]	Jl Leonard	2 Counts Sale of Marijuana
[REDACTED]	B/M	[REDACTED]	Jl Leonard	2 Counts Sale of Marijuana
[REDACTED]	W/M	[REDACTED]	Jl Leonard	Sale of Marijuana
[REDACTED]	B/M	[REDACTED]	Jl Leonard	Sale of Marijuana
[REDACTED]	B/M	[REDACTED]	Jl Leonard	Sale of Marijuana
[REDACTED]	B/M	[REDACTED]	Wellington	Sale of Marijuana
[REDACTED]	B/M	[REDACTED]	Wellington	Sale of Marijuana
[REDACTED]	B/M	[REDACTED]	Well-Adult ED	Sale of Marijuana
[REDACTED]	B/M	[REDACTED]	Wellington	Conspiracy to sell Marijuana

24 Suspects with 33 Charges

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

ENDANT

CO-DEF.

JUVENILE

CHARGE

CHARGE

CHARGE

NOTICE TO APPEAR

OBTS Number _____ Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **0, 61-10, 41-12, 4, 4, 9**

FLO 5 0 0 0 0 Charge Check as many as apply: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____

Location of Arrest (Including Name of Business) _____ Location of Offense (Business Name, Address) **6901 Parker Ave WPB, FL Forest Hill Comm HS**

Date of arrest _____ Time of Arrest _____ Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race **W** Sex **M** Date of Birth _____ Height _____ Weight _____ Eye Color _____ Complexion _____ Build _____

Marital Status **S** Religion **Unk** Indication of: Alcohol Influence Drug Influence

Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone **(561) _____** Residence Type: 1. City 2. County 3. Florida 4. Out of State **11**

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Phone **(561) _____** Occupation **Student**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____

Parent Legal Custodian Name (Last) _____ (First) _____ (Middle) _____ Residence Phone _____

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

Notified by: (Name) _____ Date _____ Time _____ Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by _____ defendant and / or _____ 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.

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity: N/A Possess Sell Buy Traffic Smuggle Deliver Use Dispense/Distribute Manufacture/Produce/Cultivate Other

Drug Type: N/A Amphetamine Barbiturate Cocaine Heroin Hallucinogen Marijuana Opium/Derv. Paraphernalia/Equipment Synthetic Unknown

Charge Description: **Sale of Marijuana in school** Counts **1** Domestic Violence Y N Statute Violation Number **8, 9, 3, 1, 1, 3, 1, 1, 2, 1, 1** Violation of ORD # _____

Drug Activity **3** Drug Type **M** Amount / Unit **3.6 grams** Offense # **04-2449** Warrant / Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Warrant / Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence Y N Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Warrant / Capias Number _____ Bond _____

Location (Court, Room Number, Address) _____

Court Date and Time: Month _____ Day _____ Year _____ Time _____ A.M. _____ P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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 _____

HOLD for other Agency Name: _____ Signature of Arresting Officer: **[Signature]** Name Verification (Printed by Arrestee) _____

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print) **Luis S. Lopez** I.D. # _____ (PRINT) _____

Transporting Officer I.D. # _____ Agency _____ PAGE **1 OF 1**

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 10412449
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle)	Race W	Sex M	Date of Birth
Charge Description Sale of Marijuana within 1000ft school	Charge Description		

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

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

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

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

On the 09 day of December 2004 at 1850 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 12/09/04 I was working in undercover capacity at 6901 Parker Avenue WPB, Forest Hill Community High School. While at lunch I was walking around the school campus when [redacted] approached me and said "Hey [redacted] is here, he can get you some stuff." [redacted] was referring to another student who sells marijuana. [redacted] and I walked towards a wheelchair ramp and [redacted] called out to a Hispanic male, by the name of [redacted]. This Hispanic male was later learned to be [redacted]. [redacted] said to [redacted] "This is the girl I told you about." [redacted] said "I'll give you my phone number, do you have a pen?" I was looking for a pen in my bag as I asked him "Do you have anything on you right now?" referring to marijuana. [redacted] asked "how much do you want?" and I said "a dime," 10 worth of marijuana. [redacted] said "Meet me in the lobby of the gym and I'll be right back." I walked to the lobby and waited there alone. After 5 minutes [redacted] returned and as he approached he said "Give me a hand shake," as he raised his right hand I could see a clear plastic bag. I shook his hand and he handed me the bagged up sandwich bag when I put it in my pocket I gave [redacted] \$20 provided by DASH investigative agents serial # AF 38539382A. I asked [redacted] if he could give me change and he pulled out his wallet. I could see he had several \$20, \$10s and \$5s.

STATE OF FLORIDA COUNTY OF PALM BEACH	<u>Chris J. Reyes 4452</u> (Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>09</u> day of <u>December</u> 20 <u>04</u> by <u>Det. C. Reyes 4452</u>	
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)	<u>#7654</u>
<u>0/s J. [redacted]</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	PAGE <u>1 of 1</u>

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 1 0 4 1 2 4 4 9
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle)	Race	Sex	Date of Birth
[REDACTED]	W	M	[REDACTED]
Charge Description	Charge Description	Charge Description	Charge Description
Sale of Marijuana within 1000ft school			

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

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

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

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

On the 09 day of December 2004 at 12:50 A.M. P.M. (Specifically include facts constituting cause for arrest.)

[REDACTED] handed a \$10 bill and said "let us give you my phone number."
I asked [REDACTED] what his name was and he said "[REDACTED]"
At that point we began to walk out of the lobby and as we did he said "If you need anymore just give me a call before or after school." At that point we went our separate ways.
I did test the substance with a Duquenois Marijuana testing kit. The substance tested positive for THC and weighed a total of 3.6 grams.
I submitted the evidence into P850 evidence.
[REDACTED] is in violation of F.S.S. 893.13(1a) sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer) <u>[Signature]</u> 4152
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>09</u> day of <u>December</u> 20 <u>04</u> by <u>[Signature]</u> 4152	(Print name of Arresting/Investigative Officer, who is personally known to me and/or produces identification. Type of identification produced) <u>D/S [Signature]</u> #7654
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	PAGE 2

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number	Agency ID# Number		Agency Name	Agency Report Number (N.T.A.'s only)
	F.L.O. 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE	0, 1-10 7 1-12 7 1 9
Charge Type: Check as many as apply.	<input 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)			Location of Offense (Business Name, Address)	
Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date

Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race	Sex	Height	Weight	Eye Color
W - White B - Black I - American Indian O - Oriental/Asian	W	5' 11"	160	Blue
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion	Indication of: Alcohol Influence Drug Influence
Local Address (Street, Apt. Number)		City	State	Zip
Permanent Address (Street, Apt. Number)		City	State	Zip
Business Address (Name, Street)		City	State	Zip
D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship

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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last)	(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)				(City) (State) (Zip)
Notified by: (Name)				Date Time
Released To: (Name)				Relationship

The above address was provided by defendant and / or 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.

Yes, by: (Name) No: (Reason)

School Attended: _____ Grade: _____

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Arrested to sell Marijuana	1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	89 9 1 1 3	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
S	H	3.6 grams	04-2449	

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		<input type="checkbox"/> Y <input type="checkbox"/> N		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number

Instruction No. 1
 Mandatory Appearance in Court
 Instruction No. 2
You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address): _____

Court Date and Time: _____

Month _____ Day _____ Year _____ Time _____ A.M. _____ P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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: _____

HOLD for other Agency Name:	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: _____	Name of Arresting Officer (Print)	(PRINT)
Intake Deputy I.D. #	Transferring Officer I.D. #	Agency
Pouch #		Witness here if subject signed with an "X"

Agency ORI Number: FLO 5 0 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 0 6 10 41 2 4 4 9

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____ Special Notes: _____

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

Charge Description: Conspiracy to sell Marijuana

Charge Description: _____

Victim's Name (Last, First, Middle): State of Florida Race: _____ Sex: _____ Date of Birth: _____

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone () () Address Source _____

Business Address (Name, Street) (City) (State) (Zip) Phone () () Occupation _____

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 09 day of December 2004 at 12:50 P.M. (Specifically include facts constituting cause for arrest.)

On 12/09/04 I was working in under-recreational capacity at 6801 Parker Avenue, WPB, Forest Hill Community High School. While at lunch I was walking around the school campus when [REDACTED] approached me and said "Hey guy is here, he can get you some stuff." [REDACTED] was referring to another student who sells marijuana. [REDACTED] and I walked towards a wheelchair ramp and [REDACTED] called out to a Hispanic male, by the name of [REDACTED]. This Hispanic male was later learned to be [REDACTED]. [REDACTED] said to [REDACTED] "This is the girl I told you about." [REDACTED] said "I'll give you my phone number, do you have a pen?" I was looking for a pen in my bag as I asked him "Do you have anything on your right side?" referring to Marijuana. [REDACTED] asked "how much do you want?" and I said "a dime," 10 worth of Marijuana. [REDACTED] said "Meet me in the lobby of the gym and I'll be right back." I walked to the lobby and waited there alone. After 5 minutes [REDACTED] returned and as he approached he said "Give me a mad smoke" as he raised his right hand I could see a clear plastic bag. I shook his hand and he handed me the bagged up sandwich bag when I put it in my pocket. I gave [REDACTED] \$20 provided by P350 investigative funds serial # AF 38509382A. I asked [REDACTED] to hand over my change and he pulled out his wallet. I could see he had several \$20, \$10s and \$5s.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 [Signature of Arresting/Investigative Officer] 4152
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of December 2004 by Det B. Reyes 4152

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____)
 Not [Signature] 4100
 U 11

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number

Agency Name

Agency Report Number

FLO 5 0 0 0 0 0

PALM BEACH COUNTY SHERIFF'S OFFICE

0 6 1 0 4 1 2 4 4 9

Charge Type:
Check as many as apply

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

Name (Last, First, Middle)

Race
W

Sex
M

Date of Birth

Conspiracy to sell marijuana

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

State of Florida

Race

Sex

Date of Birth

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

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

committed the below acts in my presence.

was observed by _____ who told _____

confessed to _____

that he/she saw the arrested person commit the below acts.

admitting to the below facts.

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

On the 09 day of December 2004 at 12:30 A.M. P.M. (Specifically include facts constituting cause for arrest.)

_____ handed a \$10 bill and said "let us give you my phone number."

I asked _____ what his name was and he said "_____"

At that point we began to walk out of the lobby and as we did he said

"If you need anymore just give me a call before or after school." At that

point we went our separate ways.

I did test the substance with a Duquenois Marijuana testing kit.

The substance tested positive for THC and weighed a total of 3.6 grams.

I submitted the evidence into PBSO evidence.

_____ is in violation of F.S.S. 893.13(1a) sale of marijuana within 1000ft of a school.

_____ is in violation of F.S.S 893.13 Conspiracy to sell marijuana.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Nicolas Reyes 4452
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of December 2004 by *Nicolas Reyes 4452*

Fonseca 4100

pe of identification produced

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE

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

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

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6 1 0 7 1 1 8 7 6 6
Charge Type: Check as many as apply.	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 <input type="checkbox"/>
Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address) 6901 Pines Ave. WPBFL 3305 Forest Hill Comm. High School		
Date of arrest	Time of Arrest	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle	

Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Height	Weight
Eye Color	Hair Color	Complexion	Build
Marital Status	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
Permanent Address (Street, Apt. Number)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, City, State)	Phone	Address Source	
Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
Occupation Student			

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile

Parent / Legal Custodian Name (Last, First, Middle)	Address (Street, Apt. Number, City, State, Zip)	Residence Phone
Other:	Address (Street, Apt. Number, City, State, Zip)	Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/OYS 3. Incarcerated
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.		School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade
Description of Property	Value of Property	

CODE	Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown	
	N. N/A P. Possess	B. Buy T. Traffic	D. Deliver E. Use				N. N/A A. Amphetamine	C. Cocaine E. Heroin	M. Marijuana O. Opium/Deriv.	S. Synthetic	Z. Other	
CHARGE	Charge Description: Sale of controlled substance (general) in school						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					

Location (Court, Room Number, Address)	
Court Date and Time	
Month Day Year Time A.M. P.M.	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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

HOLD for other Agency Name:	Signature of Arresting Officer Iris J. Keays 7452	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) Iris J. Keays I.D. #	(PRINT)
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Transporting Officer I.D. #	PAGE
Take Deputy I.D. # Pouch #	Agency	Witness here if subject signed with an "X" <input type="checkbox"/>

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FLO, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6, 10, 4, 12, 4, 6, 6
Charge Type: Check as many as apply	1. Felony	3. Misdemeanor	5. Ordinance	Special Notes:
	2. Traffic Felony	4. Traffic Misdemeanor	6. Other	
Name (Last, First, Middle)	Alias		Race W	Sex F
Charge Description Sale of Controlled Substance (Schedule I)		Charge Description		
Victim's Name (Last, First, Middle) State of Florida		Race Sex Date of Birth		
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)

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

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

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

On the 17 day of December 2004 at 10:00 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 12-17-04 I was working in undercover capacity at 6901 Parker Ave, WPB, Forest Hill Community High School. While at my fourth hour class, per court ruling I spoke with [redacted] who had previously agreed to sell me 15 Xanax pills. While in the office [redacted] said "hey girl, I got some candy for you," referring to the Xanax pills. After a few minutes [redacted] and I went to the third floor of building four. [redacted] said "we need to go to the bathroom to do this deal." We went into the bathroom of the 5th floor in the east hall. I went in first and [redacted] checked to see if anyone was coming. Once [redacted] entered the bathroom she reached into her front right pocket of her jeans shorts and pulled out a small clear plastic bag with Xanax bars in it. [redacted] counted them out and put them in my hand she kept approximately 3 Xanax bars and gave me the plastic bag. I placed the 15 Xanax bars in the bag and then in my wallet. I gave [redacted] \$30.00 the agreed amount, provided by PBO investigative funds (serial #s 20EE51891794A #10, 253587560A). Once we made the exchange [redacted] and I walked around the campus and went our separate ways at 10:15 AM.

I did positively identify the Xanax bars through the Drug Identification table 20071655. The bar had the markings G1249 and has the active ingredients Alprazolam 5mg, a generic brand manufactured by

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] Page 7452
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of December 2004 by Det Reyes 7452

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced D/S [Signature]

Notary Public, Clerk of Court (F.S. 117.10) #7654

PAGE 1 of 2

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

ADMIN	OBTS Number	Agency Name		Agency Report Number
	Agency ORI Number FL0 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 1 0 3 1 2 4 6 6 1 1 1

CHARGES	Charge Type: Check as many as apply	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 <input type="checkbox"/>	Special Notes
---------	--	------------------------------------	--	---	---	---------------------------------------	-----------------------------------	---------------

DEF.	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	[REDACTED]	[REDACTED]	WF	F	11.03.87

CHARGES	Charge Description	Charge Description
	W/In 1000ft school Sale of a Controlled Substance (Schedule IV)	

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

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

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

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

On the 17 day of December 2009 at 10:05 A.M. P.M. (Specifically include facts constituting cause for arrest.)

Geneva Pharmaceuticals, I submitted the Xanax bars (10 bars, 1.2g) into evidence after I packaged them.

[REDACTED] is in violation of F.S.S. 893.13
Sale of a Controlled Substance, schedule IV within 1000ft of a school.

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of December 2009 by Det Preyas 4452

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced #7654

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 2 of 2

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number	Agency ORI Number FLO, 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 0, 11-0, 41-2, 3, 4, 5
Charge Type: Check as many as apply.	<input 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	If Weapon Seized	Multiple Clearance Indicator
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address) 1801 Parker Ave. WPB FL 33405 Forest Hill High School	
Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date
				Jail Time
				Location of Vehicle

Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth	Height
				Weight
				Eye Color
				Hair Color
				Complexion
				Build
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status 3	Religion CNS
			Indication of: Alcohol Influence Drug Influence	Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)
D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship USA

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

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

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description Sale of Marijuana, Alcohol	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 89.3113	Violation of ORD # 111021						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond					

<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court	Location (Court, Room Number, Address)
<input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.	Court Date and Time
	Month Day Year Time A.M. P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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 _____

HOLD for other Agency Name:	Signature of Arresting Officer Name of Arresting Officer (Print) I.D. #	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	PAGE
Intake Deputy I.D. # Pouch #	Transporting Officer I.D. # Agency	

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number _____
Agency ORI Number FLO 5 0 0 0 0 0 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 0 6 1 0 4 1 2 3 4 5
Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____
Special Notes _____

Name (Last, First, Middle) _____ Alias _____ Race B Sex M Date of Birth _____
Charge Description Sale of Marijuana - 1000ft within school Charge Description _____
Charge Description _____ Charge Description _____

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 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 06 day of December 2004 at 12:40 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 12/06/04 I was working in undercover capacity at 6901 Parker Ave, WTB Forest Hill Community High School. While I was at work I saw _____, _____ and _____ walk to him on the north side of the cafeteria. I went over to him and we made small talk. After a few minutes I asked him "Are you going to hook me up with that stuff?", referring to him selling me Marijuana. _____ said "Yeah, stay here and I'm going to get it and I'll look for you here." I agreed and saw _____ walk towards the west side of the campus. After about 5 minutes _____ returned. He stopped a few hundred feet to shake hands with the school resource officer and a dean. _____ and I walked over to a group of people out of the view of the resource officers. There I gave _____ the \$20 for the Marijuana we agreed upon. _____ handed me four small yellow baggies with Marijuana. The \$20 was provided by PBSO Investigative Services serial # C602926583C. After we exchanged the drugs and money we made small talk then went our separate ways.

I tested the substance with a Duquenois testing kit and weighed it. It did test positive for THC and weighed a total of 3.3 grams. Then I submitted the substance into evidence. _____ is in violation of FSS 893.13(4a) Sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA
COUNTY OF PALM BEACH
Vincent Prayers 7452
(Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of December 2004 by Det Prayers 7452.
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____
D/S Anna Johnson #7654
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number: [] Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number (N.T.A.'s only): 0, 1-10, 4-12, 2, 2, 6

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): [] Location of Offense (Business Name, Address): 4701 10th Avenue North Greenacres John J. Leonard

Date of arrest: [] Time of Arrest: [] Booking Date: [] Booking Time: [] Jail Date: [] Jail Time: [] Location of Vehicle: []

Name (Last, First, Middle): [] Alias (Name, DOB, Soc. Sec. #, Etc.): []

Race: [] Sex: [] Date of Birth: [] Height: [] Weight: [] Eye Color: [] Hair Color: [] Complexion: [] Build: []

Scars, Tattoos, or Other Features (Location, Type, Description): [] Marital Status: [] Religion: [] Indication of Alcohol/Drug Influence: []

Local Address (Street, Apt. Number, City, State, Zip): [] Phone: [] Residence Type: []

Permanent Address (Street, Apt. Number, City, State, Zip): [] Phone: [] Address Source: []

Business Address (Name, Street, City, State, Zip): [] Phone: [] Occupation: Student

D/L Number, State: [] Soc. Sec. Number: [] INS Number: [] Place of Birth (City, State): [] Citizenship: []

Co-Defendant Name (Last, First, Middle): [] Race: [] Sex: [] Date of Birth: []

Co-Defendant Name (Last, First, Middle): [] Race: [] Sex: [] Date of Birth: []

Parent/Legal Custodian Name (Last, First, Middle): [] Address (Street, Apt. Number, City, State, Zip): []

Notified by: (Name) [] Date [] Time [] Juvenile Disposition: []

Released To: (Name) [] Relationship [] Date [] Time []

The above address was provided by [] defendant and / or [] 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.

Property Crime? [] Description of Property: [] Value of Property: []

Drug Activity: [] Drug Type: [] Amount / Unit: [] Offense #: []

Charge Description: [] Counts: [] Domestic Violence: [] Statute Violation Number: []

Charge Description: [] Counts: [] Domestic Violence: [] Statute Violation Number: []

Charge Description: [] Counts: [] Domestic Violence: [] Statute Violation Number: []

Charge Description: [] Counts: [] Domestic Violence: [] Statute Violation Number: []

Charge Description: [] Counts: [] Domestic Violence: [] Statute Violation Number: []

Instruction No. 1: [] Instruction No. 2: [] Location (Court, Room Number, Address): []

Court Date and Time: [] Month [] Day [] Year [] Time [] A.M. [] P.M. []

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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: []

HOLD for other Agency Name: [] Signature of Arresting Officer: [] Name Verification (Printed by Arrestee): []

Dangerous: [] Resisted Arrest: [] Suicidal: [] Other: [] Name of Arresting Officer (Print): [] I.D. #: []

Agency ORI Number FL0, 5, 0, 0, 0, 0, 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6, 1, 0, 4, 1, 2, 2, 6, 1, 1
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:

Name (Last, First, Middle)	Age	Sex	Date of Birth
[REDACTED]	8	M	[REDACTED]

Charge Description Sale of Marijuana within 1000ft of school	Charge Description
Charge Description	Charge Description

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

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

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

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

On the 09 day of November 2004 at 12:16 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 11/9/04 I was working in undercover capacity at 4701 10th Avenue North, Greenacres, John J. Leonard High School. While sitting at my desk in English class [REDACTED] approached me and said "Do you want it right now?" referring to \$10 worth of Marijuana he offered to sell to me earlier. [REDACTED] stood next to me as he reached into his right front pocket and pulled out four small baggies with suspected Marijuana. [REDACTED] said "Give me a \$20", I told [REDACTED] I only had \$10. [REDACTED] went back to his seat, set down and watched the teacher until she turned around. At that point [REDACTED] pulled out two small baggie from his pocket and handed it to me. I made [REDACTED] a \$10 bill provided by PBSO Investigative Units (Serial # DD00116786). [REDACTED] asked me if I wanted the other two baggies he had, I told him I could pay him later. At the end of class after the bell rang at 1pm [REDACTED] handed me the two small baggies and said "pay me Friday." (11/12/04). At that point I went my separate way.

I did test the substance with a Duquenois Marijuana testing kit and it tested positive for THC and weighed at total of 5.8 grams. I then submitted the substance into evidence. [REDACTED] is in violation of F.S.S. 893.13 (a2) Sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA COUNTY OF PALM BEACH	<u>J. Reyes 4452</u> (Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>09</u> day of <u>November</u> 20 <u>04</u> by <u>J. Reyes 4452</u>	
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)	<u>D/S</u> <u>#7654</u>
Notary Public, Clerk of Court, Officer, F.S.S. 117.10	PAGE 1 of 2

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number

Agency Name

Agency Report Number

FLO 5 0 0 0 0 0

PALM BEACH COUNTY SHERIFF'S OFFICE

0 6 10 4 18 2 2 6 11 11

Charge Type:
Check as many
as apply

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

CHARGES	DEF. Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	Charge Description	Charge Description			

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

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

committed the below acts in my presence. 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 12 day of November 2007 at 12:20 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 11/12/07 I was working in undercover capacity at 1701 10th Avenue North Greenacres John S. Leonard High school. While at lunch [redacted] 8111 approached me and made small talk. I gave him the #10 for the two baggies of Marijuana that he fronted me on 11/9/07. The #10 was provided by PBSO investigative funds (serial # 33 493166143). At that point [redacted] went on his way.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH
	(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of November 2007 of 187 Pages 452

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

(Signature of Notary Public)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

27

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FL05000000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0110411735		Enter Type		Multiple Clearance Indicator			
	Charge Type: Check as many as apply.	1. Felony <input checked="" 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 <input type="checkbox"/>		If Weapon Seized					
DEPENDANT	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address) 401 10th Ave North (Green Acres Inn J. Leonard's)						
	Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle						
	Name (Last, First, Middle)						Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black	1 - American Indian O - Oriental/Asian		Sex M	Height	Weight	Eye Color	Hair Color	Complexion	Build			
	Scars, Marks, Tattoos, Unique Physical Characteristics (Location, Type, Description)						Marital Status	Religion	Indication of: Alcohol Influence Drug Influence		Y	N	
	Home Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State				
	Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source				
	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation				
	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship				
	CO-DEF.	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)	(Middle)	Residence Phone						
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone							
	Notified by: (Name)		Date	Time	Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated								
	Released To: (Name)		Relationship				Date	Time					
CHARGE	The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended	Grade	
	<input type="checkbox"/> Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property						
	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other		
	Charge Description Sale of Marijuana		Counts	Domestic Violence OY <input type="checkbox"/> N <input checked="" type="checkbox"/>	Statute Violation Number 8,9,3,11,3, 11(a,2,1)		Violation of ORD #						
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Charge Description Sale of Cocaine		Counts	Domestic Violence OY <input type="checkbox"/> N <input checked="" type="checkbox"/>	Statute Violation Number 8,9,3,11,3, 11(a,1,1)		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Charge Description Sale of Cocaine		Counts	Domestic Violence OY <input type="checkbox"/> N <input checked="" type="checkbox"/>	Statute Violation Number 8,9,3,11,3, 11(a,1,1)		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
Charge Description Sale of Cocaine		Counts	Domestic Violence OY <input type="checkbox"/> N <input checked="" type="checkbox"/>	Statute Violation Number 8,9,3,11,3, 11(a,1,1)		Violation of ORD #							
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Location (Court, Room Number, Address)										
			Court Date and Time Month Day Year Time A.M. P.M.										
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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							
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #		(PRINT)				

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FL0, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6, 1, 0, 9, 1, 1, 7, 8, 5, 11, 11
Charge Type: Check as many as apply:	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

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

Charge Description	Charge Description
Sale of Marijuana	
Charge Description	Charge Description

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

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

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

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

On the 24 day of August 2007 at 1:06 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 8/24/07 at 1:05pm while working in undercover capacity at 4101 10th Avenue North, Greenacres John T. Leonard High School I met a black male later identified as [REDACTED]. I asked [REDACTED] if he "smoked", referring to him smoking Marijuana. [REDACTED] acknowledged that he does "smoke" and offered to get me any kind in any amount. [REDACTED] asked me if I used "coke" referring to cocaine. I said yes and [REDACTED] offered to sell me \$20 worth of cocaine. I asked him what he could provide me with and [REDACTED] stated he would be able to sell me a "quarter", a street term for 25 grams of Marijuana for \$20. We agreed to meet on the north side of the 600 building after the 1pm bell rang.

At 1pm I met [REDACTED] and walked out to the parking lot located on the west side of the gym. The exchange was made in my vehicle a '20 (serial # 2B55307553B) and the "quarter." The "quarter" was weighed at a total of .27oz and did test positive for THC when field tested with the Duquenois test kit.

[REDACTED] is in violation of F.S.S. 893.13 (1a) sale of marijuana.

STATE OF FLORIDA COUNTY OF PALM BEACH	<u>Dis Reyes 7452</u> (Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>24</u> day of <u>August</u> 20 <u>07</u> by <u>Dis Reyes 7452</u>	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	PAGE 1 of 1

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number
FLO 5 0 0 0 0 0

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
0 6 10 4 1 1 7 3 5

Charge Type:
1. Felony 2. Traffic Felony
3. Misdemeanor 4. Traffic Misdemeanor
5. Ordinance 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

Charge Description

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

Race

Sex

Date of Birth

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

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

committed the below acts in my presence.

was observed by _____ who told _____

confessed to _____

that he/she saw the arrested person commit the below acts.

admitting to the below facts.

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

On the 01 day of September 2004 at 11:40 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 9/1/04 at 11:40hrs J. was working in undercover capacity at 4701 10th Avenue North, Greenacres, John T. Leonard High School. J. was walking west from the main campus towards the gym, with [redacted] Blue. While walking down the walk way [redacted] pulled out a clear sandwich bag which contained four small grey baggies and each baggie contained a white powder. [redacted] gave me one of the baggie which contained more of the white powder suspected cocaine. I gave [redacted] \$50 which was the grand price (serial #s \$10B83866246AC, \$20 AB 20734820C, \$30 CB46876943B) as we walked towards the gym. [redacted] said he would hold one of the other baggies for me until tomorrow (9/2/04) if I wanted to buy some more. [redacted] put the other three baggie back in the sandwich bag when in his front right pocket. [redacted] took the money from me and took more money out of his left front pocket and combined the money then put it back in the same pocket. At that point we went our separate ways. [redacted] is in violation of F.S. 893.13 (a) Sale of cocaine within a 1000ft of a school. The white powder did test positive as cocaine when tested with Scott Cocaine test kit and weighed a total of .6grams.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of September 2004 by [redacted] 7452

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

ADMIN

Agency ORI Number

Agency Name

Agency Report Number

FLO 5 0 0 0 0 0

PALM BEACH COUNTY SHERIFF'S OFFICE

0 6 10 4 11 7 3 5

Charge Type: Check as many as apply

- 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)

Alias

Race B

Sex H

Date of Birth

CHARGES

Charge Description

Charge Description

sale of Cocaine w/in of a school

VICTIM

Victim's Name (Last, First, Middle)

Race

Sex

Date of Birth

State of Florida

Local Address (Street, Apt. Number)

(City)

(State)

(Zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State)

(Zip)

Phone

Occupation

PROBABLE CAUSE STATEMENT

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... admitted to the below facts. On the 21 day of September 2004 at 4:55 A.M.

On 9/21/04 I was working in undergarment department at 4101 10th Ave North, Greenacres, John J. Kemper High School. At 4:00 I was in the gym for my first class and noticed [redacted] standing at the southwest corner of the gym. As I walked towards [redacted] he raised his right hand above shoulder level and I extended my right hand out to him. [redacted] said "Here you go, I got you" and handed me a small grey colored baggie with suspected powder cocaine. I put it in my left pocket and took the \$20 out of my right pocket and handed it to him tightly rolled up. The money was provided by PBSO investigative funds, serial #s \$20-CB626063-17E, \$20-CJ17322323A, \$5 BB 34384263C, \$1 F 17919380B, \$1 #022148714, \$1 F 40109808D, \$1 F 36239108C, \$1 A 719953/AC [redacted] and I continued to have small talk until the end of class when we went our separate ways. I tested the powder cocaine with a Scott Cocaine test kit and tested positive. I submitted the baggie of cocaine into evidence.

[redacted] is in violation of FSS 893.13(1a) sale of cocaine within most of a school

ADMINISTRATIVE

STATE OF FLORIDA COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) Preyes 7452

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of September 2004 by Preyes 7452

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

Notary Public, Clerk of Court Officer (F.S.S. 117.10) # 7654

Agency ORI Number FLO500400 Agency Name Palm Beach County Sheriff's Office Agency Report Number 04-2253

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other Special Notes:

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

Charge Description Sale of Schedule I Controlled Substance (Acid) within 1000 feet of a school

Victim's Name (Last, First, Middle) State of Florida Race Sex Date of Birth

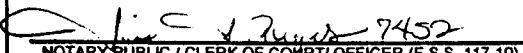
Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source

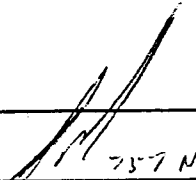
Business Address (Name, Street) (City) (State) (zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 12th day of November 20 04 at 10:29 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 11/11/04 while working in an undercover capacity as a high school student, I made contact with the defendant [Redacted]. During our conversation [Redacted] told me that he had the paper version of Acid at his house and he was selling them for eight dollars each. I told [Redacted] that I would buy one from him on 11/12/04. We arranged to meet in the main academic building, next to the stairs after our first period class.
 On 11/12/04 I made contact with [Redacted] at approximately 1025 hours in our prearranged meeting spot. We walked out to the courtyard in the center of the school where we sat next to each other on a bench. [Redacted] opened his backpack and began looking for the acid. After a few minutes of searching different pockets he said "These things are small as hell". As he continued to look he said "Damn man, I know I put it in here". While [Redacted] searched for the acid, I took out a notebook and told [Redacted] that he could place it into one of the pockets. When he found the acid, [Redacted] stood up and walked over to where I was sitting. During this an unknown white female approached and said "What is that"? [Redacted] replied "It's acid". The girl then said "I want some". [Redacted] told her that he had more at his house and he could get some for her. At that point [Redacted] showed me a small piece of aluminum foil and said "Just put it on your tongue". He then placed the aluminum foil with the suspected acid inside into my notebook. He told me to put the eight dollars into his back pack which I did. The money used in this transaction was provided by the PBSO investigative funds. Once back at PBSO, I opened the aluminum foil and located a very small piece of paper which based on my training and experience I knew to be Blotter Acid. The paper was so small that I felt I would destroy the evidence if I attempted to field test it. I later packaged and placed it into the evidence section.

Based on the above facts probable cause exists to charge the defendant with Sale of a Schedule I controlled substance Within 1000 feet of a School per F.S.S. 893.13.

SWORN AND SUBSCRIBED BEFORE ME

 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
 11/12/04
 DATE


 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 A. Margolis
 NAME OF OFFICER (PLEASE PRINT)
 11/12/04
 DATE
 PAGE 1 OF 1

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

Agency ORI Number **FLD 500400** Agency Name **Palm Beach County Sheriff's Office** Agency Report Number (N.T.A.'s only)

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other
 Weapon Seized / Type: 1. Yes 2. No **None** Multiple Clearance Indicator **01**

Location of Arrest (Including Name of Business) Location of Offense (Business Name, Address)
6661 Indiantown Rd. (Mobile Gas Station)

Date of Arrest **10/14/04** Time of Arrest Booking Date Booking Time Jail Date Jail Time Location of Vehicle

Name (Last, First, Middle) Alias (Name, DOB, Soc. Sec. #, Etc.)

Race **W** Sex **M** Date of Birth Height Weight Eye Color Hair Color Complexion Build

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status **Single** Religion **Unknown** Indication of: Alcohol Influence Y N UNK Drug Influence Y N UNK

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Residence Type: 1. City 2. County 3. Florida 4. Out of State **2**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source **D.A.V.I.D**

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation **Unknown**

DL Number, State Soc. Sec. Number INS Number Place of Birth (City, State) Citizenship **USA**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 2. At Large 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Name (Last) (First) (Middle) Residence Phone

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

Notified by: (Name) Date Time Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. School Attended Grade

Yes, by: (Name) No: (Reason) Property Crime? Description of Property Value of Property

Drug Activity: S. Sell, R. Smuggle, K. Dispense/Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other, N. N/A, D. Buy, E. Use, C. Cocaine, H. Hallucinogen, P. Paraphernalia/ Equipment, U. Unknown, A. Amphetamine, E. Heroin, M. Marijuana, O. Opium/Deiv., S. Synthetics

Charge Description **Sale of Ecstasy** Counts **01** Domestic Violence Y N Statute Violation Number **F.S.S. 893.13** Violation of ORD #

Drug Activity **S** Drug Type **Z** Amount / Unit **1 Pill** Offense # **04-2002** Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Instruction No. 1 Mandatory Appearance in Court Location (Court, Room Number, Address)

Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side. Court Date and Time Month Day Year Time A.M. P.M.

AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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

HOLD for other Agency Name: Signature of Arresting Officer **757N** Name Verification (Printed by Arrestee)

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print) **A. Margolis** I.D. # **757N** (PRINT) PAGE

Intake Deputy I.D. # Pouch # Transporting Officer ID# Agency Agency Witness here if subject signed with an -X" **1 OF 1**

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number

Agency Name

Agency Report Number

04-2002

FLO500400

Palm Beach County Sheriff's Office

Charge Type: Check as many as apply.

- 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race W

Sex M

Date of Birth

Charge Description Sale of Ecstasy

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

Race

Sex

Date of Birth

State of Florida

Local Address (Street, Apt. Number)

(City)

(State) (zip)

Phone

Address Source

Business Address (Name, Street)

(City)

(State) (zip)

Phone

Occupation

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

committed the below acts in my presence.

was observed by who told

that he/she saw the arrested person commit the below acts.

confessed to

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

admitting to the below facts.

On the 13th day of October 20 04 at 12:50 P.M. (Specifically include facts constituting cause for arrest.)

On 10/13/04 I was working in an undercover capacity as a high school student at 500 North Military Trail Jupiter FL, 33458 when I met with W/M [redacted]. A few days prior, I had a conversation with [redacted] about purchasing ecstasy from him. He gave me his telephone number (561) [redacted] and said either he or his brother [redacted] would answer. On 10/13/04 I explained to [redacted] that the phone number he had given me did not work. He said "Yeah everyone keeps telling me that". He then gave me another phone number (561) [redacted] and said "My brother will probably answer but you can ask for me". He then went on to say "I'm going home right now so if you still want beans call me and I'll get them for you". "Beans" is street terminology for the drug ecstasy. At approximately 1240 hours I called (561)329-9256 and spoke with [redacted]. I asked for [redacted] but [redacted] said he was still in school. I then told [redacted] that [redacted] told me to call to "get some stuff". [redacted] said "Are you talking about round things"? I replied "Yes" and asked him if he could get me some. He asked me what kind I wanted and I told him "Pink Strawberries". He then asked me how much [redacted] wanted to sell them for and I said "He told me fourteen a pill". [redacted] then told me that he could get me a Pink Strawberry but he would sell it to me for fifteen dollars because they were going fast. I agreed to the amount and asked [redacted] where he wanted to meet me. He arranged to meet in the parking lot of the Mobile Gas Station located at 6661 Indiantown Road. He told me that he would be driving a White Ford Explorer and he would be there in ten minutes. At approximately 1250 hours, a white Ford Explorer (Bearing FL tag [redacted]) pulled in and parked directly next to me. A white male exited the passenger side and walked into the gas station. I exited my car and made contact with the driver [redacted] on the passenger side of his car. [redacted] handed me a clear plastic bag with a round pink pill inside. One side of the pill was stamped with a strawberry. I handed [redacted] twenty dollar bill in exchange for the pill. the money used in this transaction was provided by the PBSO investigative funds. [redacted] said he would give his brother five dollars to give me in school. At that point we parted ways. Once back at PBSO, I field tested the suspected ecstasy utilizing a Scott Ecstasy Test Kit. The test produced a positive reaction by turning purple in color. I later packaged and placed the ecstasy pill in the evidence section. I also obtained a photograph of [redacted] through the Driver And Vehicle Information Database. I was able to positively identify him as the one who sold the ecstasy to me. Based on the above facts, probable cause exists to charge the defendant [redacted] with Sale of Ecstasy per F.S.S. 893.13.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

10/14/04

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

A. Margolis

NAME OF OFFICER (PLEASE PRINT)

10/14/04

DATE

PAGE

1 OF 1

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OB# Number
Agency ORI Number: 5000000
Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE
Agency Report Number: 061051119

Check as many as apply:
 1. Felony
 2. Traffic Felony
 3. Misdemeanor
 4. Traffic Misdemeanor
 5. Ordinance
 6. Other
If Weapon Seized: _____
Multiple Clearance Indicator: _____

Location of Arrest (Including Name of Business): _____
Location of Offense (Business Name, Address): Wellington Comm. High School
2101 Greenview Express Blvd, Wellington, FL

Date of arrest: _____ Time of Arrest: _____ Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): _____ Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: W - White, B - Black
Sex: M
Date of Birth: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Complexion: _____ Build: _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____
Marital Status: S Religion: UNK
Indication of Alcohol Influence Drug Influence: _____

Local Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____
Phone: _____
Residence Type: 1. City, 2. County, 3. Florida, 4. Out of State: 12

Permanent Address (Street, Apt. Number): _____ (City): _____ (State): _____ (Zip): _____
Phone: _____
Address Source: School Board PD

Business Address (Name, Street): _____ (City): _____ (State): _____ (Zip): _____
Phone: _____
Occupation: Student

DL# Number, State: _____ Soc. Sec. Number: _____
INS Number: _____ Place of Birth (City, State): _____ Citizenship: USA

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____
1. Arrested, 2. At Large, 3. Felony, 4. Misdemeanor, 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____
1. Arrested, 2. At Large, 3. Felony, 4. Misdemeanor, 5. Juvenile

Parent Legal Custodian Name (Last, First, Middle): _____ (First): _____ (Middle): _____
Residence Phone: _____

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

Notified by: (Name) _____ Date: _____ Time: _____
Juvenile Disposition: 1. Handled/Processed within Dept. and Released, 2. TOT HRS/DYS, 3. Incarcerated

Released To: (Name) _____ Relationship: _____ Date: _____ Time: _____

The above address was provided by _____ defendant and / or _____ 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.
Yes, by: (Name) _____ No: (Reason) _____
School Attended: _____ Grade: _____

Property Crime? Yes/No
Description of Property: _____ Value of Property: _____

Drug Activity: S. Sell, B. Buy, P. Possess, R. Smuggle, D. Deliver, T. Traffic, K. Dispense/Distribute, E. Use, 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: _____ Counts: _____ Domestic Violence: _____ Statute Violation Number: _____ Violation of ORD #: _____
Drug Activity: 3, Drug Type: M, Amount/Unit: 3.4 grams, Offense #: 05-119, Warrant/Capias Number: 59, 311, 13, 111, 05, 11

Charge Description: _____ Counts: _____ Domestic Violence: _____ Statute Violation Number: _____ Violation of ORD #: _____
Drug Activity: _____, Drug Type: _____, Amount/Unit: _____, Offense #: _____, Warrant/Capias Number: _____, Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: _____ Statute Violation Number: _____ Violation of ORD #: _____
Drug Activity: _____, Drug Type: _____, Amount/Unit: _____, Offense #: _____, Warrant/Capias Number: _____, Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: _____ Statute Violation Number: _____ Violation of ORD #: _____
Drug Activity: _____, Drug Type: _____, Amount/Unit: _____, Offense #: _____, Warrant/Capias Number: _____, Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: _____ Statute Violation Number: _____ Violation of ORD #: _____
Drug Activity: _____, Drug Type: _____, Amount/Unit: _____, Offense #: _____, Warrant/Capias Number: _____, Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: _____ Statute Violation Number: _____ Violation of ORD #: _____
Drug Activity: _____, Drug Type: _____, Amount/Unit: _____, Offense #: _____, Warrant/Capias Number: _____, Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: _____ Statute Violation Number: _____ Violation of ORD #: _____
Drug Activity: _____, Drug Type: _____, Amount/Unit: _____, Offense #: _____, Warrant/Capias Number: _____, Bond: _____

Location (Court, Room Number, Address): _____

Court Date and Time: _____
Month: _____ Day: _____ Year: _____ Time: _____ A.M. P.M.

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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: _____

HOLD for other Agency Name: _____ Signature of Arresting Officer: _____ Name Verification (Printed by Arrestee): _____

Dangerous/Suicidal/Resisted Arrest/Other: _____ Name of Arresting Officer (Print): _____ I.D. #: _____ (PRINT)

Intake Deputy: _____ I.D. #: _____ Pouch #: _____ Transporting Officer: _____ I.D. #: _____ Agency: _____ Witness here if subject signed with an "X": _____ PAGE: 1 OF 1

PROBABLE CAUSE AFFIDAVIT

OBTS Number

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

Juvenile

ADMIN. CHARGES DEF. VICTIM PROBABLE CAUSE STATEMENT ADMINISTRATIVE

Agency ORI Number
FLO 5 0 0 0 0 0

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
0 6 10 5 1 1 9

Charge Type:
Check as many as apply.
 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Special Notes:

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

Charge Description
Sale of Marijuana within 1000ft school

Victim's Name (Last, First, Middle) State of Florida

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 14 day of January 2005 at 11:55 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 01/14/05 I was working in undercover capacity at 501 Greenview Shores Blvd, Wellington, Wellington Community High School. While I was in my government class I was sitting in front of a black male later learned to be [Redacted]. [Redacted] had previously agreed to sell me \$10 worth of marijuana on 01/14/05. While sitting in class I turned around and looked at west and he smiled at me. I saw [Redacted] reach into his shorts pocket and after a few minutes [Redacted] extended his right arm with his closed hand to my right. I extended my hand and [Redacted] handed me two small green baggies of marijuana. I put them in my pocket and then handed [Redacted] \$10 provided by PBSO Investigative Survis, serial # CA39631206A. After the exchange was made [Redacted] and I remained in class until it was dismissed then we went our separate ways. I did test the substance with a Duquenois theory color testing kit and it tested positive for THC. The substances weighed a total of 3 grams. After I packaged the substance into an evidence bag I submitted it in evidence. [Redacted] is in violation of F.S. 813.13(1a) sale of Marijuana within 1000ft of a school.

STATE OF FLORIDA
COUNTY OF PALM BEACH
[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of January 2005 by [Signature]

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced
Fonseca 100
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

ADMINISTRATIVE

DEFENDANT

CO-DEF.

JUVENILE

CHARGE

CHARGE

CHARGE

CHARGE

NOTICE TO APPEAR

ADMIN

OBTS Number	Agency Number	Agency Name	Agency Report Number
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0, 6-10, 5-10, 9, 3

Charge Type	1. Felony	3. Misdemeanor	5. Ordinance	If Weapon Seized	Multiple Clearance Indicator
Check as applicable	<input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Enter Type	

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
	Wellington Community #5 8101 Greenview Shores Blvd, Wellington, FL

Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
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Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
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Race	Sex	Date of Birth	Weight	Eye Color	Hair Color	Complexion	Build
W - White B - Black	I - American Indian O - Oriental/Asian						

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of Alcohol Influence	Indication of Drug Influence
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Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type:
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Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested	3. Felony
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	2. At Large	4. Misdemeanor
---	------	-----	---------------	-------------	----------------

Parent Legal Custodian Name (Last, First, Middle)	(City)	(State)	(Zip)	Residence Phone
---	--------	---------	-------	-----------------

Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone
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Notified by: (Name)	Date	Time	Juvenile Disposition
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Released To: (Name)	Relationship	Date	Time
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The above address was provided by - defendant and / or - defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.	School Attended	Grade
--	-----------------	-------

Property Crime?	Description of Property	Value of Property
-----------------	-------------------------	-------------------

Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
---------------	---------	------------	------------------------	----------------------------------	----------	-----------	----------------	-----------------	----------------------------	------------

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
--------------------	--------	-------------------	--------------------------	--------------------

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
---------------	-----------	---------------	-----------	-------------------------	------

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
--------------------	--------	-------------------	--------------------------	--------------------

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
---------------	-----------	---------------	-----------	-------------------------	------

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
--------------------	--------	-------------------	--------------------------	--------------------

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
---------------	-----------	---------------	-----------	-------------------------	------

Location (Court, Room Number, Address)
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Court Date and Time

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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
--	-------------

HOLD for other Agency Name:	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
-----------------------------	--------------------------------	---

<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print)	I.D. #	(PRINT)	PAGE
---	---	-----------------------------------	--------	---------	------

Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency
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PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

Juvenile

OBTS Number

Agency ORI Number
FLO, 5, 0, 0, 0, 0, 0

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
0, 6, 10, 5, 10, 9, 8

Charge Type:
Check as many as apply
 1. Felony
 2. Traffic Felony
 3. Misdemeanor
 4. Traffic Misdemeanor
 5. Ordinance
 6. Other

Special Notes:

Name (Last, First, Middle) [Redacted] Alias [Redacted] Race B Sex M Date of Birth [Redacted]

Charge Description
Sale of Marijuana within 1000 feet school

Charge Description

Victim's Name (Last, First, Middle) State of Florida Race Sex Date of Birth

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

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody ...
 committed the below acts in my presence.
 confessed to _____ admitting to the below facts.
 was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.
On the 12 day of January 2005 at 10:30 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 01/12/05 I was working in undercover capacity at 2101 Greenview Shores Blvd. Wellington, Wellington Community High School. While on my way to lunch I approached [Redacted] who had agreed to sell marijuana to me on 01/12/05. I asked [Redacted] "How going to take care of me?" referring to him selling me some marijuana. [Redacted] said "green" and reached into the inside of the pocket of his blue jean shorts as he pulled them as high up as they could go. I asked [Redacted] what he was doing, he responded by saying "I got it in my pants". [Redacted] handed me two (2) small blue baggies of Marijuana. I handed [Redacted] \$10 which was the amount we agreed on. The money was provided by PBSO investigative funds serial # DD 02020315A. After the exchange, [Redacted] said "let me know if you need anymore of that stuff". At that point the conversation ended and I went my separate way.

I did test the substance with a Dugger's Marijuana testing kit and it did test positive for THC. The total weight was 2.6 grams and I did submit the substance into evidence.

[Redacted] is in violation of F.S.S. §93.19 (1)(a) Sale of Marijuana within 1000 feet of a school.

STATE OF FLORIDA
COUNTY OF PALM BEACH
[Signature] 7402
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of January 2005 by Sgt D Reyes 7402
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

Fernando 4100
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

OBTS Number _____ ARREST / NOTICE TO APPEAR
 Juvenile Referral Report 1. Arrest 3. Request for Warrant
 2. N.T.A. 4. Request for Capias [1] Juvenile

Agency ORI Number _____ Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 0, 61-10,511-162

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____ If Weapon Seized _____ Multiple Clearance Indicator _____

Location of Arrest (Including Name of Business) _____ Location of Offense (Business Name, Address) Wellington Comm Hts. 5111 Greenview Shores Blvd, Wellington

Date of arrest _____ Time of Arrest _____ Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) _____ Alias (Name, DOB, Sec. #, Etc.) _____

Race W - White I - American Indian B - Black O - Oriental/Asian IB H O A, 1, 1, 8, 6 Sex _____ Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Complexion _____ Build _____

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status 3 Religion UoM Indication of: Alcohol Influence _____ Drug Influence _____ N Yk. _____

Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Residence Type: 1. City 2. County 3. Florida 4. Out of State 13

Permanent Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Address Source PALMS Occupation _____

Business Address (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ Occupation _____

DA Number, State _____ Soc. Sec. Number _____ INS Number _____ Place of Birth (City, State) _____ Citizenship USA

Co-Defendant Name (Last, First, Middle) _____ Race B Sex M Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: _____ Name (Last) _____ (First) _____ (Middle) _____ Residence Phone _____

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

Notified by: (Name) _____ Date _____ Time _____ Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by _____ defendant and / or _____ 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. Yes, by: (Name) _____ No: (Reason) _____

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other N. N/A B. Buy D. Deliver E. Use Drug Type N. N/A C. Cocaine E. Heroin B. Barbiturate H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other

Charge Description Child's Daily car accident at school Counts 1 Domestic Violence CY 2N Statute Violation Number 89,311,3, (1,0,2,1) Violation of ORD # _____

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description _____ Counts _____ Domestic Violence _____ Statute Violation Number _____ Violation of ORD # _____

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Charge Description _____ Counts _____ Domestic Violence _____ Statute Violation Number _____ Violation of ORD # _____

Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Location (Court, Room Number, Address) _____ Court Date and Time _____

Month _____ Day _____ Year _____ Time _____ A.M. _____ P.M. _____

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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 _____

HOLD for other Agency Name: _____ Signature of Arresting Officer _____ Name Verification (Printed by Arrestee) _____
 Dangerous Resisted Arrest Name of Arresting Officer (Print) I.D. # _____ (PRINT) _____
 Suicidal Other: _____ Intake Deputy I.D. # _____ Pouch # _____ Transporting Officer I.D. # _____ Agency _____ Y402
 Intake Deputy I.D. # _____ Pouch # _____ Transporting Officer I.D. # _____ Agency _____
 Witness here if subject signed with an "X" _____ PAGE 1 of 2

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

Juvenile

OBTS Number	Agency ORI Number FL0, 5, 0, 0, 0, 0, 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 6, 1, 0, 5, 1, 1, 6, 8
ADMIN	Charge Type: Check as many as apply		Special Notes:	
	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor

CHARGES DEF.	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	Charge Description Sale of Marijuana in a school		B	M	
VICTIM	Victim's Name (Last, First, Middle)	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone

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.

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation.

confessed to _____ admitting to the below facts.

On the 21 day of January 2005 at 0800 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 01/21/05 at 10:30 AM I was working in undercover capacity at 2101 Greenview Avenue Blvd, Wellington, Wellington Community High School. This was my first day in team sports. While in class I did see [redacted] in my class.

On 01/21/05 at 7:30 AM I was working in undercover capacity at 2101 Greenview Avenue Blvd, Wellington, Wellington Community High School. I went to my first hour class team sports. While waiting by the girls locker room to open I saw [redacted] walking around in the lobby. After a few minutes [redacted] said to me our class was moved to the cafeteria. I walked with [redacted] to the cafeteria.

At 8:00 am the bell rang and class was dismissed. I walked out with [redacted] and we talked. I told [redacted] I moved cause I was caught smoking marijuana and my mom made me move with my dad. [redacted] then asked me "do you smoke?" and I said yes. I asked [redacted] if he smoked and he said yes. I asked if he knew where I could get some. [redacted] said "I use to push that shit through here but I got expelled from this school cause I got caught." I asked [redacted] how he got caught and he said "They searched my locker and they found a little over an 'O'". An "O" is a street term for an ounce of marijuana in this case. As we walked down the hall of the west side of the theater [redacted] stopped, a short white male and said to him "do dog isn't free I used to push mad shit through here before I got caught?" The

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of January 2005 by Det Reyes 4452

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Forsman 4100
Notary Public, Clerk of Court, Officer (F.S. 117.10)

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FL0 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 - 105 - 1168
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

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

Charge Description Sale of Marijuana in school	Charge Description
Charge Description	Charge Description

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

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

committed the below acts in my presence.
 confessed to _____ admitting to the below facts.

was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.

On the 21 day of January 2005 at 800 A.M. P.M. (Specifically include facts constituting cause for arrest.)

White male looked at me and nodded in approval. He continued walking and the white male went on his way. I asked [REDACTED] if there was anyone he knew who could get me some marijuana. [REDACTED] said "Yeah, I got a call by boy, the one who used to get me the shit I used to sell here." I asked if he could bring it tomorrow (Saturday). [REDACTED] said "I'm gonna call up boy and see what's up. He could come around the crib" I told [REDACTED] I wanted to get it in the morning. [REDACTED] said "I'll call you" and I gave [REDACTED] the phone number to my P850 issued cell phone. At that point we went our separate ways.

At 05:30pm I received a phone call on my P850 issued cell phone from phone number (561) 804-4475. When I answered it was [REDACTED] however, I asked who it was and he said [REDACTED] said "I'm here with the guy I told you about. What do you want?" I told [REDACTED] I wanted a double (8) dimes. [REDACTED] said "hold on." The next thing I heard was another guy's voice on the phone. I asked who it was and he said [REDACTED] then he said "so you want to start selling?" I said "No, I only want to smoke." Then [REDACTED] said "What do you want?" I again said a double (8) dimes. A dime is a street term for \$10 worth of marijuana. He agreed and said he would give it to [REDACTED] to bring it to school. At that point [REDACTED] got back on the phone and I told him I would get it from him first thing in the morning and he agreed.

STATE OF FLORIDA COUNTY OF PALM BEACH	Signature of Arresting/Investigative Officer <u>[Signature]</u> 7452
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>21</u> day of <u>January</u> 20 <u>05</u> by <u>[Signature]</u> 7452	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	Notary Signature <u>[Signature]</u> 4100

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number FLO 5 0 0 0 0 0

Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number 0 6 10 5 11 6 8

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

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

Charge Description State of Florida in coast school

Charge Description

Victim's Name (Last, First, Middle) State of Florida

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

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... committed the below acts in my presence. admitted to the below facts. was observed by who told that he/she saw the arrested person commit the below acts. was found to have committed the below acts, resulting from my (described) investigation. On the 01 day of January 2005 at 300 P.M. (Specifically include facts constituting cause for arrest.)

At that point the conversation ended. On 01/01/05 at 4:30pm I was working in undercover capacity at 0101 Greenview Acres Blvd, Wellington, Wellington community high school. I reported to my first class team sports. [Redacted] when approached me and said "Oh, I couldn't bring that shit for you cause my friends would doesn't trust anyone in school or anyone he doesn't know plus he doesn't want me to get in trouble." At that point [Redacted] had to leave because when he returned we continued our conversation. [Redacted] said "The guys were is the one who has the stuff and he wants to meet you. He wants you to go by the hood." I told him I didn't feel comfortable going to someone's house. I did not know. I asked if [Redacted] would bring it to school and I would meet him in the parking lot. [Redacted] agreed to call [Redacted] to ask him to bring the Marijuana with him. At that point the conversation ended.

At 3:00pm I called [Redacted] from my P850 issued cell phone. [Redacted] said his work did not want his money to get stolen. I asked if he could bring it to school. [Redacted] said "I'll see what I can do".

At 3:30pm I called [Redacted] again from my P850 issued cell phone. [Redacted] agreed to meet with me in the student parking lot.

At 3:30pm I met with [Redacted] in the security parking lot [Redacted] had told.

STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of January 2005 by Sgt Puyes 4452

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

Fonseca 4100 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 10 31 11 6 2
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes

Name (Last, First, Middle)	Alias	Race B	Sex M
Charge Description Sale of Marijuana in school	Charge Description		

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

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

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

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

On the 01 day of January 2005 at 600 _____ A.M. P.M. (Specifically include facts constituting cause for arrest.)

I was with _____ in the morning and said he asked _____ to bring the marijuana with him to school. After a few minutes we walked towards the student parking lot and that's when we saw _____ walking towards us. At that point I asked _____ if _____ had the weed on him he said yes. As _____ approached _____ said he had to go to the bathroom. Before _____ left he said to _____ "hook her up," referring to him selling me the marijuana. We agreed on _____ agreed and _____ went to the bathroom. _____ asked if I had a car, I said yes and we walked towards my 7850 issued vehicle. _____ got into the passenger side and I got into the driver side. We made small talk as he reached into his shirt's pocket _____ pulled out (5) small baggies filled with marijuana. _____ handed me four and kept one in his hand. I handed _____ the \$20 provided by 7850 investigative funds (serial # 2681042033). Once the exchange was made he got out of my car and I drove away from where I was parked.

I later positively identified _____ B/M. He was wearing a black T-shirt and light blue shorts.

I did test the substance with a Duquenois Marijuana testing kit and it tested positive for THC. The total weight was 4.6 grams. After I packaged it into

STATE OF FLORIDA COUNTY OF PALM BEACH	Signature of Arresting/Investigative Officer <i>[Signature]</i> 4752
The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of January 2005 by <i>[Signature]</i> 7152	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	

Agency ORI Number: 5000000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 0610511602 Special Notes: Charge Type: 1. Felony [checked] 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Defendant Name: [Redacted] Race: B Sex: M Date of Birth: [Redacted] Charge Description: Sale of Marijuana within 1000ft school

I, the undersigned, certify and swear that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. I committed the below acts in my presence.

On the 21 day of January 2005 at 900 P.M. Evidence bag submitted it into evidence. [Redacted] Blu is in violation of F.S. 893.13 (1a2) sale of marijuana within 1000ft of a school. [Redacted] Blu is in violation of F.S. Conspiracy to sell marijuana

STATE OF FLORIDA COUNTY OF PALM BEACH Signature of Arresting/Investigative Officer: [Signature] The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of January 2005 by Sgt Reyes 7452 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Fingerprint 4100 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

OBTS Number

Agency ORI Number

Agency Name

Agency Report Number

FLO 5 0 0 0 0 0

PALM BEACH COUNTY SHERIFF'S OFFICE

0 6 1 0 5 1 1 6 2

11 11

Charge Type: Check as many as apply.
1. Felony
2. Traffic Felony
3. Misdemeanor
4. Traffic Misdemeanor
5. Ordinance
6. Other

If Weapon Seized

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)

Location of Offense (Business Name, Address) Wellington Comm #3.
6101 Greenview Shores Blvd, Wellington

Date of arrest

Time of Arrest

Booking Date

Booking Time

Jail Date

Jail Time

Location of Vehicle

Name (Last, First, Middle)

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race: W - White, B - Black
Sex: M
Height: [redacted]
Weight: [redacted]
Eye Color: [redacted]
Hair Color: [redacted]
Complexion: [redacted]
Build: [redacted]

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status

Religion

Indication of Alcohol Influence
Drug Influence

Y N Unk

Local Address (Street, Apt. Number)

(City) (State) (Zip)

Phone

Residence Type:
1. City
2. County
3. Florida
4. Out of State

1 2

Permanent Address (Street, Apt. Number)

(City) (State) (Zip)

Phone

Address Source

FCJG

Business Address (Name, Street)

(City) (State) (Zip)

Phone

Occupation

Student

D/L Number, State

Soc. Sec. Number

INS Number

Place of Birth (City, State)

Citizenship

Co-Defendant Name (Last, First, Middle)

Race

Sex

Date of Birth

1. Arrested
2. At Large

3. Felony
4. Misdemeanor
5. Juvenile

Co-Defendant Name (Last, First, Middle)

Race

Sex

Date of Birth

1. Arrested
2. At Large

3. Felony
4. Misdemeanor
5. Juvenile

Parent Legal Custodian Other:

Name (Last)

(First)

(Middle)

Residence Phone

Address (Street, Apt. Number)

(City)

(State)

(Zip)

Business Phone

Notified by: (Name)

Date

Time

Juvenile Disposition
1. Handled/Processed within Dept. and Released.

2. TOT HRS/DYS
3. Incarcerated

Released To: (Name)

Relationship

Date

Time

The above address was provided by [redacted] defendant and / or [redacted] defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

School Attended

Grade

Property Crime? Yes No

Description of Property

Value of Property

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other, Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

Charge Description: Conspiracy to Sell Heroin, Counts: 1, Domestic Violence: Y N, Statute Violation Number: 8,9,3,1,1,3, Violation of ORD #

Drug Activity: M, Amount / Unit: 4.6 grams, Offense #: 05-162, Warrant / Capias Number, Bond

Charge Description, Counts, Domestic Violence: Y N, Statute Violation Number, Violation of OF-D #

Drug Activity, Drug Type, Amount / Unit, Offense #, Warrant / Capias Number, Bond

Charge Description, Counts, Domestic Violence: Y N, Statute Violation Number, Violation of ORD #

Drug Activity, Drug Type, Amount / Unit, Offense #, Warrant / Capias Number, Bond

Charge Description, Counts, Domestic Violence: Y N, Statute Violation Number, Violation of ORD #

Drug Activity, Drug Type, Amount / Unit, Offense #, Warrant / Capias Number, Bond

Location (Court, Room Number, Address)

Court Date and Time

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED 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

HOLD for other Agency Name:

Signature of Arresting Officer

Name Verification (Printed by Arrestee)

Dangerous, Resisted Arrest, Suicidal, Other:

Name of Arresting Officer (Print)

I.D. #

(PRINT)

PAGE

Intake Deputy

I.D. # Pouch #

Transporting Officer

I.D. #

Agency