#04998003 18CF6738

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N.T.A.'s only): 40 18-009670

Charge Type: Check as many as apply: ☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized: Enter Type: None/not Applicable
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 3100 S FEDERAL HY. DELRAY BEACH
Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/13/2018	12:27					

DEFENDANT

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	09/22/1977	5'03	105	BROWN	BROWN	FAIR	

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion:
Indication of: Alcohol Influence ☐ Yes ☐ No ☒ Unk ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 590 LAVERS CIR 337, DELRAY BEACH, FL 33444
Phone: (314) 604-8626
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 590 LAVERS CIR 337, DELRAY BEACH, FL 33444
Phone: (314) 604-8626
Address Source:

Business Address (Name, Street) (City) (State) (Zip): UKNOWN, UNKNOWN
Phone:
Occupation: Unknown

D/L Number, State	SID Number	INS Number	Place of Birth (City, State)	Citizenship
H51205377870 / IL	[redacted]		, MO, United States	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ 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 Department and Released 2. TOT JAC 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: ☐ No:

School Attended: Grade:
Property Crime? ☐ Yes ☒ No
Description of Property: Value of Property:

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic D. Deliver E. Use K. Disperses/ 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	Statute Violation Number	Violation of ORD #
CHILD NEGLECT	827.03(1)(b)(2)(b)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	18-009670	1	☒ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Pregnancy ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By: Released By: Released To:
Transported By: Date Transported: Time Transported: Other:

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 Page 2.

Location (Court, Room):
Court Date and Time:

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy: D/S T. BURNSIDE #5406 I.D. # Reach #: 4

Signature of Arresting Officer: R Moschette #844
Name of Arresting Officer (Print): MOSCHETTE, ROBIN I.D. #: 0844
Transporting Officer: Rivera I.D. #: 552 Agency: DDPD

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

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 18-009670

Charge Type (Check as many as apply): [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HAMPSON, ANN M		W	F	09/22/1977

CHARGES

Charge Description	Charge Description
CHILD NEGLECT F.S.S. 827.03(1)(E)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	M	03/27/2005

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
[redacted]					
Business Address (Name, Street)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.
- [X] was found to have committed the below acts, resulting from my (described) investigation.

On the 26 day of June, 2018 at 18:00 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, and State of Florida.

On 06/27/18, Officers responded to [redacted] in reference to a call that was received in regards to a 13 year old boy, identified as [redacted], who had been at the clubhouse unsupervised all day. Officers met with Felix and Hannah Lopez who advised they received a call from the employees from the apartment complex stating they were getting ready to close up the clubhouse and there was a 13yo boy that didn`t appear to have any adults present with him. The employees contacted the Lopez` as they knew they were currently foster parents and felt safe to have [redacted] stay with them until Law Enforcement could arrive. Once Law Enforcement arrived they spoke with [redacted] who escorted them to his apartment located at [redacted]

[redacted] told Ofc. Pimentel the following: On 06/26/18 [redacted] Ann Hampson, and his 14yo old [redacted], got dressed up (heavy make-up and expensive dresses) and left the apartment at around 6:00pm. [redacted] stated [redacted] had a "date". He could not advise as to where they were going or with whom nor could he advise when they were returning home. He also stated he suffers from [redacted] and takes prescription medication for his illnesses. Officers were able to locate his medications inside the apartment, [redacted], however [redacted] stated he did not know the correct dosage therefore he hadn`t taken his medications in over a day. Ofc. Pimentel observed that there was very little furniture inside the apartment as well as very little food; bread, water, and frozen food. When Officers asked [redacted] where he slept he told them that [redacted] bought him a blow up mattress but it didn`t work so he resorted to sleeping on the couch. He also told the Officers that he hadn`t heard from [redacted] since they left the previous night (06/26/18).

DCF was notified and Protective Investigator Johnson responded to the location. PI

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

REED, JUSTIN JR 917
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/10/2018
DATE

Det R Moschette #0844
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MOSCHETTE, ROBIN (0844)
NAME OF OFFICER (PLEASE PRINT)

07/10/2018
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

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

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 18-009670

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HAMPSON, ANN M		W	F	09/22/1977

PROBABLE CAUSE STATEMENT

On 07/02/18, I met with DCF PI Johnson in West Palm Beach in reference to an interview with [redacted] It should be noted that [redacted] is in the temporary custody of DCF. I spoke with [redacted] who stated he likes to be called [redacted]' instead of [redacted]. I then asked "[redacted] several questions to determine if he knew the difference between the truth and a lie. "[redacted]" was able to determine the difference between a truth and a lie with no problems. "[redacted]" advised [redacted] (Ann Hampson) has been living in Delray for a long time. He stated he and [redacted] have only been living with [redacted] for the week in Delray prior to the incident. He stated prior to that they lived with [redacted] in Missouri for a few months. Prior to that they were living with their [redacted] He stated the night of the incident (Tuesday 06/26/18) [redacted] and [redacted] got dressed up in long dresses with makeup and went out. He stated he did not know where they went or when they were coming back. He stated at no point in time while they were gone did [redacted] attempt to contact him. He also stated neither he nor [redacted] have cell phones. He stated the first time he has spoken to [redacted] since being removed from [redacted] apartment (06/27/18) was earlier today (07/02/18). DCF PI Johnson advised it was a supervised visit. DCF PI Johnson further advised that "[redacted]" [redacted] was the only one who gave him his medication and that he hadn`t had his medication for over 24 hours during the time [redacted] left him alone (06/26/18 - 06/27/18). When asked what "[redacted] did for work "[redacted]" stated he didn`t know. He stated [redacted] usually gets dressed up and goes out on dates at night. He stated she will either come back late or early the next day. She will then sleep all day. He stated since they moved in with [redacted] in Delray Beach she has gone out 3 times on dates. Once with [redacted] once alone, then again with [redacted] on the Tuesday night (06/26/18).

Due to the above fact I believe there is probable cause to charge Ann Sampson with Child Neglect in violation of Child Neglect in violation of F.S.S. 827.03(1)(e).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

07/10/2018
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MOSCHETTE, ROBIN (0844)
NAME OF OFFICER (PLEASE PRINT)

07/10/2018
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been commited:

- **Homicide** (Ch. 782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)**

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 18-9670 Agency: DBPD
   Offense: Child Neglect
   Suspect/Offender: Ann Hampson
   D.O.B. 9/22/77 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: [redacted] B. 3/27/05 Race: W Sex: M
   Addres[redacted]
   City: _____
   Home #: _____ Work #: _____ Other [redacted]

   b. Victim's next of kin, friend or neighbor: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☑ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: [signature] I.D.# 882 Date: 7/13/18

White/Corrections or State Attorney (Warrant Application) **Yellow/Warrants Section** **Pink/Central Records**

PBSO #0029A REV. 4/99

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT#: _____

(FOR WARRANTS USE ONLY)

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2018023393	**Date:** 07/14/2018
	Specialist Name/ID: howardt/7185