18CF806

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE FRAUD

AFFIDAVIT OF COMPLAINT

County of
Palm Beach

CASE NUMBER:
PB-90-47501
DCF CASE NUMBER(S):
1256478954

NAME(S) Alexandra Guzman
SOCIAL SECURITY NO. [redacted] DOB May 22, 1986
RACE White SEX F HEIGHT 5'6" WEIGHT 140 lbs. HAIR Brown EYES Brown
LAST KNOWN ADDRESS 195 Parkwood Drive, Royal Palm Beach, FL 33411
OTHER COMMENTS Florida Driver License Number: G255-000-86-682-0

Before me, personally appeared **Marissa Flores**, Investigator, Department of Financial Services, Division of Public Assistance Fraud, who first being duly sworn, deposes and says that she has reason to believe that: **Alexandra Guzman**, on various days between the **1st day of September 2015 and the 30th day of June 2016**, in **Palm Beach County**, State of Florida, did knowingly, by means of a false statement, misrepresentation, impersonation, or other fraudulent means fail to disclose a material fact used in making a determination as to her qualification to receive aid or benefits under a state or federally funded assistance program; or did knowingly fail to disclose a change in circumstances in order to obtain or continue to receive aid or benefits under such a program in an amount larger than that to which she was entitled; or did knowingly aid and abet another person in the commission of any such act, contrary to the provisions of Section 414.39(1), Florida Statutes; specifically:

FILED
18 JAN 25 PM 4:18
SHARON R. BOCK CLERK
PALM BEACH COUNTY, FL
CIRCUIT CRIMINAL

On August 14, 2015 and February 10, 2016, Alexandra Guzman, applied to the Department of Children and Families (Department) to receive Public Assistance. During her August 14, 2015 and February 10, 2016 reviews of eligibility, Alexandra Guzman reported that there was no earned income available to her household. Additionally, during the aforementioned review processes, Alexandra Guzman acknowledged her responsibility to provide the Department with true and complete information, as well as to report any changes in her income situation. (Witness 1, 2, 4, and 5, Enclosures A through B-2).

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INVESTIGATION REVEALED:

Alexandra Guzman was gainfully employed by Tallfield Associates, LLC, from August 17, 2015 through June 30, 2016. She received her first pertinent pay check on August 28, 2015 and was continuously employed through June 30, 2016. During the period of August 2015 through June 2016 she earned total gross wages of $21,832.00 from this employment, a material fact, Alexandra Guzman failed to report to the Department.

Alexandra Guzman failed to report her gainful employment by Tallfield Associates, LLC., from August 28. 2015 through June 30, 2016. She made false statements to the Department at the time of her eligibility telephone interview date September 10, 2015, and on her application dated February 10, 2016. (Witnesses 6 through 8; Enclosure C through E)

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CONCLUSION:

Alexandra Guzman, by means of false statements and/or omissions, failed to report her gainful employment from Tallfield Associates, LLC., during her August 14, 2015 and February 10, 2016 reviews of eligibility. As a result, she received $3,518.00 in Food Assistance benefits, during the period of September 2015 through June 2016. In addition, Alexandra Guzman received or caused the disbursement of $3,191.01 in Medicaid Benefits, during the period of October 2015 through June 2016, for an aggregate amount of $6,709.01 to which she was not legally entitled. (Witness 3; Enclosures F)

A list of witnesses who can identify the subject and present testimony and documents in support of this complaint is attached.

Marissa Flores
Signature Affiant/Complainant

State of Florida
County of Palm Beach
Sworn to and subscribed before me
this 14 Day of December, A.D. 2017 by
Marissa Flores
(name of person(s) acknowledged)
who is/are personally known to me and did take an oath.

Signature Deanna C Freese Type or Print Name Deanna C Freese
Title Notary Public

My Commission Expires:

DEANNA C. FREESE
Commission # GG 152172
Expires October 17, 2021
Bonded Thru Troy Fain Insurance 800-385-7019