

ARREST/NOTICE TO APPEAR <i>Juvenile Referral Report</i>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
OBT'S NUMBER		Agency ORI Number FL0505200		Agency Name DIVISION OF INSURANCE FRAUD	
Agency Report Number Div. of Insurance Fraud - 16-2402		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		Weapons Seized/Type 1. Yes 2. No 2	
Location of Arrest (Including Name of Business) Palm Beach County, FL		Date of Offense		Location of Vehicle	
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time
Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal		Other Local Number		FDLE Number	DOC Number
FBI Number		Name (Last, First Middle) Iskander, Ehab		Alias (Name, DOB, Soc. Sec. #, Etc.) Egypt	
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 05/02/1983	Height 5'10"	Weight 180	Eye Color Brown
Hair Color Black	Complexion Dark	Build Med	Marital Status		Religion
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Indication of: Alcohol Influence <input type="checkbox"/> Y N Un. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 702 N. L St Apt 5		(City) Lake Worth	(State) FL	(Zip)	Phone () () ()
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Type: 1. City 3. Florida 2. County 4. Out of State
Business Address (Name, Street)		(City)	(State)	(Zip)	Address Source
D/L Number 1253-201-83-162-0		D/L State FL	INS Number	Place of Birth	Citizenship
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, Mid)		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"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. 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/DCF 3. Incarcerated	
Released To: (Name)		Relationship		Date	Time
The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address: Yes, by: (Name) No: (Reason)		School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
Activity N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture Z. Other P. Possess T. Traffic D. Deliver Distribute Produce/Cultivate	Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/Equipment U. Unknown A. Amphetamine C. Cocaine M. Marijuana S. Synthetic Z. Other	Charge Description Patient Brokering		Counts 6	<input type="checkbox"/> FSS <input type="checkbox"/> ORD
Statute Violation Number 817.505		Violation of ORD #		Warrant/Capias Number	
Activity		Drug Type	Amount/Unit	Offense #	Bond
Charge Description		Counts	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #
Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #
Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
Charge Description		Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number	Violation of ORD #
Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)			
Court Date and Time		Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> 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	
Name Verification (Printed by Prisoner)				PRINT)	
HOLD for other Agency Name:		Intake Deputy		Pouch #	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		I.D.#	
Witness here if subject signed with an "X"		PAGE 1 OF 1			

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	OBTS Number		Agency ORI Number FL0505200		Agency Name DIVISION OF INSURANCE FRAUD	
	Agency Report Number DIF -16 - 2402		Special Notes:			
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				Name (Last, First, Middle) Iskander, Ehab	
	Name (Last, First, Middle) Iskander, Ehab				Alias Egypt	
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 the above named Defendant committed the following violation of law. 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.</p> <p><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 ____ day of _____, 20__ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p> <p>On or about July 2016 members of the Palm Beach County Sober Homes Task Force (SHTF) received information that Whole Life Recovery, LLC located at 3200 S. Congress Ave Suite 102 Boynton Beach, Palm Beach County (SHTF case #SH1600021) was involved in Patient Brokering, in violation of F.S.S. 817.505. Employees of Whole Life were paying sober home owners/managers whenever a client/resident enlisted in the IOP/ OP services of Whole Life. The allegations were that Ehab Iskander was paid by Whole Life for the referral of clients/ residents to their (Whole Life) treatment facility. The illegal practice of paying sober homes for patients/clients is known in the substance abuse recovery industry as Patient/Case Management.</p> <p>On September 22, 2016 [REDACTED] met with a Whole Life former employee who actually provided some of the "case management services" Whole Life claimed to be paying sober home owners for. His/her responsibilities included helping clients obtain bus passes, food stamps and finding doctors for other issues the client/patients had. He/she stated that they handled the ancillary services because based on the case management agreements the sober home owners were responsible for them. He/she stated if the patient told him/her it wasn't done he/she took care of it. This position morphed into an admissions coordinator. He/she stated that a visit by Whole life to the sober home was not required prior to contracts being finalized. He/she stated that the sober home owners would receive payment for case management from Whole Life on Tuesdays provided the client attended all the sessions the previous week. Kigar signed all of the checks and Christ Rush filled in the details, to include amount, on the checks.</p> <p>During the course of this investigation, members of the sober home industry were interviewed and stated it is common practice for IOP (Intensive Out Patient) owners and managers to pay sober home owners and managers a weekly fee for clients that have valid health insurance. Further information has been learned that "case management agreements" between recovery residences (sober homes) and treatment facilities (IOP's) have been developed in an attempt to circumvent Florida's patient brokering statute which states "it is unlawful for any person to offer or pay any commissions, bonus, rebate, kickback, or bribe, or engage in any split-fee arrangement to induce the referral of patients or patronage to or from a health care provider".</p>						
ADMIN.	SWORN AND NOTED			SIGNATURE		
	DATE 11.17.16			NAME OF OFFICER (PLEASE PRINT) November 17, 2016		
				PAGE 1 OF 5		

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant		Juvenile
Agency ORI Number FL0505200		Agency Name DIVISION OF INSURANCE FRAUD		2. N.T.A.	4. Request for Capias		
Charge Type: Check as many as apply.		<input 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		Agency Report Number DIF - 16 - 2402			
Name (Last, First, Middle) Iskander, Ehab		Alias Egypt					
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
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. 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 ____ day of _____, 20__ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p>							
<p>PROBABLE CAUSE STATEMENT</p> <p>Continuing investigation has revealed that Whole Life Recovery's CEO James Kigar paid owners and/ or employees/ representatives of Integrity House, LLC a fee for referring clients/ residents to his (Whole Life) treatment facility. The fee paid to Integrity House, LLC and Ehab Iskander was based on the number of insured clients/ patients supplied to Whole Life by the recovery residence for every week of OP (Out Patient) or IOP (Intensive Out Patient) therapy completed by the clients/ patients. The investigation has also revealed that personnel at Whole Life have entered into a "Case Management Consulting Agreement" with Integrity House LLC owners/ operators and have furnished Integrity House LLC owners and/ or employees/ representatives with a "Case Management Weekly Attendance" forms. The forms showed Integrity House LLC client participation in weekly OP & IOP treatment as well as the payment that the recovery residence owner, Iskander, was to receive for that client's participation in Whole Life's IOP/OP treatment. Iskander received the payment after completing a "Whole Life Recovery Weekly Individual Case Management Report." All of the checks in this investigation have been found to have been remitted by Whole Life Recovery's CEO James Kigar from Whole Life Recovery, LLC checking account # [REDACTED] at BB&T Bank. Bank records from BB&T Bank of been obtained pursuant to subpoena.</p> <p>On August 19, 2016, SHTF members sought and received court approval to conduct a criminal investigation and undercover operation at Whole Life Recovery, LLC pursuant to Title 42 U.S.C. section 2.</p> <p>On October 25th, 2016, the SHTF obtained and served a search warrant for Whole Life Recovery, LLC. Computers, patient/ client records, personnel records, banking records, Case Management Consulting Agreements, Case Management Weekly attendance forms, Whole Life Recovery Weekly Individual Case Management Reports, et al were seized.</p> <p>The following documents pertaining to this investigation were recovered during the search of Whole Life Recovery, LLC:</p>							
ADMIN. [REDACTED]		SIGNATURE [REDACTED]		[REDACTED]			
DATE 11.17.16		PAGE 2 OF 5					

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant		Juvenile
Agency ORI Number FL0505200		Agency Name DIVISION OF INSURANCE FRAUD		2. N.T.A.	4. Request for Capias		
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		Agency Report Number DIF - 16 - 2402			
Name (Last, First, Middle) Iskander, Ehab		Alias Egypt					
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	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. 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 _____ day of _____, 20____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p>							
<p>1) Whole Life Recovery Case Management Consulting Agreement-This contract contained the following information:</p> <ul style="list-style-type: none"> o Dated April 15, 2016 between Ehab Iskander/Integrity House, 702 N. L St Lake Worth, FL and Whole Life Recovery LLC 3200 S. Congress Ave Suite 102 Boynton Beach, FL. o Article 3 of the agreement states "Company (Whole Life) agrees to pay Contractor (Integrity House) the sum of \$400 for providing such services, which both parties agree is fair market value to the services provided." o This contract is signed by James Kigar, CEO of Whole Life Recovery and Ehab Iskander CEO of Integrity House. <p>2) Whole Life Recovery Case Management Weekly Attendance for week of April 25-May 1 for Integrity House clients Eva X, Elizabeth X and Sadie X. "Integrity House Total \$267."</p> <ul style="list-style-type: none"> o Check 1223 BB&T account [REDACTED] from Whole Life Recovery LLC written on May 4, 2016 to Integrity House for \$267.00. Memo on bottom left of the check 4/25-5/1. The check is remitted by Kigar. <p>3) Whole Life Recovery Weekly Attendance for week of May 2-May 8 for clients Eva X and Elizabeth X. Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House dated May 2-May 8 for patient Elizabeth X and signed by Ehab Iskander, CEO on May 10, 2016. • Whole Life Recovery Weekly Individual Case Management Report for Integrity dated May 5, 2016 for patient Eva X and signed by Ehab Iskander, CEO on May 5, 2016. • Whole Life Recovery Weekly Individual Case Management Report for Integrity House dated May 5, 2016 for patient Elizabeth X and signed by Ehab Iskander, CEO on May 5, 2016. • Check 1249 BB&T account [REDACTED] from Whole Life Recovery LLC written on May 9, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 5/2-5/8. The check is remitted by Kigar. 							
ADMIN. [REDACTED]		[REDACTED] OFFICER		[REDACTED] SIGNATURE		[REDACTED] OFFICER	
DATE <u>11.17.16</u>		DATE <u>11.17.16</u>		PAGE 3 OF 5			

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant		Juvenile
Agency ORI Number FL0505200		Agency Name DIVISION OF INSURANCE FRAUD		4. Request for Capias		Agency Report Number DIF - 16 - 2402	
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) Iskander, Ehab		Alias Egypt					
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	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. 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 _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </p> <p>x 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>Whole Life Recovery Weekly Attendance for week of May 9-May 15 for client Elizabeth X signed by Egypt (Iskander goes by the nickname of "Egypt". Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House client Elizabeth X and signed by Ehab Iskander, CEO on May 18, 2016. • Check 1284 BB&T account [REDACTED] from Whole Life Recovery LLC written on May 16, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 5/9-5/15. The check is remitted by Kigar. <p>5) Whole Life Recovery Weekly Attendance for week of June 6-June 12 for client Elizabeth X. Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House client Elizabeth X, dated June 6-June 12 and signed by Ehab Iskander, CEO on June 15, 2016. • Check 1342 BB&T account [REDACTED] from Whole Life Recovery LLC written on June 13, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 6/6-6/12. The check is remitted by Kigar. <p>6) Whole Life Recovery Weekly Attendance for week of June 13-June 19 for client Elizabeth X. Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House client Elizabeth X, dated June 13-June 19 and signed by Ehab Iskander, CEO on June 23, 2016. • Check 1357 BB&T account [REDACTED] from Whole Life Recovery LLC written on June 20, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 6/13-6/19. The check is remitted by Kigar. 							
SWORN AND SUBSCRIBED BEFORE ME		[REDACTED]					
[REDACTED]		SIGNATURE					
DATE <u>11.17.16</u>		DATE <u>11.17.16</u>					
ADMIN.		PAGE 4 OF 5					

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
ADMIN	OBTS Number	Agency Name DIVISION OF INSURANCE FRAUD		Agency Report Number DIF - 16 - 2402
	Agency ORI Number FL0505200	Charge Type: X <input 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:
DEF	Name (Last, First, Middle) Iskander, Ehab		Alias Egypt	
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex
	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 the above named Defendant committed the following violation of law. 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. x <input checked="" 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>7) Whole Life Recovery Weekly Attendance for week of June 20-June 26 for client Elizabeth X. Integrity House Total \$400.</p> <ul style="list-style-type: none"> • Whole Life Recovery Weekly Individual Case Management Report for Integrity House client Elizabeth X, dated June 20-June 26 and signed by Ehab Iskander, CEO on July 5, 2016. • Check 1378 BB&T account [REDACTED] from Whole Life Recovery LLC written on June 27, 2016 to Integrity House for \$400.00. Memo on the bottom left of the check 6/20-6/26. The check is remitted by Kigar. <p>A review of the above listed documents provide probable cause that James Kigar acting as an agent of Whole Life Recovery, LLC paid Ehab Iskander who was acting as an agent of Integrity House; Two Thousand Two Hundred Sixty-Seven Dollars between April 25-June 26, 2016 on checks 1123, 1249, 1284 1342, 1357 and 1378. The payments to Ehab Iskander from James Kigar were for Iskander's providing of patients/clients to Whole Life Recovery, LLC. Therefore, the act of Kigar providing payment to Iskander for patients/clients of Integrity House to receive IOP treatment at Whole Life constitutes probable cause that Kigar and Iskander have committed six counts of Patient Brokering in violation of FSS 817.505.</p>				
PROBABLE CAUSE STATEMENT				
ADMIN	SWORN AND SUBSCRIBED BEFORE ME [REDACTED]		SIGNATURE [REDACTED]	
	DATE <u>11.17.16</u>		NAME OF OFFICER (PLEASE PRINT) <u>11.18.16</u>	
			PAGE 5 OF 5	