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ARREST / NOTICE TO APPEAR1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 16-017523</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		JUVENILE						
D E F E N D A N T	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 <b>None/not Applicable</b>		Multiple Clearance Indicator <b>16</b>						
	Location of Arrest (Including Name of Business) <b>48 SE 1st AVE, DELRAY BEACH FL 33444</b>						Location of Offense (Business Name, Address) <b>3200 S CONGRESS AVE 102, BOYNTON BEACH, FL 33426</b>									
	Date of Arrest <b>11/7/16</b>	Time of Arrest <b>1220</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle									
	Name (Last, First, Middle) <b>NORQUIST, BRYAN GORDON</b>															
C O D E F	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.)															
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>07/27/1990</b>	Height <b>5'10</b>	Weight <b>155</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>MEDIUM</b>	Build						
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2778 QUANTUM LAKES DRIVE, BOYNTON BEACH, FL 33426</b>						Phone <b>(574) 229-4539</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>							
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>2778 QUANTUM LAKES DRIVE, BOYNTON BEACH, FL 33426</b>						Phone <b>(574) 229-4539</b>		Address Source							
	Business Address (Name, Street) (City) (State) (Zip) <b>NORQUIST INT, 135 NW 5TH AVE</b>						Phone		Occupation <b>Owner</b>							
	D/L Number, State <b>N622067902670 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>INDIANA, IN, United</b>		Citizenship <b>U.S.</b>							
	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
	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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)														
<input type="checkbox"/> Legal Custodian																
Address (Street, Apt. Number) (City) (State) (Zip)						Residence Phone										
Business Phone																
Notified by: (Name)						Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated								
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: _____ <input type="checkbox"/> No: _____						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. 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	
C H A R G E		Charge Description <b>AIDING, ABETTING, ADVISING OR PARTICIPATE IN PATIENT BROKER</b>						Statute Violation Number <b>817.505(4)(b) 4</b>		Violation of ORD #						
	Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>16-017523</b>	Counts <b>16</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond <b>168 3,000 -</b>							
	Charge Description						Statute Violation Number		Violation of ORD #							
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond							
	Charge Description						Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond							
I N T A K E	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries									
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By									
	Transported By						Date Transported		Time Transported		Other					
	Transported By						Date Transported		Time Transported		Other					
N O T I C E T O A P P E A R	<input checked="" 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 Page 2.						Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>									
	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.						Court Date and Time									
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed									
	HOLD for Other Agency						Name Verification (Printed by Arrestee)									
D E M O N S T R A T I O N	<input type="checkbox"/> Detained <input type="checkbox"/> Resisted Arrest						(PRINT)									
	Intake Deputy						PAGE									
	Pouch #						1 OF 1									

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

SCANNED

NOV 18 2016

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		JUVENILE
Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 16-017523</b>				
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) <b>NORQUIST, BRYAN GORDON</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/27/1990</b>
Charge Description <b>PATIENT BROKERING</b>		Charge Description				
Charge Description		Charge Description				
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth
Local Address (Street, Apt. Number) <b>FLORIDA, FL</b>		(City)	(State)	(Zip)	Phone <b>(561) -</b>	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>(561) -</b>	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 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </p> <p>On the <b>25</b> day of <b>October</b>, <b>2016</b> at <b>00:00</b> (Specifically include facts constituting cause for arrest.)</p>						
<p>The following investigation was conducted by the Sober Homes Task Force (SHTF case #SH16000021) between June and October of 2016 in Palm Beach County, Florida regarding an ongoing patient brokering scheme between Patrick and Bryan Norquist, the owners of The Halfway House, Inc. (135 NW 5th Ave, #1, Delray Beach), Solution Critical, LLC. (20 S. Swinton Ave, Delray Beach), Norquist International, Inc. (135 NW 5th Ave, #1, Delray Beach) and "48 House" (48 SE 1st Ave, Delray Beach) and the substance abuse treatment provider Whole Life Recovery, LLC (3200 S. Congress Ave, Suite #102, Boynton Beach, FL.)</p> <p>Whole Life was licensed (License #50474741366901) by the Florida Department of Children and Families (DCF) to provide substance abuse treatment services (Outpatient and Intensive Outpatient).</p> <p>Per the Florida Department of State Division of Corporations, The Halfway House, Inc. is owned by CEO Patrick Norquist and COO Bryan Norquist.</p> <p>On April 1, 2016 Patrick Norquist signed a "General Service Agreement" (patient referral contract) between The Halfway House and James Kigar of Whole Life. The agreement was dated March 11, 2016 and outlined an agreement for Norquist to refer patients from his sober home (The Halfway House) to Whole Life for substance abuse treatment in exchange for a fee. Per the agreement Norquist was responsible for patient "referrals to Whole Life", "distribution of printed promotional materials", and "any other tasks which the Parties may agree on." Starting on June 27, 2016 the checks made payable to The Halfway House were documented on the memo line "CM" which according to prior Whole Life Employees C.R. and S.J. stands for "case management."</p> <p>Case management agreements are commonly used by treatment facilities to circumvent Florida's patient brokering statute which states "it is unlawful for any person to offer or pay any commission, bonus, rebate, kickback, or bribe, or engage in any split-fee</p>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i> <b>WEBER, PAUL</b> <i>737</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>11/16/2016</b></p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/16/2016</b></p> <p>DATE</p> </div> </div>						

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A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 16-017523</b>						
Charge Type: Check as many as apply:		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:			
Name (Last, First, Middle) <b>NORQUIST, BRYAN GORDON</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/27/1990</b>			
<p>arrangement to induce the referral of patients or patronage to or from a health care provider" §817.505, Fla. Stat. (2016). A health care provider includes "any substance abuse service provider licensed under chapter 397. Based on an extensive number of interviews and conversations with individuals involved in the substance abuse industry, owners of recovery residences typically refer their clients/ residents to a particular treatment facility based on the patient's insurance coverage and the referral fee paid to the recovery residence by the treatment facility.</p> <p>On August 19, 2016, I sought and received court approval to conduct an undercover operation at Whole Life pursuant to 42 U.S.C. section 2.</p> <p>On September 22, 2016 I met with a prior employee of Whole Life, S.J., who stated that she provided some of the "case management services" that Whole Life claimed to be paying the sober home owners for. S.J.'s responsibilities included helping clients obtain bus passes, food stamps, finding doctors for other ailments, and S.J. was the liaison between the sober homes and Whole Life. I asked why S.J. was performing these services if the case management agreements indicated the sober home owners were responsible for them. S.J. said if the patient told S.J. it wasn't done, S.J. took care of it. After a short time, S.J. became the admissions coordinator. S.J. said that a visit/inspection of the sober home by Whole Life was not necessary prior to the contracts being finalized. To S.J.'s knowledge, no agent, employee, or owner of Whole Life ever inspected or visited any of the sober homes they contracted with to provide case management services for their patients. S.J. explained the case management payments to sober homes would be made to the sober home owners on Tuesdays only if the patients had attended all of their treatment sessions the prior week. James Kigar (one of the owners of Whole Life) signed all of the checks. After Kigar signed the checks, Christl Rush (office manager) filled out the details and amounts. During the interview S.J. named Patrick and Bryan Norquist as the owners of Solution Critical, as one of the sober home owners receiving referral fees from Whole Life and provided their phone numbers. S.J. said that Solution Critical was formerly The Halfway House. On November 3, 2016, I re-interviewed S.J. who stated Sean Sullivan (and provided his phone number) was the Norquist Brother's sober home house manager and he would sometimes pick up their checks for them.</p> <p>On August 26, 2016 a subpoena was issued to BB&amp;T Bank for Whole Life's accounts. The records revealed negotiated checks paid by Whole Life to The Norquist Brothers' sober home, The Halfway House, Inc., for the referral of patients to Whole Life's treatment facility. The following are the details from the checks that were paid/negotiated:</p> <p>-Check #1134, dated April 2, 2016, in the amount of \$3,000.00, remitted by James Kigar. On the memo line was written "Marketing payment 4/1/16."</p> <p>-Check #1164, dated April 5, 2016, in the amount of \$3,000.00, remitted by James Kigar.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i> <b>WEBER, PAUL</b> <i>737</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>11/16/2016</b></p> <p>DATE</p> </div> <div style="width: 45%; background-color: black; height: 60px;"></div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/16/2016</b></p> <p>DATE</p> </div> </div>									
<div style="border: 1px solid black; padding: 2px;">         PAGE 2 OF 7       </div>									

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Charge Type: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:	
Name (Last, First, Middle) <b>NORQUIST, BRYAN GORDON</b>					Race <b>W</b>	Sex <b>M</b>
					Date of Birth <b>07/27/1990</b>	
<p>-Check #1143, dated April 20, 2016, in the amount of \$4000.00, remitted by James Kigar.</p> <p>-Check #1379, dated June 27, 2016, in the amount of \$525, remitted by James Kigar. On the memo line was written "CM 6/20-6/24."</p> <p>-Check #1380, dated June 27, 2016, in the amount of \$350.00, remitted by James Kigar. On the memo line was written "CM 6/20-6/26."</p> <p>-Check #1392, dated July 5, 2016, in the amount of \$2,800.00, remitted by James Kigar. On the memo line was written "CM 6/27-7/3."</p> <p>The checks were all drawn on BB&amp;T bank checks, account number [REDACTED]. S.J. and Christl Rush both explained that "CM" stands for case management and the dates indicate the weeks the payments were for.</p> <p>The bank records revealed negotiated checks paid by Whole Life to Norquist International, Inc., for the referral of patients to Whole Life's treatment facility. Per the Department of State Division of Corporations, Patrick Norquist is the CEO and Registered agent of Norquist International. Norquist International has the same principal address as The Halfway House. The following are the details from the checks:</p> <p>-Check # 1468, dated July 29, 2016, in the amount of \$1400.00, remitted by James Kigar. On the memo line was written "3 weeks for Tyler."</p> <p>-Check #1480, dated August 2, 2016, in the amount of \$575.00, remitted by James Kigar. On the memo line was written "CM 7/25-7/31."</p> <p>-Check #1507, dated August 9, 2016, in the amount of \$967.00, remitted by James Kigar. On the memo line was written "CM 8/1-8/7."</p> <p>The checks were all from BB&amp;T bank account number [REDACTED]. CM stands for Case Management and the dates indicate the weeks the payments are for. "3 weeks for Tyler" likely indicates payment for a patient's IOP attendance for 3 weeks.</p> <p>The bank records revealed negotiated checks paid by Whole Life to Solution Critical, LLC., for the referral of patients to Whole Life's treatment facility. Per the Department of State Division of Corporations, Bryan Norquist is the Title MGR of Solution Critical. The following are the details from the checks:</p> <p>-Check # 1418, dated July 13, 2016, in the amount of \$2,450.0, remitted by James Kigar. On the memo line was written "CM 7/4-7/10."</p>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>Seal</i> <b>WEBER, PAUL</b> <i>737</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>11/16/2016</b></p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p>[REDACTED]</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>11/16/2016</b></p> <p>DATE</p> </div> </div>						
					PAGE <b>3 OF 7</b>	

COURT

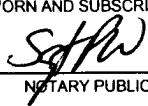

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		JUVENILE	
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	<b>NORQUIST, BRYAN GORDON</b>			<b>W</b>	<b>M</b>	<b>07/27/1990</b>			
	<p>-Check # 1430, dated July 19, 2016, in the amount of \$1,650.00, remitted by James Kigar. On the memo line was written "CM 7/11-7/17."</p> <p>-Check # 1438, dated July 20, 2016, in the amount of \$975.00, remitted by James Kigar. On the memo line was written "CM 7/11-7/17."</p> <p>-Check # 1452, date July 26, 2016, in the amount of \$1,625.00, remitted by James Kigar. On the memo line was written "CM 7/18-7/26."</p> <p>-Check # 1458, dated July 27, 2016, in the amount of \$300.00, remitted by James Kigar. On the memo line was written "WK of 7/18-7/24 C.M."</p> <p>-Check # 1479, dated August 2, 2016, in the amount of \$2,975.00, remitted by James Kigar. On the memo line was written "CM 7/25-7/31."</p> <p>-Check # 1506, dated August 9, 2016, in the amount of \$3,484.00, remitted by James Kigar. On the memo line was written "CM 8/1-8/7."</p> <p>The checks were all drawn on BB&amp;T bank checks, account number [REDACTED]. S.J. and Christl Rush both explained that "CM" stands for case management and the dates indicate the weeks the payments were for.</p> <p>PBSO Confidential Informant (CI) # 1173 provided a list taken from inside of Whole Life titled "Halfway Housing Info." Solution Critical LLC., was listed as "Solution Critical, 48 SE 1st Ave, Delray Beach, Owners: Patrick &amp; Brian Norquist, and their cell phone numbers.</p> <p>On October 25, 2016 the Sober Homes Task Force executed a lawful search warrant at Whole Life Recovery. During the search warrant we obtained the "General Service Agreement" (patient brokering contract) entered into by Whole Life with The Halfway House, the "Case management weekly attendance" sheets for the patients the Norquist Brothers were referring, and the "Whole Life Weekly Individual Case Management Report[s]" for "48 House" completed by the Norquist Brother's house manager Sean Sullivan. At the bottom of each attendance sheet was a total dollar amount, for all of the patients documented on the report. The following is a list of the documents corresponding to the checks listed above (patient initials used):</p> <p>The Halfway House:</p> <p>-Attendance sheet that documented "6 \$525 (Per client)" and "NO CREDIT X 2 FOR 2WKS." This sheet documented patients J.T., Z.D., H.H., C.C., N.L., and J.T. for the week of 6/13-6/19. At the bottom of the sheet was printed "CREDIT 1 NEXT CHK", and total \$2,100.00. Handwritten across the sheet was written "6/20/16, Patrick picked up check."</p>								
	SWORN AND SUBSCRIBED BEFORE ME  <b>WEBER, PAUL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			 NAME OF OFFICER (PLEASE PRINT)					
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	PAGE <b>4 OF 7</b>								

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-Attendance sheet that documented "5 \$525 (Per client)" and "NO CREDIT X 2 FOR 2WKS." This sheet documented patients J.T., Z.D., H.H., N.L., and J.T. for the week of 6/20-6/26. Patient C.C. was listed as in detox. At the bottom of the sheet was printed "NO CM FOR WKS, 6/13-6/19 and 6/20-6/26", and total \$525.00

-Attendance sheet that documented "5 \$525 (Per client)" and "NO CREDIT X 2 FOR 2WKS." This sheet documented patients J.T., Z.D., H.H., N.L., J.T. and F.O. for the week of 6/20-6/26. Patient C.C. was listed as in detox. On the sheet was printed "CREDIT OWED FOR \$350", it was circled by hand, as was the total \$525.00, and a handwritten total of \$875.00 was printed. This attendance sheet was "updated correction" for the week of 6/20-6/26.

-Attendance sheet that documented "5 \$525 (Per client)." This sheet documented patients J.T., Z.D. "OP", H.H., J.T., F.O., N.L. "SCHLR", and J.W. for the week of 6/27-7/3. At the bottom of the sheet was printed "5 1/3 CLIENTS", and total of \$2,800.00.

Norquist International:

-Attendance sheet that documented "Patrick Norquist" and "Brian Norquist" and the following patients N.G. "OP", and C.S. for the week of 4/4-4/11.

-Attendance sheet for patients T.B., S.W. and S.B "SCHLR" for the week of 7/25-7/31. It appears to have been signed by Sean Sullivan and has Norquist International, Inc and Solution Critical, LLC. documented on it. The total to Solution Critical was \$2,975.00, "CK # 1479" and total to Norquist International \$875.00 "CK # 1480."

-Attendance sheet with no dates, and no patients under Solution Critical, but under Women of Dignity "1 @ \$525", patient T.B. "WK OF 7/4-7/10," "WK OF 7/11-7/17," "WK OF 7/18-7/24." The bottom of the sheet had Solution Critical crossed out, Norquist International handwritten above with a total of \$1,400.00, and was signed by Sean Sullivan.

-Attendance sheet for Solution Critical patients "9 @ \$400/ 1-SCHLR/NC", J.T. "OP", H.H. "OP", F.O., A.A. "OP", J.K., C.C., B.O., A.T., C.B. "SLR", and J.V., for the week of 8/1-8/7. On the same sheet Norquist International, patients T.B., S.W., S.B. "SCHLR", and S.B. At the bottom of the sheet the total to Solution Critical \$3,484.00 and the total to Norquist International \$967.00.


Solution Critical:

-Attendance sheet printed The Halfway House. Inc., but crossed out and hand written Solution Critical, LLC. for the following patients J.T., H.H., J.T. (crossed out and

SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; align-items: center; margin-top: 10px;"> <div> <b>WEBER, PAUL</b>  <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <b>11/16/2016</b>  <small>DATE</small> </div> <div style="width: 300px; height: 40px; background-color: black; margin-left: auto;"></div> </div>	<div style="margin-top: 10px;"> <b>NAME OF OFFICER (PLEASE PRINT)</b>  <div style="background-color: black; width: 100%; height: 20px;"></div> </div> <div style="margin-top: 10px;"> <b>11/16/2016</b>  <small>DATE</small> </div>
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OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	JUVENILE
Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 16-017523</b>				
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:	
Name (Last, First, Middle) <b>NORQUIST, BRYAN GORDON</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/27/1990</b>
<p>written DC for discharged), F.O., J.W., A.R. "OP", for the week of 7/4-7/10. At the bottom of the sheet the total was \$2,450.00. The attendance sheet was signed by Sean Sullivan.</p> <p>-Attendance sheet printed "(black circle)BCBS/ CM \$200, Solution Critical, LLC., 1 @ \$525/ 1 OP @ 2/3, 4@ \$200, for patients J.T., H.H., F.O., J.W., A.R., and A.A. "OP," for the week of 7/11-7/17. Patients J.T., F.O., and J.W. had black circles next to their names, like the one in front of BCBS at the top of the page. Sean Sullivan signed the sheet, and in the blank area to the right of the attendance there were handwritten notes: "* Will be reimbursed once ins. Co. starts paying out" and "*Less \$975.00 due to BCBS." The total at the bottom of the page was \$1,650.00 and check # 1430.</p> <p>-Attendance sheet printed "BCBS/ CM 250" (handwritten change from \$200), Solution Critical, LLC., 2 @ \$525/ 2 OP @ 2/3, 3 @ \$250, for patients J.T. "OP" and a black circle, H.H., F.O. and a black circle, J.W. and a black circle, A.R. crossed out with a DC (discharge), and A.A. "OP", for the week of 7/18-7/24. Sean Sullivan signed the sheet, and in the black area to the right of the attendance there were handwritten notes: "Will be reimbursed once ins. co starts paying out from bulling*" and "CK # 1458 \$300 owed for C.M. for BC/BS Plans." The total at the bottom of the page was \$1,625.00.</p> <p>-Attendance sheet printed "BCBS/ CM \$250, Solution Critical, LLC., 9 @ \$400/ 1 SCHLR/NC," for patients J.T. "OP", H.H. "OP", F.O., A.A. "OP", J.K., C.C., B.O., A.T., C.B. "SLR", and J.V., for the week of 8/1-8/7. The sheet was signed by an unknown person, showing a total of \$3,484.00 to Solution Critical.</p> <p>"48 House":</p> <p>- "Whole Life Recovery Weekly Individual Case Management Report[s]". The reports were signed by Sean Sullivan, the majority were completed exactly the same way with "48 House" documented as providing 1 house meeting and house chores, as their case management services for the patients. Sullivan listed his title as house manager, and although he dated the weeks of differently he wrote the date that he signed as "8/2/16" on all 36 of the reports. The patients as described on the attendance sheets for Solution Critical and The Halfway House were the same patients documented on the case management reports:</p> <p>-Solution Critical common patients: F.O., J.W., A.A., J.T., H.H., J.T., A.R.</p> <p>-The Halfway House common patients: Z.D., C.C., N.L., J.T.</p> <p>-There were multiple case management reports for most of the patients.</p> <p>Based on the patient records and documentation recovered during the search warrant the Norquist brothers owned multiple limited liability corporations, changed the LLC names,</p>						
SWORN AND SUBSCRIBED BEFORE ME  <b>WEBER, PAUL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)				NAME OF OFFICER (PLEASE PRINT) [REDACTED]		
DATE <b>11/16/2016</b>				DATE <b>11/16/2016</b>		
				PAGE <b>6 OF 7</b>		

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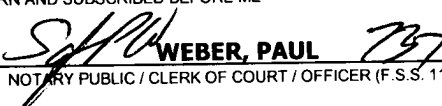
STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		\$		JUVENILE		
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4   0   16-017523</b>							
	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:			
D E F	Name (Last, First, Middle) <b>NORQUIST, BRYAN GORDON</b>				Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/27/1990</b>			
	<p>and moved patients between the LLC sober homes while being paid referral fees by Whole Life.</p> <p>On November 7, 2016 a recorded interview was conducted with prior employee of Whole Life, C.R., who stated that Patrick and Bryan Norquist were owners of sober homes contracted by Whole Life to provide "case management" and collected their case management checks once per week.</p> <p>Based on the aforementioned facts there is probable cause to arrest Patrick Norquist and Bryan Norquist for 16 counts of Aiding, Abetting, Advising, or Participating in Patient Brokering (One count for each check paid to their companies, for the referral of patients from their sober homes to Whole Life Recovery, LLC. as documented above), pursuant to F.S.S. 817.505 (4) (b), Fla. Stat.</p>											
<div style="position: relative; height: 400px;"> <span style="position: absolute; top: 0; right: 0; font-size: 100px; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</span> </div>												
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  <b>WEBER, PAUL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								NAME OF OFFICER (PLEASE PRINT)			
	<b>11/16/2016</b> DATE								<b>11/16/2016</b> DATE			
								PAGE <b>7 OF 7</b>				

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.