

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-140

Respondent.

FINAL ORDER

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

FINDINGS OF FACT

1. Respondent's parents were notified by the Principal of Jupiter High School that the Respondent was being recommended for expulsion on March 31, 2005. The Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit A).
2. Respondent's parents were notified by the Superintendent of the School District of Palm Beach County, Florida ("School District") on May 19, 2005, via certified and regular mail, that the Respondent would be recommended to the School Board to be expelled from the School District. The Notice of Recommendation for Expulsion is incorporated by reference and made a part hereof as (Exhibit B).
3. Said notice advised Respondent's parents of their right to an administrative hearing to contest the charges contained therein provided they requested a hearing within ten (10) days of receipt of same.
4. Respondent's attorney request an expulsion hearing. The Recommended Order is incorporation by reference and made a part hereof as (Exhibit C).

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 May 19, 2004, to wit:

Sale and/or distribution of drugs/imitation/prescription while on the campus of
Jupiter High School on March 18, 2005.

ORDERED AND ADJUDGED by the School Board in regular session that the recommendation of the Superintendent be accepted and confirmed. [REDACTED] is hereby expelled from the School District for one calendar year from April 15, 2005. Respondent may choose to continue educational services during her 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

Regular and Certified Mail

Return Receipt Requested

Date 03/31/2005

Student Number

[Redacted]

[Redacted]

Custodial Parent/Guardian of:

[Redacted]

Dear Custodial Parent/Guardian:

On 03/28/2005 your son/daughter/ward was rendered a ten (10) day suspension as documented by my letter to you, a copy of which is attached.

Pursuant to Florida Statute § 230.23(6)(c), which authorizes the School Board to decide cases recommended for expulsion, I have this date recommended to the Expulsion Screening Committee that the School Board expel your son/daughter/ward from the public schools of Palm Beach County. My recommendation is based on substantial evidence available to me supporting the following serious misconduct.

[Redacted] was arrested by School Police for the possession and sale of drugs (case # 05-1116)

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 04/12/2005, your son/daughter/ward is assigned to the Department of Alternative Education.

Sincerely,

Dr. Paula F. Nessmith

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

Lèt regilye ak rekòmande

Resi pou lèt rekòmande a #

Dat 03/31/2005

Nimewo Elèv

[Redacted]

[Redacted]

Paran oswa responsab:

[Redacted]

Chè paran/responsab:

Nan dat 03/28/2005, nou te bay piti ou an dis (10) jou sispansyon. Mwen te voye yon lèt pou te fè w konnen sa, mwen voye yon kopi ansanm ak lèt sa a.

Dapre lwa Florid nan atik 230.23 (6) (c) ki bay komite depatman edikasyon an otorite pou deside sou ka yo rekòmande pou ekspilsyon, nan dat jodi a mwen mande Komite Rekòmandasyon pou Ekspilsyon an pou Komite Depatman Edikasyon mete piti ou deyò nan lekòl piblik nan rejyon Palm Beach la. Rekòmandasyon sa a chita sou baz bon jan prèv mwen genyen ki montre move konpòtman piti ou an.

[Redacted] was arrested by Scool Police for the possession and sale of drugs (case # 05-1116).

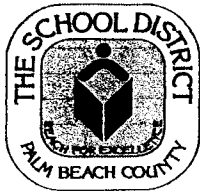
Dapre lwa nan eta Florid seksyon 230.33(8), Sipèentandan an kapab pwolonje sispansyon dis (10) jou a jiska dat reyinyon manm dirijan Depatman Edikasyon an, lè y ap genyen pou pran yon desizyon sou ka a.

Kòmanse nan dat 04/12/2005, piti ou dwe ale nan Pwogram Depatman Edikasyon Altènativ la.

Sensèman,

Dr Paula F. Nessmith

cc: Sipèentandan zòn nan
Ofisye Akademik Anchèf
Direktè Depatman Edikasyon Altènativ
Depatman Polis Lekòl yo



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

FM 5 00PM

May 19, 2005

CERTIFIED AND REGULAR MAIL
RETURN RECEIPT REQUESTED

7003 2260 0001 9364 3985

NOTICE OF RECOMMENDATION FOR EXPULSION

Dear Mr. and Mrs. [REDACTED]

Based upon the recommendation of Paula Nessmith, Principal of Jupiter 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 daughter, [REDACTED] from the Palm Beach County School District. This decision is based upon the following action:

Sale and/or distribution of drugs/imitation/prescription while on the campus of Jupiter High School on March 18, 2005.

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

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

Sincerely,

Arthur C. Johnson, Ph.D.
Superintendent

ACJ:AK:JRA:LEP:mjp

cc: Principal, Jupiter High School
North Area Superintendent
Chief Academic Officer
Director of Alternative Education

BEFORE THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA

ARTHUR C. JOHNSON, PH.D.
As Superintendent of Schools,

Petitioner

Case No. 04/05-X-140

vs.

[REDACTED]

Respondent.

RECOMMENDED ORDER

THIS CAUSE came to be heard September 8, 2005 upon DR. ARTHUR C. JOHNSON'S, Petition for Expulsion, as concerns [REDACTED] Jupiter Community High School student, for violation of School Board Policies 5.18 and 5.1813 and to the attached Petition, more specifically sale and/or distribution of drugs/imitation/prescription on campus of said high school on March 18, 2005. This Hearing Officer, having reviewed the record, and being otherwise fully advised in the premises following the presentation of all the evidence, does hereby make the following findings of fact and conclusions of law.

1. Respondent's parents, [REDACTED] Respondent, [REDACTED], and TARA A. FINNIGAN, attorney for the Respondent, stated they had received proper notice for this hearing. They also stated that the Respondent had no additional witnesses.
2. During Petitioner's case in chief, IOLA T. MOSLEY, Counsel for the Petitioner, the School District, called upon SCOTT A. BLAKE, Assistant Principal at Jupiter Community High School. In his testimony SCOTT A. BLAKE:
 - a. Stated that on March 18, 2005, following a report by students as to the Respondent's alleged activities, he removed [REDACTED] from her classroom and conducted her to his office.
 - b. Stated that he questioned [REDACTED] and asked her if she had in her possession anything improper. She denied this and volunteered a search of her purse. In the contents of her purse he found a gum container with pills which [REDACTED] identified as for her acne condition. These pills were identified by Petitioner's Exhibit #2. SCOTT A. BLAKE stated that he gave the pills to the former Save School Counsel, DEBORAH A. JOHNSON and called Office Pope.
3. Following the temporary excusal of the witness, , IOLA T. MOSLEY, Counsel for the Petitioner, the School District, called upon the former Save School Counsel, DEBORAH A. JOHNSON, whose testimony was as follows:

- a. Stated she identified the pills for Officer Pope as methadone from a chart.
 - b. Stated, under cross examination, that she had no contact with the Respondent, [REDACTED] at that time.
4. Following the recall of SCOTT A. BLAKE to the witness stand, the Assistant Principal:
 - a. Stated that following the identification of the pills as methadone, Respondent apologized, said the pills were not hers and stated that she was holding them as an intermediary between the seller and the purchaser. She then made a written statement, which was admitted over objection as Petitioner's Exhibit #1. In this statement she indicated she knew the pills were very popular.
 - b. Under cross examination SCOTT A. BLAKE stated that Respondent [REDACTED] had verbalized her statement prior to writing it and that he had not advised her that she did not have to answer his questions.
5. Prior to the presentation of Respondent's case-in-chief, Respondent's attorney, TARA A. FINNIGAN, moved for Summary judgment, arguing there was no direct proof the Respondent knew the nature of the pills and that there was an insufficient connection between the pills seizure and their identification. The Expulsion Hearing Officer denied this motion for the following reasons:
 - a. Respondent's admission showed her knowledge of the pill's true identity.
 - b. Respondent counsel's motion failed to meet the standard for a request for a Summary Judgment.
 - c. The granting of such a motion is beyond the authority of the Expulsion Hearing Officer, whose role is to hear the evidence and to make a recommendation as to whether it is sufficient to support Petitioner's case.
6. Respondent's sole witness, [REDACTED]:
 - a. Stated that she never did drugs and that she thought she was holding Xanax.
 - b. Stated she felt coerced to hold the drugs. She was not threatened physically, but she was afraid to refuse.
 - c. Stated that she had no financial gain in this matter.
 - d. Stated that she went to a student who was a known drug user to secure the pills and that she had held the purchaser's money to secure them.
7. In Respondent's closing statement, Respondent's attorney, TARA A. FINNIGAN, argued that the [REDACTED] is not a drug user, that she felt under duress to act as an intermediary in the drug purchase, and that she lacked the capacity to commit a crime. She added that what Respondent did should not be considered a crime.
8. The Expulsion Hearing Officer advised Respondent's attorney, TARA A. FINNIGAN, again of his role in this hearing. He could consider only whether there was evidence to support the Petitioner's recommendation that there was a

violation of the School Board Policies cited in the charge, not whether the policies were appropriate.

9. Based upon respondent [REDACTED]'s admission that she had purchased the pills for another student and that she intended to redistribute them to that person, which constitutes intent to sell or distribute, the undersigned finds the Superintendent has met the burden of proof as concerns respondent [REDACTED]'s sale or distribution of drugs/imitation/prescription on the campus of Jupiter Community High School on March 18, 2005 in contravention of School Board Policies 5.18 and 5.1813. This finding is underscored by Respondent's own testimony during Respondent's case in chief.

Accordingly, this Hearing Officer recommends that expulsion be granted for a period of one year.

DONE AND ORDERED in Boynton Beach Beach, Florida this 12th day of September, 2005.


GERALD B. KORNBLUM, ESQ.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	05-1116
Date	04/18/05
Time	1209

WITNESS VICTIM SUSPECT OTHER

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

I voluntarily furnish this sworn/affirmed statement to: Officer OFC. S. POPE #852 ID 852

VICTIM ONLY (Parent of Juvenile) :

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

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

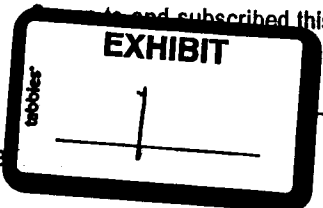
STATEMENT

On Wednesday, March, 16, 05, in Mrs. Reyes, 1st hour [REDACTED] and [REDACTED] were talking about drugs and he was telling [REDACTED] how he could get a good deal on them, so she gave him 25\$ to get her some pills. then in my next hour (3rd, Mrs. Panebianca) I was telling [REDACTED] about what [REDACTED] and [REDACTED] were talking about, and she asked if I could give some money to [REDACTED] to give to [REDACTED] to get her some, so she gave

SIGNATURE, PERSON MAKING STATEMENT DATE 4/18/05

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE



I have read and subscribed this 18TH day of MARCH , 20 05

NOTARY PUBLIC, STATE OF FLORIDA

OFC. S. POPE #852
LAW ENFORCEMENT OFFICER ID NO. 852



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	05-1116
Date	04/18/05
Time	1209

WITNESS VICTIM SUSPECT OTHER

NAME OF PERSON MAKING STATEMENT (if Juvenile)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
[REDACTED]	/ /	() -	() -
ADDRESS (if not address of person making statement)			

I voluntarily furnish this sworn/affirmed statement to: Officer OFC. S. POPE #852 ID 852

VICTIM ONLY (Parent of Juvenile) :

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

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

me 100\$ to give to [REDACTED] and later on that day I found [REDACTED] and gave him the money. Then on Friday, March, 18, 2005 [REDACTED] was given the pills by [REDACTED] and asked me to hold them for her because her parents usually look through her purse, so I said yeah, I was thinking that the pills were bars because that is a very popular drug.

PERSON MAKING STATEMENT (sign every page) DATE 3/18/05

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 18TH day of MARCH, 2005.

NOTARY PUBLIC, STATE OF FLORIDA 1 OFC. S. POPE #852
LAW ENFORCEMENT OFFICER ID NO.

SUMMARY OF INCIDENT	
Student Name	[REDACTED]
Student ID #	[REDACTED]
School	Jupiter High School
Principal	Dr. Paula Nessmith
Area Supt.	Marisol Ferrer
Grade	09
Sex	Female
Date of birth & age	[REDACTED]
Language	English
ESE/504	ESE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 504: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of Incident	03/18/05
Violation & Code	Possession, Use, or Storage of Drugs 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	Possession of Drugs (methadone) 05-1116
Persons involved & witnesses to testify	PBSD Officer Sean Pape Assistant Principal Barbara Gomez
Student's Explanation of Incident (Use additional page if necessary)	See attached student statement
Additional Information (Use additional page if necessary)	

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

Paula Nessmith
Principal's Signature

4-1-05
Date

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

Student Discipline Referral

filed 3-29-05

STUDENT NUMBER [REDACTED]	GRADE 9	ESE / 504 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DATE 03/18/05	TIME 1:20
LOCATION GR	REPORTED BY OFC POPE 852	SCHOOL JHS	BUS CODE	
BK - Bookstore BS - Bus Stop BU - School Bus/Transportation CA - Cafeteria CL - Clinic CS - Regular Classroom GR - School Grounds GY - Gymnasium HA - Hallway IS - Alternative to Suspension Room LA - Laboratory LI - Library/Media Center OF - Office OG - Off School Grounds OT - Other PG - Playground/Track PK - Parking Lot RE - Restroom RT - Returning Home TO - Field Trip/Activity TR - To School	INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Letter to parent <input type="checkbox"/> De-escalation techniques <input type="checkbox"/> Mediation <input type="checkbox"/> Parent Conference <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Teacher detention <input type="checkbox"/> Other	INTERVENTIONS BY TEACHER BEFORE REFERRAL <input type="checkbox"/> Conference with student <input type="checkbox"/> Referral to CORE team <input type="checkbox"/> Parent Conference <input type="checkbox"/> Problem solving techniques <input type="checkbox"/> Teacher detention <input type="checkbox"/> Telephone call to parent <input type="checkbox"/> Conference with counselor <input type="checkbox"/> Other	NATURE OF PROBLEM (Be Specific) FOUND IN POSSESSION OF (15) PILLS OF METHADONE PILLS WERE NOT PRESCRIBED TO THIS STUDENT PILLS WERE STATED IN A SMALL CANDY CONTAINER IN ORDER TO DISGUISE. CHARGED WITH A FELONY	REPORTED BY (CODE) (Use number below for those persons without a staff ID.) 975 - Paraprofessional 976 - Bus Driver 977 - Clerical 978 - Crossing Guard 979 - Custodian 980 - Food Service Staff 981 - Law Enforcement Officer 982 - Parent/Guardian 983 - Student 984 - Substitute Teacher 985 - School Volunteer 999 - Other

DISTRICT NUMBER DISTRICT 50 If not District 50, provide District number	WHEN EVENT OCCURRED (circle one) 1 - DURING SCHOOL HOURS 2 - Outside school hours, school sponsored activity 3 - Outside school hours, non-school sponsored activity 4 - Unrelated event or unknown	WHERE EVENT OCCURRED (circle one) 1 - SCHOOL GROUNDS / ON CAMPUS 2 - School sponsored activity / off campus 3 - School sponsored transportation (includes bus stops)	INVOLVEMENT TYPE (circle one) S - STUDENT N - Non-student B - Both student and non-student U - Unknown	RELATED ISSUES (circle all that apply) G - Gang related W - Weapon related A - Alcohol related H - Hate related D - Drug related
SCHOOL NO HOME SCHOOL If not Home School, provide School Number.	ADMINISTRATOR'S NAME V. Alvarez	ADMINISTRATION ID 282	EVENT NUMBER 10832519	DATE 3-28-05
WHAT KIND OF WEAPON USED (if appropriate) K - Knife H - Handgun F - Firearm/Explosive device R - Rifle/Shotgun O - Other Weapon U - Unknown	INCIDENT CODES (see code sheets) 75	ADMINISTRATOR'S NAME COMMENTS	DATE	DATE
DURATION How many days Begin Date 3/28/05 Return Date 4/11/05	ACTION CODE (see code sheets) 90 09	TRESPASSING NOTICE: I, the student, am aware that I may not be on school grounds and may not attend any school functions or school activities on or off school grounds of any Palm Beach County School District facility.	SIGNATURE OF STUDENT [REDACTED]	DATE 3/18/05
CASE NUMBER/GENERAL PRACTICE 05-116	ORIGINAL - Administration	COPY - Parent	COPY - Original	COPY - Guidance Counselor / ESE Contact

[REDACTED]
March 20, 2005

After leaving the school with [REDACTED] Friday March 18, 2005, we sat down with [REDACTED] and her parents so we could make sure we got the whole truth from both girls.

Originally [REDACTED] had stated that the pills belonged to [REDACTED]. When I told [REDACTED] this she burst into tears and said she would rather [REDACTED] said the pills were hers than tell the truth that they belonged to [REDACTED]. Both girls are very scared of this [REDACTED] and feel that if she finds out they have told on her they will be beat up by either her or her group of friends.

We explained to the girls that regardless of this we needed to have the full truth, and this was a problem we could take care of together later. Both girls were reluctant to involve [REDACTED] but as I pointed out to them, [REDACTED] name had already been given in [REDACTED] statement to the police, so it made no sense not to tell the whole truth regarding who the pills actually belonged to.

Attached is [REDACTED] new statement. Obviously I would have preferred that the statement [REDACTED] gave on Friday March 18, 2005, was the full account of what happened, but I hope you will understand the reason it was not. [REDACTED] was scared, and after having time to think about the whole incident and the seriousness of it she understands the importance of telling the complete truth.

I would also ask you to consider [REDACTED] previous good record before making any decisions regarding allowing her back into the school and making any recommendations regarding the punishment she will be given. I feel confident that there will never be a repeat of this kind of bad judgment on her part. She understands that she made a stupid and serious mistake by allowing herself to be put in the middle of this deal, and does not want to be in that position again. Also we will be keeping a close eye on her activities and will make sure she buckles down and stays on track.

Lastly, I would also ask you to consider allowing [REDACTED] to serve five of her suspension days now, and keeping the other five in abeyance on the understanding there is never a repeat of this behavior.

Thank you for your time. We are available at your convenience to attend the meeting you mentioned, and appreciate any consideration you can give regarding the above.

[REDACTED]
[REDACTED]
[REDACTED]

EVENT NARRATIVE

Date: 3/31/2005

Submitted by: Kent Heitman
Title: Assistant Principal

Discipline Narrative for _____

This is to recommend an expulsion for student, _____ for
Possession and Sale of drugs.

Narrative:

_____ was arrested by Officer Sean Pope on Friday, March 18, 2005 for the possession of 15 methadone pills that she received from another student for \$100 that was given to her by a student who wanted to purchase the drugs. _____ was acting as the "middle man" in a drug deal. She gave three different statements. Her final statement that was submitted to the Administration and School Police on March 29, 2005, clearly indicates she played an integral role in a drug deal. Assistant Principal, Barbara Gomez handled the discipline referral. - See attached student statement. Initially _____ indicated she was coerced into getting the drugs by the buyer.

[REDACTED] asked me, On Wednesday if I could get her some pills, and I thought yeah, [REDACTED] always gets them so I told her yes. Then she gave me 100\$ to give to him, so the next day Thursday I gave him the money and he told me he would have them by tomorrow. So on Friday he brought the pills, and [REDACTED] and himself took some, but I didn't. Then he gave them to me to give to her in 3rd period, but she wasn't satisfied with them and gave them back to me to give back to him for her money back, so I said OK. But in that time I went to 5th hour and the police came and got me, in the meanwhile [REDACTED] had left school to go and pick up [REDACTED] other pills.

The reason I didn't tell the full story is because I am scared of [REDACTED] and her friends, and if she found out I told I don't know what would happen to me.

[REDACTED]

OFFENSE-INCIDENT REPORT

Juvenile Report Juvenile Warn/Dismiss 1. Original Report 2. Supplement **1**

ADM.	Date of Supplement		PALM BEACH COUNTY SCHOOL BOARD				Agency Report Number 051116	
	Original Day Reported FRI 03/18/2005	Date 03/18/2005	Time (mil) 1120	Time Dispatched (mil)	Time Arrived (mil)	Time Completed (mil)		
	Incident Type 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other	Incident: Day From FRI 03/18/2005	Date Time (mil) 1120	To Day FRI	Date Time (mil) 03/18/2005 1120	
	OFF/INC # # 1	Type 1	Description DRUG METHADONE	A-Attempted C-Committed C	Statute Violation Number 893	-	13	
	OFF/INC # # 2							
	Incident Location (Street, Apt. Number) 81		City JUPITER	Zip 33458	District	Grid	Area 18	
EVENT DATA	Business Name/Area Identifier JUPITER HS						Forced Entry 0. N/A 2. No. 1. Yes	Occupancy 0. N/A 2. Unoccupied 1. Occupied 3. Abandoned
	Location Type		01. Residence Single		06. Gas Station	11. Specialty Store	16. Storage	
	02. Apartment/Condo		07. Liquor Sales		12. Drug Store/Hospital	16. Gov't/Public Bldg.	21. Airport	
	03. Residence-Other		08. Bar/Nightclub		13. Bank/Financial Inst.	17. School/University	22. Bus/Rail Terminal	
	04. Hotel/Motel		09. Supermarket		14. Commercial/Office Bldg.	19. Jail/Prison	23. Construction Site	
	05. Convenience Store		10. Dept/Discount Store		15. Industrial/Mfg.	20. Religious Bldg.	24. Other Structure	
							25. Parking Lot/Garage	
							26. Highway/Roadway	
							27. Park/Woodlands/Field	
							28. Lake/Waterway	
							29. Motor Vehicle	
							30. Other Mobile	
							99. Other	
	# OFF/INC. 01	# Victims 01	# Offenders 01	# Prem. Ent. 00	# Veh. Stolen 00	Type of Weapon 00. N/A 01. Handgun	02. Rifle 03. Shotgun 04. Firearm	
						05. Knife/Cutting Instrument 06. Blunt Object	07. Hands/Fist/Feet 08. Poison 09. Explosives	
						10. Fire/Incendiary 11. Threat/Intimidation 12. Simulated Weapon	13. Drugs 88. Unknown 99. Other	
							00	
CODES	V/W Code V-Victim W-Witness C-Reporting Person	P-Proprietor Z-Other	Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult	4. Business 5. Government 6. Church 7. Other	Race N-N/A W-White B-Black	I-American Indian O-Oriental/Asian U-Unknown	Sex N-N/A M-Male F-Female U-Unknown	
	Residence Type 0. N/A 3. Florida 1. City 4. Out-of-State 2. County		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal			
	Injury Type 00. N/A 01. Gunshot 02. Stabbed	03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury	07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 99. Other	Victim Relationship To Offender 00. N/A 01. Undetermined 02. Stranger	06. Parent 07. Brother/Sister 08. Child 09. Step-Parent	10. Step-Child 11. In-Law 12. Other Family 13. Student	14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend 17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee	
							21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known	
VICTIM/WITNESS	OFF/INC Indicator 1.#1 3.Both 2.#2	V/W Code 1 V	# 01	V.Type 9	Name (Last, First, Middle or Business) STATE OF FLORIDA			Residence Phone
	Address (Street, Apt. Number) WEST PALM BEACH		City WEST PALM BEACH	State FL	Zip 33406	Business Phone		
	Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement			
	If V/W Code V, W or P	Race N	Sex N	Date of Birth or Age	Res. Type	Res. Status	Extent of Injury	
							Injury Type(s) 00 00	
							Relationship 00	
							Ethnicity	
							Will Victim prefer charge? Yes <input type="radio"/> No <input type="radio"/>	
VICTIM/WITNESS	OFF/INC Indicator 1.#1 3.Both 2.#2	V/W Code 1 W	# 01	V.Type 3	Name (Last, First, Middle or Business) BLAKE, SCOTT			Residence Phone
	Address (Street, Apt. Number) 500 N. MILITARY TRAIL		City JUPITER	State FL	Zip 33458	Business Phone 561-7447900		
	Other Contact Info. (Time Available, Interpreter, etc.)				Synopsis of Involvement			
	If V/W Code V, W or P	Race W	Sex M	Date of Birth or Age 40	Res. Type 1	Res. Status 1	Extent of Injury 00 00	
							Relationship 00	
							Ethnicity	
							Will Victim prefer charge? Yes <input type="radio"/> No <input type="radio"/>	
SUSPECT	OFF/INC Indicator 1.#1 3.Both 2.#2	Suspect Code S-Suspect E-Escapee A-Arrestee Z-Other	Code #	Juvenile	Name (Last, First, Middle)			Residence Phone
	Maiden Name		Nickname/Street Name		Place of Birth			Business Phone
	Last Known Address (Street, Apt. Number)		City	State	Zip	Business Phone		
	Occupation		Employer/School		Address			Social Security Number
	Driver's License State/Number		Immigration and Naturalization Number		Other I.D. Number		OBTS Number (Arrested)	
							FCIC/NCIC	
	Clothing (Describe)				Scars/Marks/Tattoos (Location/Describe)			
	Race	Sex	Date of Birth or Age	Height	Weight	Eye Color	Hair Color	
							Hair Length	
							Hair Style	
	Complexion	Build	Facial Hair	Teeth	Speech/Voice	Special Identifiers		
NARRATIVE	SEE ATTACHED NARRATIVE							
	Person/Unit Notified		Time	Related Report Number(s) CIT5929-CRK7				
	Officer(s) Reporting POPE		I.D. Number(s)/Locator Code 852		Unit			
	Officer Reviewing (If Applicable)		I.D. Number	Routed To	Referred	Assigned To OEF	By JW	Date
	Case Status CA	Clearance Type 1. Arrest 2. Exceptional 3. Unfounded 4. Open Pend. 1		A-Adult J-Juvenile J	Date Cleared 03/22/2005	Jail Number	Number Arrested 01	
	Exception Type 1. Extradition Declined	2. Arrest on Primary Offense 3. Death of Offender 4. W/V Refused to Cooperate		5. Prosecution Declined 6. Juvenile Custody		OBTS Number 051116	Page of	

PERSON(S) REPORT

Juvenile In Report 1. Original 2. Supplement

PALM BEACH COUNTY SCHOOL BOARD

Agency report Number

051116

ADM	Date of Supplement		PALM BEACH COUNTY SCHOOL BOARD										Agency report Number											
	Original Date Reported 03/18/2005		Primary Offense Description NARCOTICS					Victim #1 Name JOHNSON, DEBBIE																
CODES	V/W Code V-Victim W-Witness C-Reporting Person		P-Proprietor Z-Other		Victim Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Race N-N/A W-White B-Black		I-American Indian O-Oriental/Asian U-Unknown		Sex N-N/A M-Male F-Female U-Unknown		Residence Type 0. N/A 1. City 2. County		3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Part Year 3. Non-Resident		Extent of Injury 0. None 1. Minor 2. Serious 3. Fatal			
	Injury Type 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury		07. Loss of Teeth 08. Burns 09. Abrasions/Bruiases		10. N/A 01. Undetermined 02. Stranger		03. Spouse 04. Ex-Spouse 05. Co-Habitant		06. Parent 07. Brother/Sister 08. Child 09. Step-Parent		10. Step-Child 11. In-Law 12. Other Family 13. Student		14. Teacher 15. Child of Boy/Girl 16. Boy/Girl Friend		17. Friend 18. Neighbor 19. Sitter/Day Care 20. Employee		21. Employer 22. Landlord/Tenant 23. Acquaintance 99. Other Known					
VICTIM/WITNESS	OFF/INC Indicator 1. #1 2. #2		V/W Code # 1 W 02		V. Type 3		Name (Last, First, Middle or Business) JOHNSON, DEBBIE															Residence Phone		
	Address (Street, Apt, Number) 500 N. MILITARY TRAIL										City JUPITER		State FL		Zip 33458		Business Phone 561-7447900							
Other Contact Info. (Time Available, Interpreter, etc)										Synopsis of Involvement														
If Victim Type 1, 2, or 3		Race W		Sex F		Date of Birth or Age 35		Res. Type 1		Res. Status 1		Extent of Injury 00 00		Injury Type(s)		Relationship		Ethnicity		Will victim prefer charges? Yes <input type="checkbox"/> No <input type="checkbox"/>				
VICTIM/WITNESS	OFF/INC Indicator 1. #1 2. #2		V/W Code #		V. Type		Name (Last, First, Middle or Business)															Residence Phone		
	Address (Street, Apt, Number)										City		State		Zip		Business Phone							
Other Contact Info. (Time Available, Interpreter, etc)										Synopsis of Involvement														
If Victim Type 1, 2, or 3		Race		Sex		Date of Birth or Age		Res. Type		Res. Status		Extent of Injury		Injury Type(s)		Relationship		Ethnicity		Will victim prefer charges? Yes <input type="checkbox"/> No <input type="checkbox"/>				
SUSPECT OR MISSING PERSON	OFF/INC Indicator 1. #1 2. #2		Suspect Code S-Suspect A-Arrestee		E-Escaped M-Missing		R-Recovered Missing		Z-other		Code #		Juvenile		Name (Last, First, Middle)									
	Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone								
Occupation				Employer/School				Address				Social Security Number												
Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number				OBTS Number				FCIC/NCIC								
Clothing (Describe)										Scars/Marks/Tattoos (Location/Describe)														
Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style								
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers														
SUSPECT OR MISSING PERSON	OFF/INC Indicator 1. #1 2. #2		Suspect Code S-Suspect A-Arrestee		E-Escaped M-Missing		R-Recovered Missing		Z-other		Code #		Juvenile		Name (Last, First, Middle)									
	Maiden Name				Nickname/Street Name				Place of Birth				Residence Phone											
Last Known Address (Street, Apt. Number)										City		State		Zip		Business Phone								
Occupation				Employer/School				Address				Social Security Number												
Driver's License State/Number				Immigration and Naturalization Number				Other ID. Number				OBTS Number				FCIC/NCIC								
Clothing (Describe)										Scars/Marks/Tattoos (Location/Describe)														
Race		Sex		Date of Birth or Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style								
Complexion		Build		Facial Hair		Teeth		Speech/Voice		Special Identifiers														
MISSING PERSON/RUNAWAY	Incident Type 1. Runaway 2. Parental Victim 3. Involuntary Adult 4. Disabled 5. Endangered		6. Disaster 7. Voluntary		Foul Play Suspected? 1. Yes 2. No		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No 8. Unknown		Photo Available? 1. Yes 2. No 8. Unknown		Dental Record Available? 1. Yes 2. No 8. Unknown		MCIC Form Provided? 1. Yes 2. No									
	Date Last Seen		Time Last Seen		Location Last Seen (Address, City, St)				Accompanied By															
Mental/Physical Condition				Medication Required/Type				Doctor/Dentist (Name, Phone Number)																
Property Carried				ID. Type/Number				ID. Type/Number																
Probable Destination				Name/Address				Transportation Mode																
Recovery Information 0. N/A 1. Voluntary				2. Located- Not Returned		3. Hospitalized 4. HRS Custody		5. Law Enforcement Custody 6. Returned to Parent		7. Deceased 9. Other														
Officer(s) Reporting POPE		ID. Number(s)/Locator code 852		Unit Unk		Date																		
Officer Reviewing (If Applicable)		ID. Number		Routed To		Referred To		Assigned To OEF		By JW		Date												
										Page		Page												
										of														

OBTS Number **051116** Felony Misdemeanor Traffic Juvenile Warrant Jail No. Police Case No. **051116**

IDS No. Agency Code Municipal P.D. Def. ID No. MDPD Records and ID No. Court Case No.

DEFENDANT'S NAME: [REDACTED] First Middle DOB mo/day/yr Sex Race Ethnic Height Weight Hair Eyes
F W 505 142 BRO BRO

LOCAL ADDRESS Street City State Zip Phone Alias

PERMANENT ADDRESS Street City State Zip Phone Address Source Verbal Voter's ID
 Driver's License Other

BUSINESS ADDRESS Street City State Zip Phone Occupation Place of Birth

STUDENT
 DRIVER'S LICENSE NO. State Social Security No. Scars,Tattoos,Unique Physical Features

Weapon Seized? Type Arrest Date mo/day/yr Arrest Time Arrest Location (include name of business) GRID
 Yes No **00** **03/18/2005** **81 JUPITER HS**

If Def. has Concealed Weapons Permit. For Robbery, Burglary, F/A Viol: Suspected history of drug involvement? Yes No.Cases Cleared Influence of Drugs Influence of Alcoh. Citizenship Resid. Type: City County
 Yes No **00** No Yes No Unk **US** Florida Out of State

PERMIT # W-
 CO-DEFENDANTS Last First Middle DOB mo/day/yr In Custody Felony Juvenile
 At Large Misdemeanor
 1. At Large Misdemeanor
 2. At Large Misdemeanor

W	DRUG ACTIVITY	S. Sell	R. Smuggle	K. Dispense/	M. Manufacture/	DRUG TYPE	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/	J. Unknown
O	N. N/A	B. Buy	D. Deliver	Z. Distribute	Produce/	N. N/A	C. Cocaine	M. Marijuana	Equipment	Z. Other
C	P. Possess	T. Traffic	E. Use	Other	Cultivate	A. Amphetamine	E. Heroin	O. Opium/Dev.	S. Synthetic	

CHARGES	Activity	Type	Counts	STATUTE	D.V.	<input type="checkbox"/> AC <input type="checkbox"/> CAPIAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> CIT	VIOLATION OF SECT.
1. DRUG METHADONE	P	S	01	893.13.1	2	1	
2.				..		1	
3.				..		1	
4.				..		1	OF THE CODE OF

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

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

Hold for Other Agency
 Agency _____ Verified by _____
 I swear that the above Statement is correct and true to the best of my knowledge and belief.
POPE
 Officer's Name _____
 Officer's Signature _____
 Department Name _____ Court ID Number/Loc.Code _____

HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing)
 Sworn to and subscribed before me. the undersigned authority, this _____ day of _____ Deputy of the Court or Notary Public

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. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify the Clerk of the Court (Juveniles notify Family Division Juvenile Section) anytime that my address changes.
 You need not appear in court, but must comply with the instructions on the reverse side hereof.
 Signature of Defendant / Juvenile and Parent or Guardian _____

PROPERTY REPORT

PALM BEACH COUNTY SCHOOL BOARD

Agency Report Number
051116

ADM	Date of Supplement	Primary Offense Description		Victim #1 Name						
	Original Date Reported 03/18/2005	NARCOTICS		STATE OF FLORIDA						
CODES	Person Code V-Victim S-Suspect	P-Proprietor A-Arrestee Z-Other	Status Code 1. Stolen 2. Recovered	3. Stolen and Recovered 4. Recovered for Other Jurisdiction	5. Lost 6. Found 7. Safekeeping	8. Evidence/Seized 9. Other	Damage Code 0. N/A 1. Arson	2. Criminal Mischief 3. During other Offense 8. Other		
	Property Type		Name		Brand		Model Name/Number			
	A. Auto Accessory/Parts B. Bicycle C. Camera/Photo Equipment D. Drug E. Equipment/Tool	F. Food/Liquor/Consumable G. Gun H. Household Appliance/Goods I. Plant/Citrus J. Jewelry/Precious Metal	K. Clothing/Fur L. Livestock M. Musical Instrument N. Construction Machinery O. Office Equipment	P. Art/Collection Q. Computer Equipment R. Radio/Stereo S. Sports Equipment T. TV/Video/VCR	U. Currency/Negotiable V. Credit Card/Non-Negotiable W. Boat Motor X. Structure Y. Farm Equipment	Z. Miscellaneous				
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	V	01	01	8	D		DRUG			
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.) 15 methadone white pills with "54-142" on each pill					
	Value		Value Recovered		Date Recovered		FCIC/NCIC			
	\$		\$ 30		03/18/2005					
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		FCIC/NCIC			
	\$		\$							
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		FCIC/NCIC			
	\$		\$							
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		FCIC/NCIC			
	\$		\$							
PROPERTY	Person Code #	Item #	Status	Damage	Property Type	Quantity	Name	Brand	Model Name/Number	
	Serial Number		Owner Applied Number		Description (Size, Color, Caliber, Barrel Length, Etc.)					
	Value		Value Recovered		Date Recovered		FCIC/NCIC			
	\$		\$							
TOTALS	Property Stolen		\$		Change in Property Stolen Value		\$			
	Property Recovered		\$ 30		Change in Property Recovered Value		\$			
CODES	Activity	D. Deliver		Z. Other		Type	U. Unknown		Unit	
	P. Possess S. Sell B. Buy T. Traffic R. Struggle	E. Use K. Dispense/Distribute M. Manufacture/Produce/ Cultivate				A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen	M. Marijuana O. Opium/Derivative P. Paraphernalia/ Equipment S. Synthetic		1. Gram 2. Milligram 3. Kilogram 4. Ounce 5. Pound 6. Ton 7. Liter 8. Milliliter 9. Dose Unit/Item	
DRUGS	Activity	Type	Description		Quantity	Unit	Estimated Street Value			
							\$			
							\$			
							\$			
PROPERTY DETAIL NARRATIVE	SEE ATTACHED NARRATIVE									
ADMINISTRATIVE	Officer(s) Reporting			ID. Number(s)/Locator Code			Unit		Date	
	POPE			852						
Officer Reviewing (if applicable)		ID. Number	Routed To	Referred To	Assigned To	By	Date			
					OEF	JW				
Page 1 of 1										

ADM	Agency ORI Number FLO 5 0 4 2 0 0	THE SCHOOL DISTRICT OF PALM BEACH COUNTY SCHOOL POLICE	<input checked="" type="checkbox"/> Ju <input type="checkbox"/> Adult	<input checked="" type="checkbox"/> 1 - Original <input type="checkbox"/> 2 - Suppl.	<input type="checkbox"/> 1 - Offense <input checked="" type="checkbox"/> 2 - Arrest	Case Number 05-1116
	Original Date Reported 03/18/05	Offense POSS. SCHEDULE II (METHADONE) 893.13 (6a)				

On 03/18/05 at approx 1120 hours I met with Safe Schools coordinator Debbie Johnson and Jupiter High School Asst. Principal Scott Blake. Johnson advised us that a concerned student approached her a few minutes prior and advised Johnson that some students were in possession of pills, possibly Xanax on campus. One of the student's named was [REDACTED]. The reporting student asked to remain anonymous. Based upon this information, Blake asked me to respond to [REDACTED] class along with him to speak to [REDACTED] further about this. [REDACTED] was located and escorted to Blake's office, where she was advised of the anonymous tip. [REDACTED] stated that she did not have any drugs on her, and verbally consented to a search. [REDACTED] then began to voluntarily remove items from inside her purse and [REDACTED] handed me a round "Icebreakers" mints container. [REDACTED] stated to me that she had prescription drugs inside this container, and that they were prescribed to her for acne. [REDACTED] could not identify the pills inside. I then located 15 round pills inside, that were clearly marked/imprinted with the numbers 54-142. Using a desk reference and contacting the national Poison Control (1800 222 1222, Frank Alcantara) the pills were identified as Methadone, 10 MG.

I then read [REDACTED] Miranda rights, which she signed and agreed to speak to me further about this incident. [REDACTED] stated that in first hour class today, another student gave her the pills to hold for a day. [REDACTED] advised that the student had just purchased the pills from another male student, and was concerned her parents may find them. [REDACTED] stated that she was unsure what the pills were, and believed that they were Xanax. [REDACTED] advised that her only intention with the pills was to return them to the student she received them from.

Based upon the above facts, being that [REDACTED] was found in possession of a Methadone, I believe PC exists to charge [REDACTED] with possession of a schedule II substance per FSS 893.13 6a.

The 15 Methadone pills recovered were tot School Police evidence.

[REDACTED] mother responded to the school and removed her from campus after being advised of the charges being filed.

I was advised by JHS admin that [REDACTED] would receive disciplinary action.

ADMINISTRATIVE	Officer Reporting OFC. S. POPE #852	I.D. Number 852	Date 03/18/05	Lieutenant Reviewing <i>DW</i>	I.D. Number	Date	
	Captain Reviewing	I.D. Number	Date	Forward to	Date		
	Case Status Cleared	Clearance Type 1-Arrest 3-Unfounded 2-Exceptional	1	A-Adult J-Juvenile	J	Date Cleared 03/18/05	Recommended Youth Court <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Exception Type 1-Extradition Declined 2-Arrest on Primary Offense Without Prosecution	3-Death of Offender 4-V/W Refused to Cooperate	5-Prosecution Declined 6-Juvenile/No Custody	OBTS/Arrest Number	Page	of	



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	05-1116
Date	04/18/05
Time	1300

WITNESS VICTIM SUSPECT OTHER

NAME OF PERSON MAKING STATEMENT (full name) SCOTT A. Blake	BIRTH DATE 4/5/1965	HOME TELEPHONE NUMBER () -	WORK TELEPHONE NUMBER (561) 744-7900
ADDRESS (street address, city, state, zip code) 500 N. Military Trail Jupiter Florida 33458			

I voluntarily furnish this sworn/affirmed statement to: Officer OFC. S. POPE #852 ID 852

VICTIM ONLY (Parent of Juvenile) :

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

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

I received an anonymous tip that [redacted] was in possession of an illegal substance. I contacted school police and went to the student's classroom. After I asked the student to empty pockets and purse she handed the officer a container with the illegal substance.

[Signature] 3/18/05
SIGNATURE, PERSON MAKING STATEMENT (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 18TH day of MARCH, 2005.

[Signature] 852
NOTARY PUBLIC, STATE OF FLORIDA LAW ENFORCEMENT OFFICER ID NO.

Miranda Rights

Case No.	05-1116
Date	March 18, 2005
Time	1135

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

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

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

Me han avisado de mis derechos Miranda y los entiendo.

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

SIGNATURE
FIRMA
SIYATI

[Redacted Signature]

DATE
FECHA
DAT

3/18/05

Police Officer OFC. S. POPE #852
Policia
Ofisyè Polis

S. Pope #852

I.D. No 852
Nº de Identidad
Nimewo Idantite

Location JUPITER HIGH SCHOOL-SCHOOL POLICE OFFICE
Lugar de entrevista
Kote konvèsasyon an te fet

Witness
Testigo
Temwen

Witness
Testigo
Temwen



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
SCHOOL POLICE DEPARTMENT

Sworn/Affirmed Statement

Case No.	05-1116
Date	04/18/05
Time	1209

WITNESS VICTIM SUSPECT OTHER

(Name)	BIRTH DATE	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	() -
ADDRESS (street address, city, state, zip code)			
[REDACTED]			

I voluntarily furnish this sworn/affirmed statement to: Officer OFC. S. POPE #852 ID 852

VICTIM ONLY (Parent of Juvenile) :

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

SIGNATURE OF VICTIM (PARENT OF JUVENILE) DATE

STATEMENT

On Wednesday March, 16, 05, in Mrs. Reyes, 1st hour [REDACTED] and [REDACTED] were talking about drugs and he was telling [REDACTED] how he could get a good deal on them, so she gave him 25\$ to get her some pills. then in my next hour (3rd, Mrs. Panebianca) i was telling [REDACTED] and [REDACTED] about what [REDACTED] and [REDACTED] were talking about, and she asked if i could give some money to [REDACTED] to give to [REDACTED] to get her some, so she gave

[REDACTED] 4/18/05

SIGNATURE OF PERSON MAKING STATEMENT (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

WITNESS SIGNATURE (sign every page) DATE

Sworn to and subscribed this 18TH day of MARCH, 20 05.

NOTARY PUBLIC, STATE OF FLORIDA OFC. S. POPE #852
LAW ENFORCEMENT OFFICER ID NO.

PANEL: _____

A03. DEMOGRAPHICS
Friday April 1, 2005 3:44 pm

YEAR: 05

STDT: [REDACTED]

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

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

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

S R DOB BIRTH CITY ST VER PHONE PUB MIL SUMMER ORIG SAC SCHL2
F W [REDACTED] [REDACTED] [REDACTED] 1 561 [REDACTED] Y [REDACTED] [REDACTED] 082395 006 [REDACTED]

ENT DATE SCHL GR OD CL AT W/D DATE PR PF SSN EXTRNL NBR PC PS PD
E01 081104 0081 09 01 Y [REDACTED] [REDACTED] S FL 50

LNG PGL COB SURVEY STAT CAT LEP RES EN:DS SCHL C1:B-H-M-N CH2 EHA D/B ST:C M EX
EN EN US 060295 [REDACTED] ZZ 3 [REDACTED] N N N N Y N N N N Z

PF1=HELP 3=EXIT 7=BKWD 8=FWD 12=ESCAPE
RECORD IS DISPLAYED...NEXT? TERML: Z125



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

SECTION 1: Filing Receipt

Case number 05-1116

Agency Palm Beach County School Police

Arrest date _____

Received with reference to **DEFENDANT**

DOB 07/20/90

[REDACTED] _____
 Last Name First Name MI

The following in the above style case (check)

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

Charged by Officer with

POSS. SCHEDULE II (METHADONE) 893.13 (6a)

Charges filed by Assistant State Attorney _____

Officer's Name OFC. S. POPE #852 ID number _____

This _____ day of _____,

By _____
 ASSISTANT STATE ATTORNEY

SECTION 2: State Attorney's Office Filing Information

DEFENDANT [REDACTED]

AIKIA _____

Co-Defendants (if any) N/A

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

Arrest date _____ Agency case number 05-1116

Arresting/lead officer: OFC. S. POPE #852 ID number: _____

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

Current shift hours 0700 to 1500 Days off Saturday and Sunday

Leave/shift change information _____

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

N/A Phone no. () -

Sentencing recommendations NONE

Additional comments (if any)

Cooperative

Filing documents attached

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

Other attachments Include

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

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

SECTION 3: Defendant/Evidence List

Defendant [REDACTED] Circuit Court case # _____

Arresting/lead officer OFC. S. POPE #852 ID number _____

Filing Officer (if different from arresting) _____

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

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

Written Taped Oral (Check only if statement was written down when person said it)
Copy of transcript provided? Yes No

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

1. Person to whom made OFC. S. POPE #852

Date of statement 03/18/05 Written Taped Oral

If oral, what did he/she say?

See attached sworn affirmed statement and PC affidavit

2. Person to whom made _____

Date of statement _____ Written Taped Oral

If oral, what did he/she say?

SECTION 3: Defendant/Evidence List continued

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

1. Person to whom made N/A

Date of statement _____ Written Taped Oral

If oral, what did he/she say?

2. Person to whom made _____

Date of statement _____ Written Taped Oral

If oral, what did he/she say?

E. Grand Jury Testimony Yes No

F. Confidential Information Yes No

G. Electronic Surveillance Yes No

H. Search and/or Seizure Yes No

I. Reports of Experts Yes No

Name of expert _____

Nature of testimony _____

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

ITEMS	CUSTODIAN	CHAIN OF CUSTODY
1. 15 pills marked 54-142 (Methadone)	WILLIAMS	DEF---POPE---WILLIAMS
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

SECTION 3: Defendant/Evidence List continued

K. Other evidence

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

L. Anything showing the defendant may not be guilty

Source N/A

Describe information

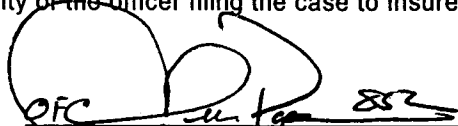
M. Information or evidence to be supplied later

Item N/A

Date will be furnished.

Why not supplied at filing

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


 OFC [Signature]
 SIGNATURE OF FILING OFFICER

03/18/05
 DATE (MM/DD/YYYY)

SECTION 4: Victim/Witness List

Victim STATE OF FLORIDA D.O.B. _____

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

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

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

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

Name _____ Phone number () -

Address _____
Street/Apt. Number City State Zip Code

Can testify to

Arresting officer OFC. S. POPE #852 ID number _____

Department Palm Beach County School Police

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

Phone number (561) 434 - 8300

Can testify to

Name BLAKE, SCOTT D.O.B. _____

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

(H) 500 N. MILITARY TRAIL JUPITER, FL 33458
Street/Apt. Number City State Zip Code

Work phone number (561) 744 - 7900 Home phone number () -

Can testify to

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

SECTION 4: Victim/Witness List continued

Name JOHNSON, DEBBIE **D.O.B.** _____

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

(H) 500 N. MILITARY TRAIL JUPITER, FL 33458
Street/Apt. Number City State Zip Code

Work phone number (561) 744 - 7900 **Home phone number** () -

Can testify to

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

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

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

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

Can testify to

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

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

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

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

Can testify to

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

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

OBTS Number			
Agency ORI Number FLO 5 0 4 2 0 0	Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE	Agency Report Number 9 9 - 0 5 - 1 1 1 6 () ()	
Change Type Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized/Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	Multiple Clearance Indicator 0 1
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) JUPITER HIGH SCHOOL 500 NO. MILITARY TR. JUPITER 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, Social Security #, Etc.)											
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W F	Date of Birth	Height 5-05	Weight 142	Eye Color BRO	Hair Color BRO	Complexion MED	Build MED												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE										Marital Status S	Religion CHR	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk							
Local Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone (561)		Residence Type: 1. City 3. Florida 2. County 4. Out of State		2									
Permanent Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone		Address Source STUDENT RECORDS											
Business Address (Name, Street) 500 N. MILITARY TRAIL JUPITER, FL 33458					(City)	(State)	(Zip)	Phone		Occupation STUDENT											
D/L Number, State			Social Security Number			INS Number			Place of Birth FL			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 checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last)	(First)	(Middle)	Residence Phone () -	
Address (Street, Apt. Number)				(City)	(State) (Zip)
SAME AS DEF.				Business Phone () -	
Notified by: (Name) OFC. S. POPE #852			Date 03/18/05	Time 1210	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 3. Incarcerated
Released To: (Name)			Relationship		Date
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	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	

Drug Activity S. Sell N. N/A P. Possess	S. Buy	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 POSS. SCHEDULE II (METHADONE)						Counts 1	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 8 9 3 - 1 3 6 A			Violation of ORD #
Drug Activity P	Drug Type Z	Amount / Unit		Offense # 05-1116		Warrant / Capias Number			Bond		
Charge Description						Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond		
Charge Description						Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond		
Charge Description						Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number			Violation of ORD #
Drug Activity	Drug Type	Amount / Unit		Offense #		Warrant / Capias Number			Bond		

<input type="checkbox"/> Mandatory Appearance in Court	Location (Court, Room Number, Address)				
	Month	Day	Year	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed

Hold for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrested) (PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) OFC. S. POPE #852	ID #
Intake Deputy	ID #	Transporting Officer	ID #
		Agency	Witness here if subject signed with an "X"
			PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

ADMIN OBTs Number Agency ORI Number FLO 5 0 4 2 0 0 Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE Agency Report Number 9 9 - 0 5 - 1 1 1 6

DEF Name (Last, First, Middle) [Redacted] Alias Race W Sex F Date of Birth 0 7 2 0 9 0

CHARGE Charge Description POSS. SCHEDULE II (METHADONE) 893.13 (6a)

VICTIM 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

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... [] was observed by [] who told [] that he/she saw the arrested person commit the below acts. [] committed the below acts in my presence. [] confessed to [] admitting to the below facts. [] was found to have committed the below acts, resulting from my (described) investigation. On the 18TH day of MARCH 20 05 at 1120 [] A.M. [] P.M. (Specifically include facts constituting cause for arrest.)

On 03/18/05 at approx 1120 hours I met with Safe Schools coordinator Debbie Johnson and Jupiter High School Asst. Principal Scott Blake. Johnson advised us that a concerned student approached her a few minutes prior and advised Johnson that some students were in possession of pills, possibly Xanax on campus. One of the student's named was [Redacted]. The reporting student asked to remain anonymous. Based upon this information, Blake asked me to respond to [Redacted] class along with him to speak to [Redacted] further about this [Redacted] was located and escorted to Blake's office, where she was advised of the anonymous tip. [Redacted] stated that she did not have any drugs on her, and verbally consented to a search. [Redacted] then began to voluntarily remove items from inside her purse and [Redacted] handed me a round "Icebreakers" mints container. [Redacted] stated to me that she had prescription drugs inside this container, and that they were prescribed to her for acne. [Redacted] could not identify the pills inside. I then located 15 round pills inside, that were clearly marked/imprinted with the numbers 54-142. Using a desk reference and contacting the national Poison Control (1800 222 1222, Frank Alcantara) the pills were identified as Methadone, 10 MG. I then read [Redacted] Miranda rights, which she signed and agreed to speak to me further about this incident. [Redacted] stated that in first hour class today, another student gave her the pills to hold for a day. [Redacted] advised that the student had just purchased the pills from another male student, and was concerned her parents may find them. [Redacted] stated that she was unsure what the pills were, and believed that they were Xanax. [Redacted] advised that her only intention with the pills was to return them to the student she received them from. Based upon the above facts, being that [Redacted] was found in possession of a Methadone, I believe PC exists to charge [Redacted] with possession of a schedule II substance per FSS 893.13 6a. The 15 Methadone pills recovered were tot School Police evidence. [Redacted] mother responded to the school and removed her from campus after being advised of the charges being filed.

ADMINISTRATIVE SWORN AND SUBSCRIBED BEFORE ME [Signature] NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER (F.S.S. 117.10) March 18, 2005 DATE [Signature] SIGNATURE OF ARRESTING / INVESTIGATING OFFICER OFC. S. POPE #852 NAME OF OFFICER (PLEASE PRINT) March 18, 2005 DATE PAGE 1 OF 1



7
5929-CRK 7

FLORIDA UNIFORM TRAFFIC CITATION

OFFENSE: **FARM BEER** (1) F.H.P. (2) S.D. (3) S.O. (4) OTHER

CITY (IF APPLICABLE): **PBC SCHOOL DIST.** AGENCY: **PBC School Police**

DATE: **03/18/2005** TIME: **11:20** P.M.

OFFICER: **FBI** (RETAIRED BY COURT)

PLATE: **8F506**

DRIVER LICENSE NUMBER: **NSNE**

VEHICLE MAKE: **N/A** MODEL: **TR**

VEHICLE LICENSE NO.: **5200 NO MILITARY TR**

STREET OR HIGHWAY OR OTHER LOCATION, NUMBER: **JUPITER FLISH**

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: **5929-CRK 7**

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

- UNLAWFUL SPEED _____ MPH
- INTERSTATE 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.
- CARELESS DRIVING SAFETY BELT VIOLATION EXPIRED DRIVER LICENSE
- VIOLATION OF TRAFFIC CONTROL DEVICE IMPROPER OR UNSAFE EQUIPMENT FOUR (4) MONTHS OR LESS
- VIOLATION OF RIGHT-OF-WAY EXPIRED TAG MORE THAN FOUR (4) MONTHS
- IMPROPER CHANGE OF LANE OR COURSE SIX (6) MONTHS OR LESS NO VALID DRIVER LICENSE
- IMPROPER PASSING MORE THAN SIX (6) MONTHS DRIVING WHILE LICENSE SUSPENDED OR REVOKED
- CHILD RESTRAINT NO PROOF OF INSURANCE
- DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES, DRUGS/ACTUAL PHYSICAL CONTROL WHILE IMPAIRED, OR DRIVING/ACTUAL PHYSICAL CONTROL WITH UNLAWFUL BLOOD/URINE ALCOHOL LEVEL: **BA**

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE: **Pass Schedule II (METHADONE)**

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE **893.13(6)(a)**

COURT INFORMATION: DATE _____ TIME _____ COURT _____ LOCATION _____

5929-CRK 7

ARREST DELIVERED TO: **DEF** DATE _____

OFFICER: **S. POPE 852**

HEAVY TRUCK REG. 2005

PANEL: _____

A03. DEMOGRAPHICS

YEAR: 05

Monday April 11, 2005 11:34 am

STDT: [REDACTED]

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

RES NBR	DR STREET	TYPE PD	APT/BLDG	CITY	ST ZIP+4
[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
F W	[REDACTED]	[REDACTED]	1	561	[REDACTED]	Y	_____	082395	006	_____

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
E01	081104	0081	09	__	01	Y	_____	_____	_____	_____	[REDACTED]	[REDACTED]	US	FL	50	

LNG	PGL	COB	SURVEY	STAT	CAT	LEP	RES	EN:DS	SCHL	C1:B-H-M-N	CH2	EHA	D/B	ST:C	M	EX
EN	EN	US	060295	__	__	ZZ	3	_____	_____	NNNN	Y	N	N	NN	N	Z

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

RECORD IS DISPLAYED...NEXT?

TERML: Z66C

Tara A. Finnigan, P.A. FAX Memo

From:

Tara A. Finnigan, P.A.
319 Clematis Street, Suite 107
West Palm Beach, FL 33401
(561) 835-8115
FAX: (561) 833-1085

Date: September 6, 2005

To: Colleen Irvin,
Paralegal Legal Services

Re: [REDACTED] Case No: 04/05-X-140

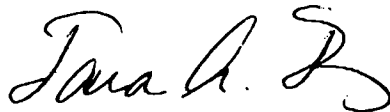
FAX: (561) 434-8105

PAGES: 8

Dear Ms. Irvin:

Please find attached the Respondent's Notice of Filing for your review.

Sincerely,



Tara A. Finnigan, P.A.
Attorney for [REDACTED]

RECEIVED

SEP 06 2005

BY LEGAL SERVICES

BEFORE THE SCHOOL BOARD OF PALM BEACH COUNTY

ARTHUR C. JOHNSON, PH.D.
as Superintendent of Schools,
Petitioner,

vs.

CASE NO. : 04/05-X-140

[Redacted]
Respondent.

RESPONDENT'S NOTICE OF FILING

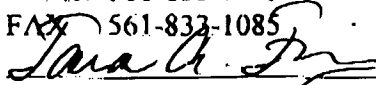
THE RESPONDENT [Redacted] through undersigned counsel, files this Notice and states that the following documents have been furnished to Petitioner, Arthur C. Johnson, Ph.D., Superintendent, pursuant to each cited rule.

- 1) Entire record, Juvenile Court (3 pages).
- 2) Notice of Program Completion (2 pages).
- 3) Copy (poor) of Trial Subpoena (1 page).

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and accurate copy of the foregoing was furnished to Colleen Irvin, Paralegal Legal Services, 3318 Forest Hill Blvd., Ste. C-302, West Palm Beach, Florida 33406-5813, by facsimile 434-8105 on this 7th day of September, 2005.

Respectfully Submitted,

Tara A. Finnigan, P.A.
319 Clematis Street, Suite 107
West Palm Beach, FL 33401
Phone: 561-835-8115
FAX: 561-833-1085

Tara A. Finnigan, Esquire
Attorney for [Redacted]
Florida Bar No.: 0993610

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Copies

4

Juvenile



ADMINISTRATIVE

Agency ORI Number FLO 5 0 4 2 0 0	Agency Name PALM BEACH COUNTY SCHOOL DISTRICT POLICE	Agency Report Number 9 9 - 0 5 - 1 1 1 6
Change 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) JUPITER HIGH SCHOOL 500 NO. MILITARY TR. JUPITER FL.		Weapon Seized/Type <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
Date of Arrest	Time of Arrest	Booking Date
Booking Time	Jail Date	Jail Time
Location of Vehicle		

DEFENDANT

Name (Last, First, Middle)		Alias (Name, DOB, Social Security #, Etc.)	
Race W - White B - Black	Eyes BRO	Hair Color BRO	Build MED
Sex M F	Height 5-05	Weight 142	Complexion MED
Mental Status S		Religion CHR	Indication of Alcohol/Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Local Address (Street, Apt. Number)		Phone (561)	Residence Type 1 City 2 County 3 Florida 4 Out of State
Permanent Address (Street, Apt. Number)		Phone	Address Source STUDENT RECORDS
Business Address (Name, Street)		Phone	Occupation STUDENT
D/L Number, State	Social Security Number	INS Number	Place of Birth FL
			Citizenship USA

CO-DEF

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

JUVENILE

<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	Name (Last, First, Middle)	Residence Phone
Address (Street, Apt. Number)		Business Phone
Notified by (Name) OFC. S. POPE #852	Date 03/18/05	Time 1210
Released to (Name)	Relationship	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/CYF 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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property

CODE

Drug Activity S Sell N N/A P Possess	S Sniff 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/Depr.	P Paraphernalia/Equipment S Synthetic	U Unknown Z Other
Charge Description POSS. SCHEDULE II (METHADONE)	Counts 1	<input checked="" type="checkbox"/> FBS <input type="checkbox"/> ORD	Statute Violation Number 8 9 3 1 3	Warrant / Copies Number	Bond	Violation of ORD #				
Drug Activity P	Drug Type Z	Amount / Unit	Offense # 05-116	Warrant / Copies Number	Bond	Violation of ORD #				
Charge Description	Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Warrant / Copies Number	Bond	Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number	Bond	Violation of ORD #				
Charge Description	Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Warrant / Copies Number	Bond	Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number	Bond	Violation of ORD #				
Charge Description	Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Warrant / Copies Number	Bond	Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Copies Number	Bond	Violation of ORD #				

NTA

<input type="checkbox"/> Mandatory Appearance in Court	Location (Court, Room Number, Address)
Month	Day
Year	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
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

ADMINISTRATIVE

Hold for other Agency Name	Signature of Arresting Officer X	Name Verification (Printed by Arrested) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	W/Iness here if subject signed with an "X"
Make Deputy	ID #	PAGE
Transporting Officer	ID #	Agency
		1 OF 1

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant 4 Juvenile
2 NTA 4 Request for Citrus

Agency ORI Number: FLO 5 0 4 2 0 0
Agency Name: PALM BEACH COUNTY SCHOOL DISTRICT POLICE
Agency Report Number: 4 4 - 0 5 - 1 1 1 6

Name (Last, First, Middle): [Redacted]
Aliases: [Redacted]
Race: W Sex: F Date of Birth: [Redacted]

Charge Description: POSS. SCHEDULE II (METHADONE) 893.13 (6a)

Victim's Name (Last, First, Middle): STATE OF FLORIDA
Local Address (Street, Apt. Number): [Redacted]
Business Address (Name, Street): [Redacted]

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

On the 18TH day of MARCH 20 05 at 1120 AM PM (Specifically include facts constituting cause for arrest.)

On 03/18/05 at approx 1120 hours I met with Safe Schools coordinator Debbie Johnson and Jupiter High School Asst. Principal Scott Blake. Johnson advised us that a concerned student approached her a few minutes prior and advised Johnson that some students were in possession of pills, possibly Xanax on campus. One of the student's named was [Redacted]. The reporting student asked to remain anonymous. Based upon this information, Blake asked me to respond to [Redacted] class along with him to speak to [Redacted] further about this. [Redacted] was located and escorted to Blake's office, where she was advised of the anonymous tip. [Redacted] stated that she did not have any drugs on her, and verbally consented to a search. [Redacted] then began to voluntarily remove items from inside her purse and [Redacted] handed me a round "Icebreakers" mints container. [Redacted] stated to me that she had prescription drugs inside this container, and that they were prescribed to her for acne. [Redacted] could not identify the pills inside. I then located 15 round pills inside, that were clearly marked/imprinted with the numbers 54-142. Using a desk reference and contacting the national Poison Control (1800 222 1222, Frank Alcantara) the pills were identified as Methadone, 10 MG.

I then read [Redacted] Miranda rights, which she signed and agreed to speak to me further about this incident. [Redacted] stated that in first hour class today, another student gave her the pills to hold for a day. [Redacted] advised that the student had just purchased the pills from another male student, and was concerned her parents may find them. [Redacted] stated that she was unsure what the pills were, and believed that they were Xanax. [Redacted] advised that her only intention with the pills was to return them to the student she received them from.

Based upon the above facts, being that [Redacted] was found in possession of a Methadone, I believe PC exists to charge [Redacted] with possession of a schedule II substance per FSS 893.13 6a.

The 15 Methadone pills recovered were tot School Police evidence.
[Redacted] mother responded to the school and removed her from campus after being advised of the charges being filed.

SWORN AND SUBSCRIBED BEFORE ME
Signature of Notary Public: [Redacted] 869
Signature of Arresting/Investigating Officer: [Redacted]
Name of Officer: OFC. S. POPE #852
Date: March 18, 2005
Page: 1 of 1



FLORIDA DEPARTMENT OF JUVENILE JUSTICE RECOMMENDATION TO STATE ATTORNEY

DJJ ID #: _____ REFERRAL ID: _____

TO: _____	DATE: _____
FROM: _____ (Juvenile Probation Officer)	_____ (Juvenile Probation Officer Telephone #)
_____ (Juvenile Probation Officer Supervisor)	_____ (Unit)
JUVENILE'S NAME: _____	JUVENILE'S TELEPHONE: _____
JUVENILE'S DOB: <u>7-20-90</u>	JUVENILE'S ADDRESS: _____

ALLEGATIONS:

Court Docket Number	Statute Number	Offense
<u>05-1859</u>	<u>893.13</u>	<u>Pass. schedule II</u>

DETAINED: Yes No

RECOMMENDATION: NJ JUD DIRECT FILE WAIVER INDICTMENT

JUVENILE ADVISED OF RIGHT TO COUNSEL AND THE RIGHT AGAINST SELF-INCRIMINATION: Yes No

JUVENILE HAS PREVIOUSLY BEEN FOUND INCOMPETENT? IF YES, WAS COMPETENCY RESTORED? Yes No Unknown

IF DETAINED, JUVENILE'S COUNTRY OF CITIZENSHIP? U.S. Other

IF NOT U.S., CONSULATE NOTIFICATION PROCEDURES FOLLOWED? Yes No

Juvenile Probation Officer Initials/Date: _____

Juvenile Probation Officer Supervisor Initials/Date: _____

NO PETITION WILL BE FILED

PETITION WILL BE FILED ON (Date) _____

APPROVAL OF NON-JUDICIAL RECOMMENDATION

JUVENILE REFERRED BY THIS OFFICE TO: YCD Diversionary program Other _____

STATE ATTORNEY: [Signature] DATE: 4-8-05

893A12

Judicial (Juvenile)
 Direct File
 Waiver
 Indictment





**PALM BEACH COUNTY YOUTH COURT
NOTICE OF PROGRAM COMPLETION**

[REDACTED]

Date: August 29, 2005

Case Number: 05-1859
Closing Status: SUCCESSFUL
Date Closed: 7/25/2005
Reason for leaving: COMPLETED ALL SERVICES

Dear [REDACTED]

Congratulations!

You have successfully completed the Palm Beach County Youth Court.
If you need any additional information, please feel free to call us at (561) 682-0026.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'M. J. ...'.
Youth Court



OFFICERS

Brent Murray
Chair

Elaine Fitzgerald
Vice Chair

Sally Mohler
Treasurer

Jaline Labibrecht
Secretary

Norman C. Hayalp
Life Director

Walter D. Kelly
(1927-1996)

Pam Middleton
resident and CEO



FLORIDA DEPARTMENT OF
CHILDREN
& FAMILIES

A United Way Agency

LETTER TO REFERENT - DISCHARGE / REFERRAL

Client Name: [REDACTED] SISAR #: 17152

To: Marsha / Youth Court
(Include: Name and Agency)

I. Assessment Date: 4/20/05 Discharge Date: 8/29/05

II. Please be advised of the following regarding the above referenced client:

DISCHARGE: Successful [] Unsuccessful

III. CLIENT ATTENDED:
 Individual Sessions [] Group Sessions [] Family Sessions
[] Other: _____

IV. URINALYSIS RESULTS: (if results are positive, indicate substance in positive box)

DATE TAKEN	POSITIVE RESULTS / SUBSTANCE	NEGATIVE RESULTS
8/8/05		THC

V. REFERRAL INFORMATION:

- The client was not referred for any additional services at time of discharge.
- The client was referred during treatment for additional services at: _____
- The client was referred at discharge for additional services at: After care / DATA

VI. COMMENTS / RECOMMENDATIONS:

After care DATA

Gary Craig Esq MHC Intern
Therapist's Signature

8/29/05
Date

Form/discharge (REVISED: 7/99)

- ADMINISTRATION 561-743-1034 1016 N. CLEMONS STREET, SUITE 300, JUPITER, FLORIDA 33477 FAX 561-743-1037
- OUTPATIENT/FT. PIERCE 561-595-3322 4590 SELVITZ ROAD, BUILDING B, FT. PIERCE, FLORIDA 34981 FAX 561-595-3704
- OUTPATIENT/INTERVENTION 561-844-3556 1720 E. TIFFANY DRIVE, SUITE 102, MANGONIA PARK, FLORIDA 33407 FAX 561-845-0316
- RESIDENTIAL/WPB 561-844-9661 1041 45TH STREET, WEST PALM BEACH, FLORIDA 33407 FAX 561-840-8716
- RESIDENTIAL/FT. PIERCE 772-464-7575 4590 SELVITZ ROAD, FT. PIERCE, FLORIDA 34981 FAX 772-464-6169