

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-173

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 August 24, 2004, September 1, 2004, September 21, 2004 and October 1, 2004 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. [REDACTED] 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

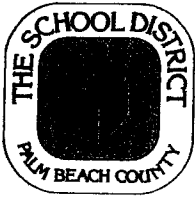
BY: _____
Thomas Lynch, Chairman

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

(SEAL)

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

Alicia Palmer, Clerk



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 5644

NOTICE OF RECOMMENDATION FOR EXPULSION

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 August 24, 2004, September 1, 2004, September 21, 2004 and October 1, 2004 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



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 Confidential
 PATRICIA KONTINEN

Date 08/29/2005
 Student Number [REDACTED]

Custodial Parent/Guardian of:

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 four different occasions [REDACTED] sold narcotics to the undercover officer. Case # 05-0262.

A suspension was never issued to the student because he was withdraw 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
 4701 Tenth Avenue North
 Greenacres, FL 33463



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

PB 0215 (REV 11/6/2001)

Palm Beach County Schools #3 in the Nation!

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	08-24-2004, 09-01-2004, 09-21-2004, 10-01-2004
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 four different occasions [REDACTED] sold narcotics to the undercover officer.

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

Principal's Signature

Date

8/23/05

Page: 1 Document Name: unt_tled

PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Wednesday August 24, 2005 7:05 am

STDT: [REDACTED]
SPEC: [REDACTED]

SCHL: 1361 GR: 12 ST: I

YTD-ISS: 000 OSS: 000

SY EVENT DATE TIME SCHL LOC CODE

X C TAKEN DUR

05

05 10752295 10152004 0800 1361 GR

E 301 OTERO

I 31 REP DISOBED/INS

I 27 PROF/OBSC LANG

I 04 LVG SCHL W/O PR

A 83 O/S 3-5 DAYS

A 09 PAR/GRD CONTCT

A 01 CONF W/STDT/WRN

E 006 SILVERMAN

I 01 HABITUAL TARDIN

A 43 SAT DETENTION

A 09 PAR/GRD CONTCT

A 01 CONF W/STDT/WRN

E 097 SCHOLZE, LEWIS

I 28 THREAT NON CRIM

05 10750866 10122004 0000 1361 OF

05 10747736 10052004 1140 1361 GR

* 10152004 005

10152004

10152004

10122004 001

10122004

10122004

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

TERML: BQ2A

Page: 1 Document Name: untitled

PANEL: _____

A24. STUDENT DISCIPLINE SUMMARY

YEAR: 05

Wednesday August 24, 2005 7:05 am

STDT: [REDACTED]

SCHL: 1361 GR: 12 ST: I

SPEC:

YTD-ISS: 000 OSS: 000

SY	EVENT	DATE	TIME	SCHL	LOC	CODE
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X C TAKEN DUR

05

05	10747736	10052004	1140	1361	GR
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I 27 PROF/OBSC LANG

I 26 DISOBED/INSUBOR

I 16 DISRESP LANGUAG

A 81 O/S 1-2 DAYS

* 10052004 003

A 09 PAR/GRD CONTCT

10052004

A 01 CONF W/STDT/WRN

10052004

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 9:46 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]

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

S R	DOB	BIRTH CITY	ST VER	PHONE	PUB MIL	SUMMER	ORIG	SAC	SCHL2
M M	[REDACTED]	[REDACTED]	[REDACTED] 8	[REDACTED]	Y		101601	183	

ENT	DATE	SCHL	GR	OD	CL	AT	W/D	DATE	PR	PF	SSN	EXTRNL	NBR	PC	PS	PD
E01	081604	1361	12		01	Y	W26	102104			[REDACTED]	[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	US	100901			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: 2343

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile		
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 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				Special Notes					
CHARGES DEF.	Name (Last, First, Middle) [REDACTED]		Alias [REDACTED]		Race B		Sex M		Date of Birth [REDACTED]	
	Charge Description Sale of Cocaine w/in 1000ft of school									
VICTIM	Victim's Name (Last, First, Middle) State of Florida				Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number) [REDACTED]		(City) (State) (Zip)		Phone () () ()		Address Source			
Business Address (Name, Street) [REDACTED]		(City) (State) (Zip)		Phone () () ()		Occupation				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 04 day of October 2004 at 1805 P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 10/4/04 I was working in undercover capacity at 4701 10th Avenue North, Greenacres, John J. Leonard High School. While I was in the Cafeteria [REDACTED] BLM 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 right hand extended out to me. Therefore, I took it from him and put it in my wallet. [REDACTED] said</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) _____ 7452									
	The foregoing instrument was sworn to or affirmed and subscribed before me this 04 day of October 2004 by D/Sgt. Reyes 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 (F.S.S. 117.10) _____ 7654									

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN	OBTS Number			Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 104 117 8 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		Special Notes:	
DEF	Name (Last, First, Middle)			Alias		Race		Sex	
CHARGES	Charge Description	Sale of Cocaine within 1000ft of school		Charge Description		Charge Description		Charge Description	
	Charge Description								
VICTIM	Victim's Name (Last, First, Middle)			Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)	(City)		(State)		(Zip)		Phone	
	Business Address (Name, Street)	(City)		(State)		(Zip)		Phone	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 04 day of October 2004 at 12:05 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>"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.</p> <p>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.</p> <p>_____ in violation of F.S. 893.13(1a) Sale of cocaine within a 1000ft of a school.</p> <p>On 10/04 at 12:30pm I was in the cafeteria at lunch looking for _____ to give him the \$20 for the powder 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 _____ Blue 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 # B39277229C). After a few minutes of small talk _____ was escorted away by a dean for skipping class.</p>									
STATE OF FLORIDA COUNTY OF PALM BEACH									
ADMINISTRATIVE	(Signature of Arresting/Investigative Officer) 7452								
	The foregoing instrument was sworn to or affirmed and subscribed before me this 04 day of October 2004 by D/S Reyes 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. 117.10) 7454									
PAGE 2									

		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		Agency Name		Agency Report Number (N.T.A.'s only)				
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE		0 1 1 0 4 1 1 8 6 5		11		11		
ADMINISTRATIVE	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		If Weapon Seized Enter Type	
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		Multiple Clearance Indicator					
ADMINISTRATIVE	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.)							
ADMINISTRATIVE	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex	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		Y N Unk			
DEFENDANT	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State		10	
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source			
DEFENDANT	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				
JUVENILE	Released To: (Name)		Relationship		Date		Time			
	The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade					
JUVENILE	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.
CHARGE	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	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	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	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			
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
	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. #		PAGE	
Intake Deputy		I.D. #	Pouch #	Transporting Officer		I.D. #	Agency		1	

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile

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 1 1 1 0 4 1 1 9 2 3			
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)			
Date of arrest			Time of Arrest		Booking Date	
Booking Time			Jail Date		Jail Time	
Location of Vehicle			4701 NW 10th Ave North Green Acres John I. Leonard HS			
Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black			Sex M F		Date of Birth	
Height			Weight		Eye Color	
Hair Color			Complexion		Build	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status		Religion	
Local Address (Street, Apt. Number)			(City)		(State)	
Permanent Address (Street, Apt. Number)			(City)		(State)	
Business Address (Name, Street)			(City)		(State)	
D/L Number, State			Soc. Sec. Number		INS Number	
Co-Defendant Name (Last, First, Middle)			Race		Sex	
Co-Defendant Name (Last, First, Middle)			Race		Sex	
Parent Legal Custodian Other:			Name (Last)		(First)	
Address (Street, Apt. Number)			(City)		(State)	
Notified by: (Name)			Date		Time	
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.			School Attended		Grade	
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			Counts		Domestic Violence	
Drug Activity			Drug Type		Amount / Unit	
Offense #			Statute Violation Number		Violation of ORD #	
Warrant / Capias Number			Bond			
Charge Description			Counts		Domestic Violence	
Drug Activity			Drug Type		Amount / Unit	
Offense #			Statute Violation Number		Violation of ORD #	
Warrant / Capias Number			Bond			
Charge Description			Counts		Domestic Violence	
Drug Activity			Drug Type		Amount / Unit	
Offense #			Statute Violation Number		Violation of ORD #	
Warrant / Capias Number			Bond			
Charge Description			Counts		Domestic Violence	
Drug Activity			Drug Type		Amount / Unit	
Offense #			Statute Violation Number		Violation of ORD #	
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)						

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN.	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number	
	FLO. 5 0 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 1 0 7 1 1 9 2 3		11 11		
DEF.	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
CHARGES	Charge Description			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	
PROBABLE CAUSE STATEMENT	Business Address (Name, Street)	(City)		(State)		(Zip)		Phone	
									Occupation
ADMINISTRATIVE	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.								
	<input checked="" type="checkbox"/> The Person taken into custody ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.								
On the 04 day of October 2004 at 0940 A.M. <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
On 10/4/04 at 9:40am I was working in undercover capacity at 4701 19th Ave. North, Greenacres, John I. 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 \$ 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 PBSO 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 Duquenois 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. 849.13 (1a2) Sale of Marijuana within 1000ft of a school.									
STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] 7452 (Signature of Arresting/Investigative Officer)									
The foregoing instrument was sworn to or affirmed and subscribed before me this 04 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									
[Signature] 7654 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
DISTRIBUTION: WHITE - Court Copy, GREEN - [redacted], YELLOW - [redacted]									

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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 Division 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: 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		If Weapon Seized		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) 4701 10th Ave N, Greenacres 33463 John I. Leonard 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, Sex, etc.)									
Race W - White B - Black I - American Indian O - Oriental/Asian		Sex		Height		Weight		Eye Color	
Hair Color		Complexion		Build					
Scars, Marks, Tattoos, Unique Physical Features (Location, 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		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 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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended John I. Leonard HS		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property			
Drug Activity N. N/A S. Sell B. Buy P. Possess 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 S. Synthetic	
Charge Description Sale of Marijuana School		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		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 <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					
HOLD for other Agency Name:		Signature of Arresting Officer John I. Leonard 4452				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) John I. Leonard		I.D. #		(PRINT)	
PAGE									

OBTS Number PROBABLE CAUSE AFFIDAVIT 1. Arrest 3. Request for Warrant 2. N.T.A. 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 104119 61 10 11

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

CHARGES Charge Description Charge Description Charge Description Charge Description

VICTIM 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 06 day of October 2004 at 10:57 A.M. ☒ 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 10:20pm 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" (i.e. 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 3K12363637, \$10 046495804804, \$5 3B39518469A). 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 then I submitted them to 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] 7452 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 06 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 [Signature] 4100 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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 Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0, 1, 10, 4, 1, 1, 9, 6, 1

FLO: 5, 0, 0, 0, 0

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

If Weapon Seized

Multiple Clearance Indicator

Enter Type

Location of Arrest (Including Name of Business)

Location of Offense (Business Name, Address): 4701 10th Ave. Dash Greenhouses, Inc. I. Leonard #3

Date of arrest

Time of Arrest

Booking Date

Booking Time

Jail Date

Jail Time

Location of Vehicle

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

Name

Race: W - White B - Black

Sex

Date of Birth

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 (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, State, City, State, Zip)

Phone

Occupation: Student

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

Name (Last, First, Middle)

Residence Phone

Legal Custodian

Other

Address (City, 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)

Property: Crime? Yes No

Description of Property

School Attended: John I. Leonard #3

Grade

Value of Property

Drug Activity: 1. Sell 2. Smuggle 3. Dispense/Distribute 4. Manufacture/Produce/Cultivate 5. Other

N. N/A

B. Barbiturate

H. Hallucinogen

P. Paraphernalia/Equipment

U. Unknown

P. Possess

I. Buy

C. Cocaine

M. Marijuana

S. Synthetic

T. Traffic

E. Use

A. Amphetamine

E. Heroin

O. Opium/Derv.

Charge Description: Sale of Marijuana 1005 Starwood

Counts: 1

Domestic Violence: Y N

Statute Violation Number: 8, 9, 3, 1, 1, 3, 1, 1, 1, 2, 1

Violation of ORD #

Drug Activity: 3

Drug Type: M

Amount / Unit: 9.1 grams

Offense #: 02-1961

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: John I. Leonard #3

Name Verification (Printed by Arrestee)

(PRINT)

Dangerous Suicidal

Resisted Arrest

Other:

Name of Arresting Officer (Print): John I. Leonard

I.D. #

Transporting Officer

I.D. #

Agency

PAGE: 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile		
ADMIN.	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 9 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:							
DEF.	Name (Last, First, Middle) [REDACTED]		Alias [REDACTED]		Race W		Sex M		Date of Birth [REDACTED]	
	Charge Description Sale of Marijuana within 1000ft of a school		Charge Description		Charge Description		Charge Description		Charge Description	
CHARGES	Victim's Name (Last, First, Middle) State of Florida		Local Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]	
	Business Address (Name, Street) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]		Phone [REDACTED]	
VICTIM	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 ...							
	<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.		<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)										
On 10/26/04 I 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. I 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 left front pocket and pulled out a clear ziplock bag with Marijuana. I handed [REDACTED] the \$90 provided by FB50 Investigative Funds (serial number AF 41766717F). 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(1a2) Sale of Marijuana within 1000ft of a school.										
STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] 7452 (Signature of Arresting/Investigative Officer)										
The foregoing instrument was sworn to or affirmed and subscribed before me this 26 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 _____										
[Signature] # 7654 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)										
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 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, 1, 1, 0, 4, 1, 1, 9, 8, 6

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

If Weapon Seized: [] Enter Type: [] Multiple Clearance Indicator: []

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

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

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: [] Religion: []

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: []

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): [] 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: [] 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: []

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: [] 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: [] Suicidal: [] Resisted Arrest: [] Other: [] Name of Arresting Officer (Print): [] I.D. #: [] (PRINT): [] 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 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				
	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:				
DEF.	Name (Last, First, Middle) [REDACTED]				Alias [REDACTED]		Race B	Sex M	Date of Birth [REDACTED]
CHARGES	Charge Description Sale of Marijuana within 1000 ft of 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	
	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	
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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.								
	On the 11 day of October 2001 at 8:25 A.M. <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
	On 10/11/01 I was working in undercover capacity at 4701 10th Avenue North, Greenacres, John T. Leonard High School. At 8:50am [REDACTED]								
	[REDACTED] BM approached me by the 600 building and asked me "Do you want the stuff?" 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] BM is in violation of F.S. 893.13 sale of Marijuana within 1000 ft of a school.								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] 7450 (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of October 2001 by D/S Reyes 7452 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced								
	[Signature] #7654 Notary Public, Clerk of Court (F.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

ADMINISTRATIVE	OBT-#		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, 1-10, 4-11, 9, 8, 6		11	
	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)		Enter Type			
DEFENDANT	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		Sex M F		Height		Weight	
CO-DEF.	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)	
JUVENILE	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
	Citizenship		Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Parent Legal Custodian Other:		Name (Last)		(First)		(Middle)	
CHARGE	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Worked by: (Name)		Date		Time		Juvenile Disposition	
	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		Value of Property	
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		School Attended		Grade	
	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	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Violation of ORD #			
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Violation of ORD #			
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
CHARGE	Warrant / Capias Number		Bond		Violation of ORD #			
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Violation of ORD #			
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.			
	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. #	
	Intake Deputy		I.D. #		Pouch #		Transporting Officer	
	I.D. #		Agency		PAGE		1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile		
ADMIN.	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 10411986 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			
CHARGES	Name (Last, First, Middle)				Race B		Sex M		Date of Birth	
	Charge Description Sale of Marijuana within 1000ft 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)	
	Business Address (Name, Street)				(City)		(State)		(Zip)	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts.</p> <p>On the 24 day of October 2004 at 12:15 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 10/24/04 I was working in undercover capacity at 4701 10th Avenue North Greenwood, John T. Leonard High School. While at Leonard High 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 200 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 200 block after the bell rings". At that point I went to class and waited for the bell to ring. After a few minutes I went to the bathroom 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 \$10 bill provided by PBSI Investigative Support (Serial # E1 8660455A). At that point we went our separate ways.</p> <p>I tested the substance with a Duquenois Reinecke testing kit and</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] 7452 (Signature of Arresting/Investigative Officer)									
	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, Officer (F.S. 117.10) #7654									

ADMIN.	OBTS Number		PROBABLE CAUSE AFFIDAVIT				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		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 0 6 1 0 4 1 0 4 8 8					
DEF.	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) [REDACTED]		Alias [REDACTED]		Race B		Sex M		Date of Birth [REDACTED]			
CHARGES	Charge Description Sale of Marijuana within 1000ft 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									
	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. On the 24 day of October 2004 at 12:15 P.M. (Specifically include facts constituting cause for arrest.) weighed the substance. The substance tested positive for THC and weighed a total of 8.1 grams, then submitted it into evidence. [REDACTED] is in violation of F.S.S. 893.13(2a2), Sale of Marijuana within 1000ft of a school.</p>											
PROBABLE CAUSE STATEMENT												
	ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] 7452 (Signature of Arresting/Investigative Officer)										
The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of October 2004 by [Signature] (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced [Signature] #7654 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)												
PAGE 2 OF 2												

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		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 0 1 1 0 4 1 0 1 1 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)							
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	
Eyes Color		Hair Color		Complexion		Build			
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	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
D/A 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 checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/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)		Value of Property							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description 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		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Bond		Charge Description		Counts					

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 10419115					
CHARGES	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)			Race		Sex		Date of Birth	
				W		M			
CHARGES	Charge Description	Sale of Marijuana		Charge Description					
VICTIM	Victim's Name (Last, First, Middle)	State of Florida		Race		Sex		Date of Birth	
VICTIM	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source			
VICTIM	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.									
<input checked="" type="checkbox"/> The Person taken into custody ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.									
<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the <u>20</u> day of <u>October</u> 2004 at <u>8:00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
On 10/20/04 I was working in undercover capacity at 1701 10th Ave North, Greenwood, John J. Leonard High School. I asked _____ why is he had anything at home referring to Marijuana. _____ stated "I always keep some around at home." I told _____ I needed an ounce and _____ said he had that at home and would cost me \$60. I told _____ I could call him after school to get some.									
At 1500hrs Gpl Fonseca and I went to _____ subdivision. Upon arrival I saw _____ standing in front of apartment number _____. _____ got into the car and I handed him \$60, provided by PBSO Investigative Funds (serial #s \$60 EC 494032363, \$20 CH 092231874, CG 431526363). _____ handed me a rolled up clear sandwich bag with suspected Marijuana. _____ got out of the car then walked into apartment number _____. I did test the substance with a Duquenois Marijuana Test kit and it tested positive for THC. The total weight was 1 ounce of Marijuana and then I submitted the substance into evidence. _____ is in violation of FSS 893.13, Sale of Marijuana.									
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>20</u> day of <u>September</u> 2004 by <u>Det Peeps 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>									
PAGE 1 OF 1									

DM

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Jvenile <input checked="" type="checkbox"/>	
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 1 10 4 1 22 5 4					
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		If Weapon Seized		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) <u>John I. Leonard</u> <u>4701 10th Ave North, Greenacres</u>							
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	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
Scars, Marks, Tattoos, Moles		Physical Features (Location, Type, Description)		Marital Status	Religion	Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>	
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Residence Type: City County 3. Florida 4. Out of State		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Address Source		
Occupation		<u>Student</u>							
DOB 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)	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)		Description of Property		Value of Property					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No									
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
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
<u>1st A Marijuana school</u>		<u>1</u>		<u>8,9,3,11,3</u>		<u>111,02,11</u>			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
<u>5</u>	<u>M</u>	<u>11.9 grams</u>	<u>04-2254</u>						
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			
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			

☐ 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 CC'NTEMPT 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:

☐ Dangerous ☐ Resisted Arrest

☐ Suicidal ☐ Other:

Signature of Arresting Officer

[Signature] 7452

Name of Arresting Officer (Print) I.D. #

I. Reyes

Name Verification (Printed by Arrestee)

(PRINT)

PAGE

OBTS Number PROBABLE CAUSE AFFIDAVIT 1 Arrest 3 Request for Warrant 1 Juvenile 10 2 N.T.A. 4 Request for Capias

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 12 25 4

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

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

CHARGES Charge Description Charge Description

VICTIM 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 12 day of November 2004 at 12:25 P.M. (Specifically include facts constituting cause for arrest.)

On 11-12-04 I was working in undercover capacity at 4701 10th Avenue North, Groceries, John J. Leonard High School. While at Keenon 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" referring 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 CH20480742B). After the exchange I went back to the lunchroom and [redacted] went his separate way. I did test the substance with a Duquenois Reixiana 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 of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of November 2004 by Reyes 7452

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

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

PAGE 1 of 1

0675 Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency 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, 1-10, 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		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)				10.0	
Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date	
								Location of Vehicle	
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race		Sex		Date of Birth		Height		Weight	
W - White B - Black		M							
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	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
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	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. At Large	
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 <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					
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		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Sale of Marijuana w/in 100 ft. of school		1						8, 9, 3, 1, 1, 3, (11, c, 2)	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
S		M		2.7g.		04-1757			
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	
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	
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	
<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				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					Name of Arresting Officer (Print)				
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:					I.D. #				
Intake Deputy					Agency				
I.D. #					Pouch #				
Transporting Officer					I.D. #				
Name Verification (Printed by Arrestee)					(PRINT)				
Witness here if subject signed with an "X".					PAGE				
					1 of 1				

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 A 2 N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile Y	
ADMIN.	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 5 7				
	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		
CHARGES DEF.	Name (Last, First, Middle) [REDACTED]		Alias		Race B		Sex M		Date of Birth [REDACTED]
	Charge Description Sale of Marijuana within 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							
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts..</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27</u> day of <u>August</u> 2004 at <u>9:20</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><u>While working in an undercover capacity at William T. Dwyer High School located at 13601 North Military Tr. in Palm Beach Gardens, I recieved 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.</u></p> <p><u>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 reef (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.</u></p> <p><u>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 never again engaged and told the defendant that I would see him later.</u></p> <p><u>I later tested the suspected marijuana using a Duquenois Marijuana test and it tested</u></p>									
<div style="display: flex; justify-content: space-between;"> <div> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer) [Signature] # 7654</p> </div> <div> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>August</u> 2004 by _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>[Signature] # 7452 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> </div> </div>									

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/>	
ADMIN	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 1 7 5 7					
CHARGES	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	[REDACTED]		Alias		Race		Sex	
DEF	Charge Description	Sale of Marijuana w/in 1000 ft. of a school.		Charge Description				Date of Birth	
	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			
PROBABLE CAUSE STATEMENT	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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. admitting to the below facts. On the <u>27</u> day of <u>August</u> 20 <u>04</u> at <u>920</u> <u>P.A.M.</u> <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) <u>positive for marijuana. The marijuana was then placed into P.B.S.O. Evidence.</u> <u>There is probable cause to charge the defendant for sale of marijuana w/in 1000 ft. of a school per FSS 893.13 (1c2)</u>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u>[Signature]</u> #7654 (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</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 _____ <u>[Signature]</u> 7452 Notary Public, Clerk of Court, Officer (F.S.S. 114.10)								

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile ☒

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

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

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

Location of Arrest (Including Name of Business): 13601 North Military Tr. PB6, FL-33418

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

Race: [Redacted] Sex: [Redacted] Height: [Redacted] Weight: [Redacted] Eye Color: [Redacted] Hair Color: [Redacted] Complexion: [Redacted] Build: [Redacted]

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

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

William T. Dwyer H.S.

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

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

Parent Legal Custodian 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 [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.

Property Crime? [Redacted] 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/ 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 #

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

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

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

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: [Redacted] Signature of Arresting Officer: [Redacted] Name Verification (Printed by Arrestee): [Redacted]

Dangerous Suicidal Resisted Arrest Other: [Redacted] Name of Arresting Officer (Print): Johnson I.D. #: 7654

PAGE 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/>		
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 43						
CHARGES	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 <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other									
DEF.	Name (Last, First, Middle)	Alias		Race		Sex		Date of Birth		
VICTIM	Charge Description	Charge Description		Charge Description		Charge Description		Charge Description		
	Sale of Cocaine w/in 1000 ft. of a school.									
	Charge Description		Charge Description		Charge Description		Charge Description		Charge Description	
	Charge Description		Charge Description		Charge Description		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	
	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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>25</u> day of <u>August</u> 20 <u>04</u> at <u>915</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> 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 heat" 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										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u>[Signature]</u> "7654 (Signature of Arresting/Investigative Officer)									
	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 _____									
	<u>[Signature]</u> "7452 Notary Public, Clerk of Court, Officer (F.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 ☒

ADMIN.	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 <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
DEF.	Name (Last, First, Middle) [REDACTED]				Alias
	Race <input checked="" type="checkbox"/> B				Sex <input checked="" type="checkbox"/> M
CHARGES	Charge Description Sale of Cocaine w/in 1000 ft. of a school.		Charge Description		
	Charge Description		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) State of Florida.				Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone () () () Address Source		
PROBABLE CAUSE STATEMENT	Business Address (Name, Street) (City) (State) (Zip)		Phone () () () Occupation		
	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the _____ day of _____ 20____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>for sale of cocaine within 1000 feet of a school per F.S.S 893.13.(1c)</p>				
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 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 _____ _____ Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/>	
	Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)							
	FLO. 5 0 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0, 6, 1, 0, 4, 1, 1, 9, 6, 0, 1, 1							
DEFENDANT	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		If Weapon Seized		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)									
	Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
CO-DEF.	Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race		Birth		Height		Weight		Hair Color		Complexion	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
JUVENILE	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	
CHARGE	D/I 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	
NOTICE TO APPEAR	<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	
CHARGE	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	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		Grade		Drug Activity		S. Sell N. N/A P. Possess	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Type	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Type	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Type	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Type	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Type	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Type	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Drug Type	
HOLD FOR OTHER AGENCY	<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									
	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.		Date Signed									
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)		PAGE		1 of 1	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print)		I.D. #		Witness here if subject signed with an "X".			
	Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency	

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		Juvenile	
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 104 1960			
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) [REDACTED]		Alias [REDACTED]		Race B		Sex M	
Charge Description Sale of Marijuana w/in 1000 ft. of a 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					
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 06 day of October 2004 at 1220 A.M. P.M. (Specifically include facts constituting cause for arrest.)</p> <p>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. 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.</p> <p>The suspected marijuana tested positive using a Duquenois Marijuana Test for marijuana. The marijuana weighed 66 grams and was placed into P.B.S.O. evidence.</p> <p>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.S. 893.13 (1c2).</p>							
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 06 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. 117.10)							

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/>			
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 1 1 0 4 1 1 9 8 9							
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 <input type="checkbox"/> Enter Type		Multiple Clearance Indicator 1550	
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	
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black		Sex M		Date of Birth		Height		Weight		Eye Color	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single		Religion		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Build	
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 D.A.V.I.D.	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation Student	
SS Number		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		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"/>	
<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					
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					
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 w/in 1000 ft of a school		Counts 1		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 S		Drug Type M		Amount / Unit 6.8g		Offense # 04-1989		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 S		Drug Type M		Amount / Unit 6.8g		Offense # 04-1989		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 S		Drug Type M		Amount / Unit 6.8g		Offense # 04-1989		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 S		Drug Type M		Amount / Unit 6.8g		Offense # 04-1989		Warrant / Capias Number		Bond	
<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	
HOLD for other Agency Name:		Signature of Arresting Officer x [Signature]				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) Johnson		I.D. # 7654		(PRINT)		PAGE 1 OF 1	
Intake Deputy I.D. #		Pouch #		Transporting Officer I.D. #		Agency		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		Juvenile	
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: 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:						
CHARGES	Charge Description Sale of marijuana w/in 1000 ft. of a school.		Charge Description		Charge Description				
	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					
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 12 day of October 2004 at 250 _____ A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>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 _____ called me on my cell phone from _____ 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 _____. 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.</p> <p>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.</p> <p>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).</p>									
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 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. 117.107									
PAGE 1 OF 1									

BTS 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 _____ Agency Name Palm Beach County Sheriff's Office Agency Report Number (N.T.A.'s only) _____

Charge Type: ☒ Felony ☐ 3. Misdemeanor ☐ 5. Ordinance
☒ Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other
Weapon Seized / Type 2 1. Yes None 2. No
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 W Sex M Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____ Complexion _____ Build M

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Unknown 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 3. Florida 2. County 4. Out of State 2

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

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

A. 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) _____ (First) _____ (Middle) _____ Residence Phone _____
Other: _____ (First) _____ (Middle) _____ (State) _____ (Zip) _____ Business Phone _____

Arrested 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 _____

Has 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 B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other 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 Possession 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 Drug Type 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 _____ 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 # _____

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 _____

Signature of Arresting Officer 757 N Name Verification (Printed by Arrestee) _____
Name of Arresting Officer (Print) A. Margolis I.D. # 757N (PRINT) _____

Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: _____ Name of Arresting Officer (Print) A. Margolis I.D. # 757N (PRINT) _____
Take 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 Sheriff's Office

Agency Report Number
04-1886

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
12/02/86

Charge Description
Sale of Marijuana Within 1000 Feet 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 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 in the court yard, directly in front of the cafeteria. This is where arranged to meet with me the night before (09/21/04) during our cell phone conversation. On Monday (09/20/04) 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 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 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. asked if he wanted to come with us as we make the deal and agreed. As we began walking to the parking lot handed me a ten dollar bill as my change. Once in the parking lot located on the North side of the school sat in his Blue Honda Accord (Bearing FL tag and pulled out a clear plastic bag with a green leafy substance inside from his front left shorts pocket. As handed the suspected marijuana to me, 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 and

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 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 with Sale of Marijuana Within 1000 feet of a school per F.S.S. 893.13.

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile



Agency ORI Number FL 500400		Agency Name Palm Beach County Sheriff's Office		Agency Report Number (N.T.A.'s only)	
Charge Type: <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		Multiple Clearance Indicator None 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
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth	Height	Weight	Eye Color
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single	Religion Unknown	Indication of: Alcohol Influence Drug Influence	Complexion Build
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
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	<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)	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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended Jupiter Highschool	Grade 12th
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/ Z. Other Produce/ Cultivate	Drug Type N. N/A A. Amphetamine
Charge Description Sale of Marijuana 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 #
Drug Activity S	Drug Type 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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 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 <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		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. <input type="checkbox"/> P.M. <input type="checkbox"/>			
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 X		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) A. Margolis		(PRINT)	
Intake Deputy I.D. #:		Transporting Officer ID #		Agency	
Resisted Arrest Other:		I.D. # 757N		PAGE 1 OF 1	
Witness here if subject signed with an "X"				1	

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2.

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.

☒ 1. Felony
☐ 2. Traffic Felony

☐ 3. Misdemeanor
☐ 4. Traffic Misdemeanor

☐ 5. Ordinance
☐ 6. Other

Special Notes:

Charge Description

Sale of Marijuana 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.

☒ 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

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

10/13/04

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

A. Margolis

NAME OF OFFICER (PLEASE PRINT)

10/13/04

DATE

PAGE

1 OF 1

Juvenile

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

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

Number 00	Agency Name Palm Beach County Sheriff's Office	Agency Report Number 04-2086
<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:
Description of Cocaine		Charge Description
Charge Description		Charge Description
Victim's Name (Last, First, Middle) State of Florida		Race W
Local Address (Street, Apt. Number) (City) (State) (zip)		Sex M
Business Address (Name, Street) (City) (State) (zip)		Date of Birth
Phone ()		Address Source
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 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 with 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

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

10/22/04

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

A. Margolis

NAME OF OFFICER (PLEASE PRINT)

10/22/04

DATE

PAGE

1 OF 1

Arrest / Notice to Appear Juvenile Referral Report

Agency: Palm Beach County Sheriff's Office

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

Location of Offense: 500 N. Military Trail Jupiter, FL 33458

Date of Arrest: 11/15/04

Name: [Redacted]

Address: [Redacted]

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

Counts: 01

Statute Violation Number: F.S.S. 893.13

Signature of Defendant: [Redacted]

Signature of Arresting Officer: A. Margolis

Page: 1 of 1

OBTS Number

PROBABLE CAUSE AFFIDAVIT

1. Arrest
2. N.T./

3. Request for Warrant
4. Request for Capias

Juvenile

Agency ORI Number
FLO500400

Agency Name
Palm Beach County Sheriff's Office

Agency Report Number
04-2260

Charge Type:
Check as many as apply.

☒ 1. Felony
☐ 2. Traffic Felony

☐ 3. Misdemeanor
☐ 4. Traffic Misdemeanor

☐ 5. Ordinance
☐ 6. Other

Special Notes:

(Last, First, Middle)

Alias

Race
W

Sex
M

Date of Birth

Charge Description
Sale of Marijuana Within 1000 Feet of a School

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.
☐ 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 15th day of November 20 04 at 8:25 A.M. P.M. (Specifically include facts constituting cause for arrest.)

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 was walking toward me in the north hallway as I was walking to my class. After a short conversation, said "Man I got some funk, this shit is so good". (Funk is terminology that high school students use to describe marijuana). I asked 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. 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"? 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 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 with Sale of Marijuana Within 1000 Feet of a School Per F.S.S. 893.13.

SWORN AND SUBSCRIBED BEFORE ME

D/S

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

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

A. Margolis

NAME OF OFFICER (PLEASE PRINT)

DATE

PAGE

1 OF 1

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. 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: <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) 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.)		
Sex W M	Date of Birth	Height Weight Eye Color Hair Color Complexion Build
Mental Status Single Unknown		
Religion Unknown		
Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		
Address Source D.A.V.I.D		
Occupation Unknown		
Place of Birth (City, State) Citizenship USA		
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		
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		
Parent / Legal Custodian Name (Last) First Middle Residence Phone Business Phone		
Address (Street, Apt. Number) City State Zip		
Arrested 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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		
School Attended Jupiter Grade 12th		
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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/ 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 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 #		
Drug Activity S C Amount / Unit 1.2 Grams Offense # 04-2071 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 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 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 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. <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 757N Name of Arresting Officer (Print) A. Margolis I.D. # 757N		
Name Verification (Printed by Arrestee) (PRINT) PAGE 1 OF 1		
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.		<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 W	Sex M
Date of Birth		Charge Description Sale of Cocaine Within 1000 Feet 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)	Phone	Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 21st day of October 20 04 at 8:33 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 10/20/04 I was working in an undercover capacity when I placed a call into the telephone number _____ provided by the defendant _____. _____ 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 _____ 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 _____ walked into the bathroom. Seconds later _____ 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 _____ 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. _____ 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.</p> <p>Based on the above facts, probable cause exists to charge the defendant _____ with Sale of Cocaine within 1000 feet of a school Per F.S.S 893.13.</p>							
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							

Offense Incident Report		<input checked="" type="checkbox"/> Juvenile <input checked="" type="checkbox"/> 1-Original <input type="checkbox"/> 2-Supplement		Case Number: 05- [REDACTED]	
FLO 504200		Reported Day: THURSDAY		Date: 01/27/2005	
Time (mil): 0830		Time Dispatched (mil):		Time Arrived (mil):	
Time Completed (mil):		Incident Day: FROM MONDAY		Date: 01/27/2005	
Time (mil): 0700		Incident Day: TO THURSDAY		Time (mil): 0930	
CODES Type: #1 9 1-Felony 3-Misdemeanor 9-Other		Offense Type: #1 9 Description and Florida State Statute: Assist another Agency		A/C: NCIC/UCR Code	
Incident Location (Street, Apt. Number):		City:		State: Zip Code:	
Geographic Indicator:		Various Locations:			
Business Name/Area Identifier:		Forced Entry: O-N/A 2-No 1-Yes		Occupancy: O-N/A 2-Unoccupied 1-Occupied 3-Abandoned	
Location Type:		01-Residence-Single 02-Apartment/Condo 03-Residence-Other 04-Hotel/Motel 05-Convenience Store		06-Gas Station 07-Liquor Sales 08-Bar/Nightclub 09-Supermarket 10-Dept./Discount Store	
11-Specialty Store 12-Drug Store/Hospital 13-Bank/Financial Inst. 14-Commercial/Office Bldg. 15-Industrial/Mfg.		16-Storage 17-Gov't/Public Bldg. 18-School/University 19-Jail/Prison 20-Religious Bldg.		21-Airport 22-Bus/Rail Terminal 23-Construction Site 24-Other Structure 25-Parking Lot/Garage	
26-Highway/Roadway 27-Park/Woodlands/Field 28-Lake/Waterway 29-Motor Vehicle 30-Other Mobile		99-Other		18	
# Offenses: 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			
CODES V/W Code: V-Victim W-Witness C-Reporting Person P-Proprietor Z-Other		V/W Type: 0-N/A 1-Juvenile 2-L.E. Officer 3-Adult 4-Business		Race: N-N/A W-White B-Black I-American Indian O-Oriental/Asian U-Unknown	
Sex: N-N/A M-Male F-Female U-Unknown		Residential Type: 0-N/A 1-City 2-County 3-Florida 4-Out-of-State		Residential Status: 0-N/A 1-Full Year 2-Part Year 3-Non-Resident	
Extent of Injury: 0-None 1-Minor 2-Serious 3-Fatal		Injury Type: 00-N/A 01-Gunshot 02-Stabbed 03-Laceration 04-Unconscious		05-Poss. Broken Bones 06-Poss. Internal Injury 07-Loss of Teeth 08-Burns 09-Abrasions/Bruises 99-Other	
Victim Relationship to Offender: 00-N/A 01-Undetermined		04-Ex-Spouse 05-Co-Habit 06-Parent		07-Brother/Sister 08-Child 09-Step-Parent	
10-Step-Child 11-In-Law 12-Other Family		13-Student 14-Teacher 15-Child of Boy/Girl Friend		16-Boy/Girl Friend 17-Friend 18-Neighbor	
19-Sitter/Day Care 20-Employee 21-Employer		22-Landlord/Tenant 23-Acquaintance 99-Other			
Offense Indicator (circle): 1 2 3 4		V/W Code: # V/W Type: 9		Name (Last, First, Middle or Business): State of Florida	
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):		Residence Phone: () -		Business Phone: () -	
Occupation:		Employer/School:		Address:	
Driver's License State/Number:		Immigration and Naturalization Number:		Other I.D. Number:	
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	
Lieutenant Reviewing:		I.D. Number: Date:		Captain Reviewing:	
I.D. Number: Date:		Forward to:		Date:	
Case Status: Closed		Clearance Type: 1-Arrest 2-Exceptional		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

FLO 5, 0 4 2 0 0

THE SCHOOL DISTRICT OF PALM BEACH COUNTY SCHOOL POLICE

Offense Narrative Continuation☐ Juvenile☒ 1 - Original☒ 1 - Offense

Case Number

☐ 2 - Suppl.☐ 2 - Arrest

05-0262

Original Date Reported

Offense

01 27 2005

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

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 U.T. DWYER HIGH SCHOOL

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

Arresting Officer JOHNSON 7654

Time Of Arrest 9:17 AM

Parent Notification COUNCIL ATTORNEY AT 0930 AM

Vehicle On Campus (NO) BUS RIDGE / N1 JONAS

Contraband Seized

N/A

Details

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

(OFF R SAXE 748)

Operation Old School

January 27, 2005

School Forest Hill HS.

Suspect

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] ([REDACTED])

Arresting Officer GARSON # 920

Time Of Arrest 0955

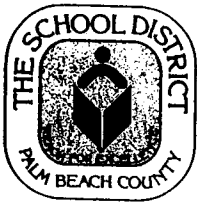
Parent Notification NO contact

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 _____

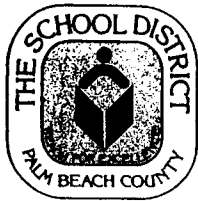
Time Of Arrest _____

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
[REDACTED]				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
[REDACTED]				Sale of Acid (LSD)
[REDACTED]	W/M	[REDACTED]	None	Sale of Acid (LSD) Off Campus
<hr/>				
[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
[REDACTED]				Sale of Cocaine
<hr/>				
[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
<hr/>				
[REDACTED]	B/M	[REDACTED]	Jl Leonard	Sale of Marijuana
[REDACTED]				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
<hr/>				
[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 2 N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
OBTS Number		Agency Name		Agency Report Number			
Agency ORI Number		PALM BEACH COUNTY SHERIFF'S OFFICE		0, 6-10, 4-12, 4, 4, 9			
FLO: 5 0 0 0 0		Charge		If Weapon Seized		Multiple Clearance Indicator	
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		Sex		Date of Birth		Height	
W - White B - Black O - Oriental/Asian		W M					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence Drug Influence	
		S		Unk		Y N Unk	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Phone		(561)				Residence Type:	
						1. City 3. Florida 2. County 4. Out of State	
Business Address (Name, Street)		(City)		(State)		(Zip)	
Phone		(561)				Occupation	
						Student	
Do Number		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
						WPB USA	
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	
						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.		School Attended		Grade			
Yes, by: (Name)		No: (Reason)					
Property Crime?		Description of Property		Value of Property			
Yes No							
Drug Activity		S. Sell		R. Smuggle		K. Dispense/ Distribute	
N. N/A		B. Buy		D. Deliver		E. Use	
P. Possess		T. Traffic					
M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		B. Barbiturate	
				N. N/A		C. Cocaine	
				A. Amphetamine		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	
Sale of Marijuana in school		1		CY EN		8, 9, 3, 1, 1, 3, 1, 1, a, d, 1	
Drug Activity		Drug Type		Amount / Unit		Offense #	
3		M		3.6 grams		04-2449	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				CY EN			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				CY EN			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				CY EN			
Drug Activity		Drug Type		Amount / Unit		Offense #	
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				Signature of Arresting Officer			
Name:				Name of Arresting Officer (Print)			
				I.D. #			
D. Dangerous				Resisted Arrest			
S. Suicidal				Other:			
Transporting Officer				I.D. #			
				Agency			
Name Verification (Printed by Arrestee)				PAGE			
(PRINT)				1 of 1			

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	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 1 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:								
DEF	Name (Last, First, Middle)				Race W		Sex M		Date of Birth		
CHARGES	Charge Description Sale of Marijuana within 1000ft 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				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. On the 09 day of December 2004 at 1250 A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 12/09/04 I was working in undermaster 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 rolled up sandwich bag then I put it in my pocket. I gave [redacted] \$30 provided by Dade investigative funds serial # AF 38559388A. I asked [redacted] if he could give me a bag and he pulled out his wallet. I could see he had several \$20, \$10s and \$5s.</p>											
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 December 2004 by Det. B. Reyes 4452											
(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											
PAGE 140											

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN.	OBT 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:						
DEF.	Name (Last, First, Middle)		Race		Sex		Date of Birth		
CHARGES	Charge Description Sale of Marijuana within 1000ft school		Charge Description						
	Charge Description		Charge Description						
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth		
	Local Address (Street, Apt. Number) State of Florida		City		State		Zip		
PROBABLE CAUSE STATEMENT	Business Address (Name, Street)		City		State		Zip		
	Phone		Address Source		Occupation				
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 09 day of December 2004 at 12:00 A.M. * P.M. (Specifically include facts constituting cause for arrest.)</p> <p>_____ 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.</p> <p>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.</p> <p>_____ is in violation of F.S.S. 893.13(1a) sale of Marijuana within 1000ft of a school.</p>									
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 December 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) #7654								

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		Juv. #				
	Agency P.R.I. Number R.O. 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 7 1 2 4 4 9								
DEFENDANT	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		If Weapon Seized		Enter Type		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)								
CO-DEF.	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.)								
JUVENILE	Race W - White B - Black I - American Indian O - Oriental/Asian		Sex	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						
CHARGE	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 1. School 2. Parent 3. Other				
CHARGE	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation				
	D.M. Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship				
CHARGE	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					
CHARGE	<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			
CHARGE	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 355-2528) informed of any change of address.						School Attended		Grade				
	<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						Value of Property						
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property										
CHARGE	Drug Activity S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Production/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opioid/Drug	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description Possession to sell Marijuana		Counts	Domestic Violence OY ON	Status Violation Number 89 3 1 1 3		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence OY ON	Status Violation Number		Violation of ORD #						
CHARGE													

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
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 4 4 9					
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"/>		Special Notes:	
Name (Last, First, Middle)		[REDACTED]		Race		Sex		Date of Birth	
Charge Description		Conspiracy to sell Marijuana		Charge Description		[REDACTED]		[REDACTED]	
Victim's Name (Last, First, Middle)		State of Florida		Race		Sex		Date of Birth	
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.
☐ 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 09 day of December 2004 at 1230 P.M. (Specifically include facts constituting cause for arrest.)

On 12/09/04 I was working in undersecretary capacity at 6401 Parker Avenue, WPB, Forest Hill Community High School. While at lunch I was walking around the school campus when [REDACTED] approached me and said "Here 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 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 PBO investigative funds serial # AF38539382A. 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

Cliff J. Reyes 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 Sgt. J. Reyes 4152.

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

Fernando 4100
 (Signature of Notary Public)

PAGE 1 OF 1

OBTS Number

Agency ORI Number

FLO 5 0 0 0 0 0

PROBABLE CAUSE AFFIDAVIT

1 Arrest

2 N.T.A.

3 Request for Warrant

4 Request for Capias

Juvenile

Agency Name

PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number

0 6 1 1 0 4 1 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

Name (Last, First, Middle)

Race

W

Sex

M

Date of Birth

Charge Description

Conspiracy to sell Marijuana

Charge Description

Victim's Name (Last, First, Middle)

State of Florida

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.

☒ 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 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(1a2) sale of Marijuana within 1000ft of a school. _____

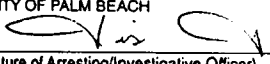
is in violation of F.S.S. 893.13 Conspiracy to sell Marijuana.

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 FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0, 61-0, 41-18, 7, 6, 6
	Charge Type: Check as many as apply.	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other
DEFENDANT	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address) Forest Hill Comm. High School		
	Date of arrest	Time of Arrest	Booking Date	Booking Time	Jail Date
CODEF	Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White A - American Indian B - Black O - Oriental/Asian	Height	Weight	Eye Color	Hair Color
JUVENILE	Marital Status		Religion	Indication of: Alcohol Influence Drug Influence	
	Permanent Address (Street, Apt. Number)		Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
NOTICE TO APPEAR	Business Address (Name, Street)		Phone	Address Source	
	Soc. Sec. Number		INS Number	Place of Birth (City, State)	
CHARGE	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
CHARGE	Parent Legal Custodian		Name (Last)		(First)
	Address (Street, Apt. Number)		(City)	(State)	(Zip)
CHARGE	Notified by: (Name)		Date	Time	Juvenile Disposition
	Released To: (Name)		Relationship	Date	Time
CHARGE	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? Yes No		Description of Property	Value of Property	
CHARGE	Drug Activity	S. Sell N. N/A P. Possess	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate
	Drug Type	Amount / Unit	Offense #	Domestic Violence	Statute Violation Number
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
CHARGE	Charge Description		Counts	Domestic Violence	Statute Violation Number
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
CHARGE	Location (Court, Room Number, Address)		Court Date and Time		
	Month		Day	Year	Time
CHARGE	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		
CHARGE	HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)
	Name		Name of Arresting Officer (Print)		(PRINT)
CHARGE	Dangerous Suicidal		Resisted Arrest Other		PAGE
	I.D. #		Pouch #		1 of 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN.	Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 10412 466					
DEF.	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		Special Notes:		
CHARGES	Name (Last, First, Middle)		Alias		Race W		Sex F		Date of Birth
VICTIM	Charge Description Sale of Controlled Substance (Schedule II)		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
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. On the <u>17</u> day of <u>December</u> 20<u>04</u> at <u>10:00</u> <u>A.M.</u> <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>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 cover telling 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 3rd 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 khaki shorts and pulled out a small clear plastic bag with Xanax bars in it. [redacted] counted them out and put them in my hand and 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] \$20.00 the agreed amount, provided by PISO Investigative Services (serial #s 00EE51891794A #10, 53587560A). Once we made the exchange [redacted] and I walked around the campus and went our separate ways at 10:15 AM.</p> <p>I did positively identify the Xanax bar through the Drug Identification bible 2001/2002. The bar had the markings GG 249 and has the active ingredients Alprazolam 2mg, a generic brand manufactured by</p>									
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 <u>17</u> day of <u>December</u> 20 <u>04</u> by <u>Det. Piers Y452</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> Notary Public, Clerk of Court Officer (F.S.S. 117.10) <u>#7654</u>								
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 ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 103412466	
	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		Special Notes:	
DEF.	Name (Last, First, Middle)			Alias		Race W F		Sex F	
CHARGES	Charge Description	Within 1000ft school		Charge Description		Date of Birth 11.03.87			
	Charge Description	Sale of a Controlled Substance (Schedule IV)		Charge Description					
VICTIM	Victim's Name (Last, First, Middle)	State of Florida		Place		Sex		Date of Birth	
	Local Address (Street, Apt. Number)	(City)		(State)		(Zip)		Phone	
	Business Address (Name, Street)	(City)		(State)		(Zip)		Phone	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 17 day of December 2007 at 10:05 A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>Genova Pharmaceuticals, I submitted the Xanax bars (10 bars, 1.2g) into evidence after I packaged them.</p> <p>_____ is in violation of F.S.S. 893.13</p> <p>Sale of a Controlled Substance, schedule IV within 1000ft of a school.</p>									
PROBABLE CAUSE STATEMENT									
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 17 day of December 2007 by Sgt. Prepper 4452									
(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 of 2									

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
	FLO 5 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 1 1 10 4 1 12 3 4 5		1	
	Charge Type: 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)		If Weapon Seized		Multiple Clearance Indicator	
DEFENDANT	Date of arrest		Time of Arrest		Booking Date		Booking Time	
	Jail Date		Jail Time		Location of Vehicle		Forest Hill	
	Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		1801 Parker Ave WPB FL 33405		High School	
	Race W - White B - Black		Sex M		Date of Birth		Height	
CO-DEF.	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)	
JUVENILE	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
	Citizenship		U.S.A.		Residence Type: 1. City 2. County 3. Florida 4. Out of State		Address Source Verbal	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
CODE	Parent Legal Custodian Other:		Name (Last)		(First)		(Middle)	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated	
	Released To: (Name)		Relationship		Date		Time	
CHARGE	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		Value of Property	
	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.	
CHARGE	Charge Description		Counts		Domestic Violence OY ON		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	3		M		3.3 grams		04-2375	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
CHARGE	Charge Description		Counts		Domestic Violence OY ON		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
	Charge Description		Counts		Domestic Violence OY ON		Statute Violation Number	
CHARGE	Charge Description		Counts		Domestic Violence OY ON		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
	Charge Description		Counts		Domestic Violence OY ON		Statute Violation Number	
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.		Signature of Defendant (or Juvenile and Parent/ Custodian)	
	Date Signed		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)	
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer		Name of Arresting Officer (Print)		I.D. #	
	Dangerous Suicidal		Resisted Arrest Other:		Intake Deputy		I.D. #	
	Pouch #		Transporting Officer		I.D. #		Agency	
	PAGE		PAGE		PAGE		PAGE	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		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		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 10 4 18 3 4 5					
Charge Type: <input checked="" type="checkbox"/> Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		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 most dangerous		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	Date of Birth
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. <input checked="" type="checkbox"/> The Person taken into custody... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by who told that he/she saw the arrested person commit the below acts. <input type="checkbox"/> 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, WPB Forest Hill Community High School. While I was at lunch I saw [redacted] [redacted] [redacted], were we gone to him on the north side of the cafeteria. I went over to him and we had 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. [redacted] said "Yeah, stay here and I'm going to get it and I'll look for you here." I agreed and saw [redacted] walk towards the west side of the campus. After about 5 minutes [redacted] returned. He stopped a few hundred feet to shake hands with the school resource officer and a dean. [redacted] and I walked over to a group of people out of the view of the resource officer. There I gave [redacted] the \$20 for the marijuana we agreed upon. [redacted] handed us four small yellow baggie with Marijuana. The \$20 was provided by PBSO Investigative Services serial # CC02926583C. After we exchanged the drugs and money we had 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. [redacted] is in violation of FSS 843.13(4a) Sale of Marijuana within 1000ft of a school. STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] V. Preys 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 Sgt Preys 7452. (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced D/S [Signature] #7654 Notary Public, Clerk of Court, Office (F.S.S. 117.10)									

ARREST / NOTICE TO APPEAR Juvenile Referral Report

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

Charge Type: [X] Felony [] Misdemeanor [] Ordinance [] Traffic Misdemeanor [] Other [] If Weapon Seized [] Enter Type [] Multiple Clearance Indicator []

Location of Arrest (Including Name of Business): [blank] Location of Offense (Business Name, Address): 4701 10th Avenue South Greenacres Jnn. I. Leonard

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

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

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

Scars, Marks, Tattoos: [redacted] Features (Location, Type, Description): [redacted] Marital Status: [] S [] U [] R [] Div [] Religion: [] U [] C [] O [] Indication of: Alcohol Influence [] Y [] N [] Drug Influence [] Y [] N [] Unk. [] \$

Local Address (Street, Apt. Number): [redacted] (City): [redacted] (State): [redacted] (Zip): [redacted] Phone: (561) [redacted] Residence Type: 1. City [] 2. County [] 3. Florida [] 4. Out of State [] Address Source: [redacted]

Permanent Address (Street, Apt. Number): [redacted] (City): [redacted] (State): [redacted] (Zip): [redacted] Phone: (561) [redacted] Address Source: [redacted]

Business Address (Name, Street): [redacted] (City): [redacted] (State): [redacted] (Zip): [redacted] Phone: (561) [redacted] Occupation: Student

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

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

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

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

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

[] Other: [redacted]

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

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

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) [redacted] [] No: (Reason) [redacted] School Attended: John J. Leonard H.S. Grade: [redacted]

Property Crime? [] Yes [X] No Description of Property: [redacted] Value of Property: [redacted]

Drug Activity: [] N. N/A [] S. Sell [] R. Smuggle [] 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: [redacted] Counts: [redacted] Domestic Violence: [] Y [] N [] Statute Violation Number: [redacted] Violation of ORD #: [redacted]

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

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

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

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

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

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

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

[] Instruction No. 1 Location (Court, Room Number, Address): [redacted]

[] Instruction No. 2 Court Date and Time: [redacted]

You need not appear in Court but must comply with instructions on Reverse Side.

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): [redacted] Date Signed: [redacted]

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

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

PROBABLE CAUSE AFFIDAVIT

OBTS Number

1. Ar.
2. N.T.A.

3. Request for Warrant
4. Request for Capias

Juvenile

ADMIN
DEF.
CHARGES
VICTIM
PROBABLE CAUSE STATEMENT
ADMINISTRATIVE

Agency ORI Number

Agency Name

Agency Report Number

FLD 5 0 0 0 0 0

PALM BEACH COUNTY SHERIFF'S OFFICE

0 6 1 0 4 1 2 2 6 1 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:

Name (Last, First, Middle)

Race

Sex

Date of Birth

Charge Description

Sale of Marijuana within 1000 ft of 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.

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 P.M. (Specifically include facts constituting cause for arrest.)

On 11/9/04 I was working in undercover capacity at 4701 10th Avenue North, Greenmeadows, John F. 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, sat down and watched the teacher until she turned around. At that point [redacted] pulled out two small baggies from his pocket and handed it to me. I made [redacted] a \$10 bill provided by PBSO Investigative Scouts (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. 893.13 (a2) Sale of Marijuana within 1000 ft of a school.

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] J. Payer 7452
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 09 day of November 20 04 by J. Payer 7452

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

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

PAGE

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OBTS Number PROBABLE CAUSE AFFIDAVIT 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias 1 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 1 0 4 1 4 2 2 2 6 1 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) Race Sex Date of Birth

CHARGES Charge Description Charge Description Charge Description

VICTIM 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 12 day of November 2004 at 1220 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 11/12/04 I was working in undercover capacity at 4201 10th Avenue North, Greenacres John S. Leonard High School. While at lunch [redacted] BLM approached me and made small talk. I gave him the \$10 for the two baggies of Marijuana that he fronted me on 11/9/04. The \$10 was provided by PBSO investigative funds (serial # BB 49310614B). At that point [redacted] went on his way.

PROBABLE CAUSE STATEMENT

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 20 of 2004 by [redacted] 4122

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

[redacted] 4122

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 <input type="checkbox"/>	
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 1 10 4 11 7 3 3		11	
Charge Type: <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		If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)			
Date of arrest				Time of Arrest		Booking Date	
				Booking Time		Jail Date	
				Jail Time		Location of Vehicle	
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, 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, Unusual Location, Type, Description				Marital Status Religion		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>	
Home Address (Street, Apt. Number) (City) (State) (Zip)				Phone (561)		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone (561)		Address Source 1. Florida 2. Out of State	
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		<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 Supervision 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DOYS 3. Incarcerated	
Released To: (Name)				Relationship		Date	
				Time			
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
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		Counts		Domestic Violence		Statute Violation Number	
Sale of Marijuana		1		Y		8,9,3,11,3, 11,1,2,1	
Drug Activity		Amount / Unit		Offense #		Warrant / Capias Number	
S		0.27oz		04-1735			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Sale of Cocaine 1000g school		1		Y		8,9,3,11,3, 11,1,2,1	
Drug Activity		Amount / Unit		Offense #		Warrant / Capias Number	
S		1000grams		04-1735			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Sale of Cocaine 1000g school		1		Y		8,9,3,11,3, 11,1,2,1	
Drug Activity		Amount / Unit		Offense #		Warrant / Capias Number	
S		1gram		04-1735			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Sale of Cocaine 1000g school		1		Y		8,9,3,11,3, 11,1,2,1	
Drug Activity		Amount / Unit		Offense #		Warrant / Capias Number	
S		1.4grams		04-1735			
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> 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			
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)			
		I.D. #					
		T-12-2-2000					
				PAGE			

ADMIN.		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 06109141783			
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)		[REDACTED]		[REDACTED]		Race B		Sex M	
Date of Birth		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Charge Description		Sale of Marijuana		Charge Description		[REDACTED]		[REDACTED]	
Charge Description		[REDACTED]		Charge Description		[REDACTED]		[REDACTED]	
Victim's Name (Last, First, Middle)		State of Florida		[REDACTED]		Race		Sex	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
Occupation		[REDACTED]		[REDACTED]		[REDACTED]		[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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>24</u> day of <u>August</u> 20 <u>04</u> at <u>1:00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) On 8/24/04 at 1:00pm 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 \$500 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 of \$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 [Signature] 7452 (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>04</u> by <u>Pls 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									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN.	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 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		Special Notes:								
DEF.	Name (Last, First, Middle)		Alias		Race B		Sex M		Date of Birth		
CHARGES	Charge Description Sale of Cocaine in or out of a school		Charge Description								
	Charge Description		Charge Description								
VICTIM	Victim's Name (Last, First, Middle)		Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 01 day of September 2004 at 11:40 A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 9/1/04 at 11:40hrs I was working in undercover capacity at 4401 10th Avenue North, Greenacres, John J. Leonard High School. I 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 \$10B838662462C, \$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.1) 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 .66grams.</p>											
STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] 7452 (Signature of Arresting/Investigative Officer)											
The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of September 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, Officer (F.S.S. 117.10) [Signature] DISTRIBUTION: WHITE - Court Clerk, GREEN - [redacted] AND [redacted] YELLOW - [redacted]											

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
ADMIN	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 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		Special Notes						
DEF	Name (Last, First, Middle) [REDACTED]		Alias [REDACTED]		Race B H		Sex M		Date of Birth [REDACTED]
CHARGES	Charge Description Sale of Cocaine inside 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			
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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 21 day of September 2001 at 4:05 A.M. <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) On 9/11/01 I was working in undercover capacity at 4401 10th Ave North, Greenacres, John J. Kennedy 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 over 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 \$30 out of my right pocket and handed it to him tightly rolled up. The money was provided by PBSO investigative funds. serial #s \$20-CE626063-17E, \$20-CJ17322323A, \$5 BB 34384263C, \$1 F17919380B, \$1 #022148714, \$1 F42109808D, \$1 F36239108C, \$1 A71995314C [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 1000 ft of a school									
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 21 day of September 2001 by Preyes 7452 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced [Signature] # 7654 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FLO500400		Agency Name Palm Beach County Sheriff's Office		Agency Report Number 04-2253					
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 W		Sex M		Date of Birth	
Charge Description Sale of Schedule I Controlled Substance (Acid) within 1000 feet 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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the 12th day of November 20 04 at 10:29 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)									
<p>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.</p> <p>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.</p> <p>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.</p>									
SWORN AND SUBSCRIBED BEFORE ME									
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER A. Margolis					
11/12/04 DATE				NAME OF OFFICER (PLEASE PRINT) 11/12/04 DATE				PAGE 1 OF 1	

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 FLD 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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 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 - White (- American Indian / B - Black O - Oriental/Asian		Sex W		Date of Birth M		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 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2											
Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source D.A.V.I.D															
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Occupation Unknown															
Business Address (Name, Street) (City) (State) (Zip)				Phone																	
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		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile											
<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											
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended		Grade											
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/Deiv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description Sale of Ecstasy				Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> 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 <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		<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. <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									
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) 757N													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) A. Margolis				I.D. # 757N				(PRINT)									
Intake Deputy I.D. # Pouch #				Transporting Officer ID# Agency				Witness here if subject signed with an "X"				PAGE 1 OF 1									

OBT Number

PROBABLE CAUSE AFFIDAVIT

1. Arr
2. N.T.3. Request for Warrant
4. Request for Capias

Juvenile

Agency ORI Number

Agency Name

Agency Report Number

FLO500400

Palm Beach County Sheriff's Office

04-2002

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
WSex
M

Date of Birth

Charge Description

Sale of Ecstasy

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 13th day of October 20 04 at 12:50 ☐ A.M. ☒ 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] a 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

OBTS Number
Agency ORI Number
Agency Name
Agency Report Number

FLD 5 0 0 0 0 0 PALM BEACH COUNTY SHERIFF'S OFFICE 0 6 1 0 5 1 1 1 9

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

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
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
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

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/OYS
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
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
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:
☐ Dangerous
☐ Suicidal
☐ Resisted Arrest
☐ Other:
Intake Deputy
I.D. #
Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print)
Transporting Officer
I.D. #
Agency

Name Verification (Printed by Arrestee)
(PRINT)
PAGE
Witness here if subject signed with an "X"

1 OF 1

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 5 1 1 9					
DEF	Charge Type: Check as many as apply	Special Notes:							
	<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								
CHARGES	Name (Last, First, Middle)	Alias		Race		Sex		Date of Birth	
	[REDACTED]	[REDACTED]		B		M		[REDACTED]	
VICTIM	Charge Description	Charge Description							
	State of Maryland within 1000ft of school								
VICTIM	Victim's Name (Last, First, Middle)	State of Florida		Race		Sex		Date of Birth	
	[REDACTED]								
VICTIM	Local Address (Street, Apt. Number)	(City)		(State)		(Zip)		Phone	
	[REDACTED]								
VICTIM	Business Address (Name, Street)	(City)		(State)		(Zip)		Phone	
	[REDACTED]								
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 ...								
	<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.								
ADMINISTRATIVE	On the 14 day of January 2005 at 1135 A.M. <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
	<p>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 PBSC Investigative Surveys, serial # CA396312 06A. 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 Reiss test 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.S. 87B.13(1a2) sale of Marijuana within 1000ft of a school.</p>								
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 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 [Signature] Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								

OBTS Number 4		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number 0, 61-10, 51-10, 9, 3							
Charge Type: Check as many as apply.		1. Felony <input checked="" type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address) Wellington Community #5 5101 Greenview Shores 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		Weight		Eye Color		Hair Color		Complexion	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of Alcohol Influence		Indication of Drug Influence		Y		N	
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 DAVID	
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		Name (Last)		(First)		(Middle)		Residence Phone					
Other:								Business Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)							
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)													
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	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Sale of Marijuana at Lincoln School		1				8, 9, 3, 1, 1, 3		11, 1, 2, 1					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
3		H		2.6 grams		05-093							
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			
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. S. P. [Signature]				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				(PRINT)					
Intake Deputy I.D. #				Transporting Officer I.D. #				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 FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 1 0 5 1 0 9 8						
	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:							
DEF.	Name (Last, First, Middle)		Alias		Race B		Sex M		Date of Birth	
CHARGES	Charge Description Sale of Marijuana within 1000 ft of school		Charge Description		Charge Description		Charge Description		Charge Description	
	Victim's Name (Last, First, Middle) State of Florida		Race		Sex		Date of Birth			
VICTIM	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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> 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. <input type="checkbox"/> 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] "Are you going to take care of me?" referring to him selling me some marijuana. [redacted] said "yes" 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 036010345A. 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 Duquenois 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. § 893.13(1a)(2) Sale of Marijuana within 1000 feet of a school.										
PROBABLE CAUSE STATEMENT	STATE OF FLORIDA COUNTY OF PALM BEACH [Signature] Deputy 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 [Signature] Deputy 7402 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ Fonsaca 4100 Notary Public, Clerk of Court, Officer (F.S. 117.10)									
ADMINISTRATIVE	PAGE 1 of 1									

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 061051162							
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		If Weapon Seized		Enter Type		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		Wellington Comm H.S. Silver Greenview Shores Blvd, Wellington							
Date of arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle)		Alias (Name, DOB, Sec. #, Etc.)									
Race W - White B - Black I - American Indian O - Oriental/Asian		Sex		Date of Birth		Height		Weight		Eye Color	
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	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source PAINS	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		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	
<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					
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							
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		U. Unknown Z. Other			
Charge Description Possession of Cocaine		Counts		Domestic Violence CY CN		Statute Violation Number 893113		Violation of ORD #			
Drug Activity P		Drug Type C		Amount / Unit 4.6 grams		Offense # 05-162		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence CY CN		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence CY CN		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence CY CN		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	
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 D. Reyes		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) Jiro Reyes		I.D. # 4402		(PRINT)		PAGE 1 of 2	
Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency	
Witness here if subject signed with an "X"											

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

PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number

0, 6 10, 5 11, 6 2

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

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.

☒ 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 0800 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On 01/19/05 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 01/20/05 at 7:00 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 "Are 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 on the west side
of the theater [redacted] stopped a short white male and said to him "Ho 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 [Signature]

(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)

PAGE

1 of 5

PROBABLE CAUSE AFFIDAVIT

ADMIN	OBTS Number	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	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 1051168			
CHARGES	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) [REDACTED]		Race B	Sex M	Date of Birth [REDACTED]	
VICTIM	Charge Description Sale of Marijuana in 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) [REDACTED]		(City)	(State)	(Zip)	Phone
	Business Address (Name, Street) [REDACTED]		(City)	(State)	(Zip)	Phone
						Address Source 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 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 gotta call my 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 my 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 0520pm I received a phone call on my P850 issued cell phone from phone number (601) 804-4775. When I answered it was [REDACTED] however, I asked who it was and he said [REDACTED]. [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 "do 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.

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH
	<u>[Signature]</u> 7452 (Signature of Arresting/Investigative Officer)
	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>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> 4100 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
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 5 11 6 8						
	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:						
DEF.	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth		
CHARGES	Charge Description Sale of Marijuana in school		Charge Description								
	Charge Description		Charge Description								
VICTIM	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				
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 ... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 21 day of January 2005 at 300 _____ A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.) At that point the conversation ended. On 01/21/05 at 4:20pm I was working in undercover capacity at 901 Greenview Shores Blvd, Wellington, Wellington Community High School. I reported to my first class team sports. _____ then approached me and said "Oh, I couldn't bring that shit for you cause my friends whole 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 _____ had to leave because when he returned we continued our conversation. _____ said "The guys whole is the one who has the stress 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 _____ would bring it to school and I would meet him in the parking lot. _____ agreed to call _____ to ask him to bring the Marijuana with him. At that point the conversation ended. At 2:00pm I called _____ from my PBSO issued cell phone. _____ said his whole did not want his money to get stolen. I asked if he could bring it to school. _____ said "I'll see what I can do". At 2:00pm I called _____ again from my PBSO issued cell phone. _____ agreed to meet with me in the student parking lot. At 2:00pm I met with _____ by the Security parking lot. _____ had told _____										
	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 21 day of January 2005 by Sgt. Pugh 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)										
	PAGE 3										

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juv. #		
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 5 11 6 2						
DEF.	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 <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other									
CHARGES	Name (Last, First, Middle)		Alias		Race		Sex		Date of Birth	
	[REDACTED]		[REDACTED]		B		M		[REDACTED]	
VICTIM	Charge Description		Charge Description							
	Sale of Marijuana in school									
PROBABLE CAUSE STATEMENT	Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth			
	State of Florida									
ADMINISTRATIVE	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p><input checked="" type="checkbox"/> The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>admitting to the below facts.</p> <p>On the 01 day of January 2005 at 500 _____ A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I, he spoke with [REDACTED] in the morning and said he asked [REDACTED] 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 [REDACTED] walking towards us. At that point I asked [REDACTED] if [REDACTED] had the weed on him he said yes. As [REDACTED] approached [REDACTED] said he had to go to the bathroom. Before [REDACTED] left he said to [REDACTED] "hook her up," referring to him selling me the marijuana. We agreed on [REDACTED] agreed and [REDACTED] went to the bathroom. [REDACTED] asked if I had a car, I said yes and we walked towards my P850 issued vehicle. [REDACTED] got into the passenger side and I got into the driver side. We made small talk as he reached into his shirt's pocket [REDACTED] pulled out (2) small baggies filled with marijuana. [REDACTED] handed me four and kept one in his hand. I handed [REDACTED] the \$20 provided by P850 investigative funds (serial # 2686126233). Once the exchange was made he got out of my car and I drove away from where I was parked.</p> <p>I later positively identified [REDACTED] B/M. He was wearing a black T-shirt and light blue shorts.</p> <p>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</p>										
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><u>[Signature]</u> 442</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of January 2005 by [Signature] 442</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p><u>[Signature]</u> 4100</p> <p>Notary Public, Clerk of Court, Officer (F.S. 117.10)</p>										

TS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

Agency ORI Number

Agency Name

Agency Report Number

05000000

PALM BEACH COUNTY SHERIFF'S OFFICE

061051162

Charge Type:
Check as many
apply1. Felony
2. Traffic Felony

3. Misdemeanor

4. Traffic Misdemeanor

5. Ordinance

6. Other

Special Notes:

Name (Last, First, Middle)

Race

Sex

Date of Birth

Charge Description

Sale of Marijuana within 1000 ft of school

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.☐ 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 21 day of January 2005 at 900 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

Evidence bag, I submitted it into evidence.

Blm is in violation of FSS 893.13 (1a2) sale of

Marijuana within 1000 ft of a school. Blm is in violation of

FSS. Conspiracy to sell Marijuana

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 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

Fonseca 4100

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

PAGE

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DISTRIBUTION: WHITE — Court Copy

GREEN — State Attorney

YELLOW — Agency

PINK — Agency

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
	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 5 1 1 6 2							
DEFENDANT	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. 8101 Greenview Shores Blvd, Wellington											
CO-DEF.	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]													
JUVENILE	Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex M		Date of Birth [Redacted]		Height [Redacted]		Weight [Redacted]		Eye Color [Redacted]	
	Hair Color [Redacted]		Complexion [Redacted]		Build [Redacted]		Scars, Marks, Tattoos, Unique Physical Features (Location, Age, Description) [Redacted]		Marital Status [Redacted]		Religion [Redacted]		Indication of: Alcohol Influence Drug Influence Y N Unk	
CO-DEF.	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone [Redacted]		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone [Redacted]		Address Source FCJG Occupation Student			
JUVENILE	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State) Florida		Citizenship USA					
	Co-Defendant Name (Last, First, Middle) [Redacted]		Race B		Sex M		Date of Birth [Redacted]		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
JUVENILE	Co-Defendant Name (Last, First, Middle) [Redacted]		Race [Redacted]		Sex [Redacted]		Date of Birth [Redacted]		1. Arrested 2. At Large		3. Felony 4. Misdemeanor 5. Juvenile			
	Parent Legal Custodian Other:		Name (Last)		(First)		(Middle)		Residence Phone ()					
JUVENILE	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					
JUVENILE	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									
JUVENILE	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	
CHARGE	Charge Description Conspiracy to Sell Marijuana		Counts 1		Domestic Violence Y N		Statute Violation Number 8.9.3.1.1.3.		Violation of ORD #					
	Drug Activity M		Drug Type 4.6 grams		Offense # 05-162		Warrant / Capias Number		Bond					
CHARGE	Charge Description		Counts		Domestic Violence Y N		Statute Violation Number		Violation of OF-D #					
	Drug Activity [Redacted]		Drug Type [Redacted]		Amount / Unit [Redacted]		Offense # [Redacted]		Warrant / Capias Number		Bond			
CHARGE	Charge Description		Counts		Domestic Violence Y N		Statute Violation Number		Violation of ORD #					
	Drug Activity [Redacted]		Drug Type [Redacted]		Amount / Unit [Redacted]		Offense # [Redacted]		Warrant / Capias Number		Bond			
CHARGE	Charge Description		Counts		Domestic Violence Y N		Statute Violation Number		Violation of ORD #					
	Drug Activity [Redacted]		Drug Type [Redacted]		Amount / Unit [Redacted]		Offense # [Redacted]		Warrant / Capias Number		Bond			
CHARGE	Charge Description		Counts		Domestic Violence Y N		Statute Violation Number		Violation of ORD #					
	Drug Activity [Redacted]		Drug Type [Redacted]		Amount / Unit [Redacted]		Offense # [Redacted]		Warrant / Capias Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address)													
	Court Date and Time Month Day Year Time A.M. P.M.													
ADMIN	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 [Redacted]		Name Verification (Printed by Arrestee)									
	Intake Deputy I.D. # Pouch #		Transporting Officer I.D. #		Agency									