

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

AFFIDAVIT OF COMPLAINT

County of
Palm Beach

CASE NUMBER:
PB-90-48110
DCF CASE NUMBER(S):
1331594111

NAME(S) Elizabeth Marie Harrelson
SOCIAL SECURITY NO. DOB March 20, 1984
RACE White SEX F HEIGHT 5'5" WEIGHT 110 lbs. HAIR Brown EYES Blue
LAST KNOWN ADDRESS 932 McIntosh Street, West Palm Beach, FL 33405
OTHER COMMENTS Florida Driver License Number: H642-233-84-600-0

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: **Elizabeth M. Harrelson**, on various days between the **1st day of December 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:

On July 27, 2015 and February 1, 2016, Elizabeth M. Harrelson, applied to the Department of Children and Families (Department) to receive Public Assistance. During her July 27, 2015 and February 1, 2016 reviews of eligibility, Elizabeth M. Harrelson reported that there was no earned income available to her household. Additionally, during the aforementioned review processes, Elizabeth M. Harrelson 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, and 4, Enclosures A through B-4).

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INVESTIGATION REVEALED:

Elizabeth M. Harrelson was gainfully employed by Invo PEO of Florida, Inc., d/b/a Aggressive Recovery Inc., from October 5, 2015 through June 3, 2016. She received her first pertinent pay check on October 16, 2015 and was continuously employed through June 3, 2016. During the period of October 2015 through June 2016 she earned total gross wages of \$16,037.54 from this employment, a material fact, Elizabeth M. Harrelson failed to report to the Department.

Elizabeth M. Harrelson failed to report her gainful employment by Invo PEO of Florida, Inc., d/b/a Aggressive Recovery Inc., from October 16, 2015 through June 3, 2016. She made false statements to the Department at the time of her application dated February 1, 2016 and on her eligibility telephone interview on February 19, 2016. (Witnesses 5 through 8; Enclosure C through D)

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CONCLUSION:

Elizabeth M. Harrelson, by means of false statements and/or omissions, failed to report her gainful employment from Invo PEO of Florida Inc., d/b/a Aggressive Recovery Inc., during her February 1, 2016 review of eligibility. As a result, she received \$2,959.00 in Food Assistance benefits, during the period of December 2015 through June 2016. (Witness 3; Enclosures E)

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


Signature Affiant/Complainant

State of Florida

County of Palm Beach

Sworn to and subscribed before me

this 29 Day of January, A.D. 2018 by
Marissa Flores

(name of person(s) acknowledged)

who is/are personally known to me and did take an oath.

Signature  Type or Print Name
Title Notary Public

Deanna C Freese

My Commission Expires:

