

0532057

50204-CF-002329-AMB

3005

only

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest	3. Request for Warrant	1	Juvenile	<input checked="" type="checkbox"/>			
Agency ORI Number FL0500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-21-037		2. N.T.A.		4. Request for Capias		<input type="checkbox"/>			
Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized/Type		Multiple Clearance Indicator			
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		2		1. Yes		2. No			
Location of Arrest (Including Name of Business) 4097 Luzon Ave, Lake Worth, FL 33461						Location of Offense (Business Name, Address) 4097 Luzon Ave Lake Worth Florida							
Date of Arrest 03/16/21		Time of Arrest 1030		Booking Date		Booking Time		Jail Date		Jail Time			
Name (Last, First, Middle) Marin, Yokiel		Alias (Name, DOB, Soc. Sec. #, Etc.) Arcencibia Marin, Yorkiel											
Race W - White B - Black		Sex M		Date of Birth 1/19/1986		Height 5'4"		Weight 160		Eye Color Brown	Hair Color brown	Complexion med	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Unknown						Marital Status single		Religion Unk		Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number) 4097 Luzon Ave						(City) Lake Worth		(State) FL		(Zip) 33461		Residence Type 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Address Source physical	
Business Address (Street, Apt. Number)						(City)		(State)		(Zip)		Occupation unknown	
D/L Number, State M650-960-86-019-0		Soc. Sec. Number		INS Number		Place of Birth Cuba		Citizenship Immigrant					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony		<input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor			
<input type="checkbox"/> Parent		Name (Last)		First		(Middle)		<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony		<input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Legal Custodian								<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor			
<input type="checkbox"/> Other										<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony	
Address (Street, Apt. Number)		(City)		(State)		(Zip)				Residence Phone			
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released		2. TOT HRS/CYF		3. Incarcerated			
Released To: (Name)		Relationship		FCIC/NCIC		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 informed of any change of address: <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade					
Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other													
Drug Activity		S. Sell		R. Smuggle		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
N. N/A		B. Buy		D. Deliver		E. Use						B. Barbituate C. Cocaine E. Heroin	
P. Possess		T. Traffic										H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other	
Charge Description Unlawful Possession of Skimming Device						Counts 2		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 817.625(2)c		Violation of ORD #	
Drug Activity n		Drug Type n		Amount/Unit		Offense # 21-037		Warrant/Capias Number		Bond			
Charge Description Unlawful Possession of Scanning Device						Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 817.625(2)a1		Violation of ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Charge Description Unlawful Possession of Personal Information of another						Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 817.5685 382		Violation of ORD #	
Drug Activity n		Drug Type n		Amount/Unit 35		Offense #		Warrant/Capias Number		Bond			
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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							
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							
Name: DIS CALYARD 739 2						Signature of Arresting Officer DIS Fiedrmeda 2664 1050		Name Verification (Printed by Arrestee) 20698		(PRINT)		PAGE	
<input type="checkbox"/> Dangerous		<input type="checkbox"/> Resisted Arrest		<input type="checkbox"/> Suicidal		<input type="checkbox"/> Other		Intake Deputy		I.D. #		Pouch #	
Transporting Officer		I.D. #		Agency		Witness here is subject							

1-1000A
2-1000
3-1000

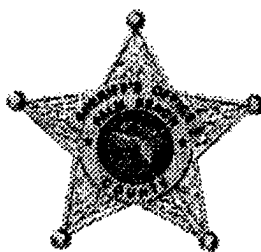
FLORIDA
PALM BEACH COUNTY
SHERIFF'S OFFICE
JUVENILE COURT

DIS CALYARD 739 2

DIS Fiedrmeda 2664 1050

20698

MAR 16 PM 2:57



**PALM BEACH COUNTY SHERIFF'S OFFICE
PROBABLE CAUSE AFFIDAVIT**

OBTS

Charge Type [1] 1. Arrest 3. Request for Warrant Juvenile [NO]
2. N.T.A. 4. Request for Capias

Agency ORI Number FL0500000 Agency Report ~~21-069~~ 21-637
Charge Type: [X] Felony [] Misdemeanor [] Ordinance
[] Traffic Felony [] Traffic Misdemeanor [] Other

Special Notes:

Defendant: **Marin, Yokiell**
Alias: Race: **Hispanic** Sex: **Male** DOB: 1/19/1986

Charge(s):

- Unlawful possession of skimming devices 2 Counts
- Unlawful possession of scanning device
- Unlawful possession of personal information of another person (five or more)

Victim: **State of Florida**
 Local Address: Local Phone Occupation:
 Business Address:
 Business Phone Occupation:

The undersigned certifies and swears that he 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 above facts.
 was observed by _____ who told _____ that he saw
 the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described)

investigation.

All of the information contained in this affidavit is based on: 1) personal knowledge and observations during the course of this investigation; 2) information conveyed to Agent [REDACTED] by other law enforcement officers; 3) information related by expert and cooperating witnesses; 4) review of physical evidence obtained during the investigation

On Tuesday, March 16, 2021 at approximately 0700 hours, while assigned as an Agent for the Palm Beach County Sheriff's office, Your Affiant, [REDACTED] was assisting in the execution of a lawful search warrant, which was signed by the Honorable Maxine Cheesman, at 4097 Luzon Avenue, Lake Worth Florida.

During the execution of the Search Warrant Your Affiant met with the home owner, Yokiell Marin. Marin was read his Miraranda Rights in Spanish with the assistance of Agent [REDACTED]. Marin stated that he understood his rights. During the lawful search we discovered a black back pack, located in the dining room, in plain view containing 35 cloned cards, two complete skimmer devices, three non-assembled skimmer devices, a card reader/scanner, several tools that are utilized to install skimmer devices in fuel pumps, a ledger with Yokiell's name written in it several times and assorted fuel pump keys. These items are known to be used by individuals that steal personal information from people (i.e. credit card information) and clone this information onto magnetic strip cards. Marin stated he found the bag when he purchased the home, three years ago. Marin stated the bag was discovered in a shed on his property. It should be noted that the ledger containing Yokiell Marin's name contained dates from 2019 and 2020.

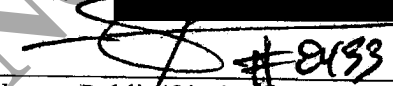
There is probable cause to believe that Yokiell Marin has committed the following:

UNLAWFUL POSSESSION OF A SKIMMING DEVICE FSS 817.625(2)c TWO COUNTS
UNLAWFUL POSSESSION OF A SCANNING DEVICE FSS 817.625(2)a1 ONE COUNT
UNLAWFUL POSSESSION OF PERSONAL INFORMATION OF ANOTHER PERSON (FIVE OR MORE) FSS 817.5685(3)b2

(AFFIANT)

State of Florida
County of Palm Beach

The foregoing instrument was sworn to or affirmed before me this 15 day of March, 2021, by Detective [REDACTED] who is personally known to me.

 #8133

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

 #6241

Signature of Arresting/Investigating Officer
Name of Officer: Agent [REDACTED]



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input checked="" type="checkbox"/>	119.071(4)(c)	Undercover personnel.	1-2,4
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021006445	Date: 3/17/2021
	Specialist Name/ID: J. Beck/9007