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170F 1461

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-15-008362					
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		If Weapon Seized Enter Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 1330 SW 7th St, Boca Raton, FL				Location of Offense (Business Name, Address)					
Date of Arrest 2/09/2017		Time of Arrest 0830		Booking Date		Booking Time		Jail Date	
Jail Time		Location of Vehicle							
Name (Last, First, Middle) DURKIN, JACLYN SUE				Alias (Name, DOB, Soc. Sec. #, Etc)					
W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex F		Date of Birth 09-18-1987	
Height 5-07		Weight 140		Eye Color BROWN		Hair Color BROWN		Complexion FAIR	
Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none		Marital Status MARRIED		Religion Christian		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 1330 SW 7TH ST		(City) BOCA RATON		(State) FL		(Zip) 33486		Phone (561) 326-9167	
Permanent Address (Street, Apt. Number) 1330 SW 7TH ST		(City) BOCA RATON		(State) FL		(Zip) 33486		Residence Type 1. City 3. Florida 2. County 4. Out of State FL DL	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Occupation unemp	
D/L Number, State D625-437-87-838-0		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth Huntington, NY		Citizenship USA	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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/DYS 3. Incarcerated			
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 561-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade					
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property		Value of Property					
Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other N. N/A B. Buy D. Deliver P. Possess T. Traffic E. Use		Drug Type N. N/A B. Barbituate H. Hallucinogen P. Paraphernalia/ Equipment U. Unknown A. Amphetamine E. Heroin M. Marijuana C. Cocaine O. Opium/Deriv. S. Synthetic		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 831.02		Violation of ORD#	
Charge Description UTTERING A FORGERY FSS 831.02		Counts 2		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 831.02		Violation of ORD#	
Drug Activity N		Drug Type N		Amount/Unit N		Offense # 15-008362		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Court Date and Time Month _____ Day _____ Year _____ Time FEB 9 2:01 <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)		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) (PRINT) BU# 1058		Page 1 OF 1	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) DET. MONTOYA		I.D. # 805		Witness here is subject Signed with an "X"			

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		Juvenile		N	
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.				Agency Report Number 34-15-008362					
Charge Type Check all that Apply		<input checked="" type="checkbox"/> 1 Felony		<input type="checkbox"/> 3 Misdemeanor		<input type="checkbox"/> 5 Ordinance		Special Notes			
		<input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 6 Other					
Name (Last, First, Middle) DURKIN, JACLYN SUE						Race W		Sex F		Date of Birth 09-18-1987	
Charge Description UTTERING A FORGERY FSS 831.02						Charge Description					
Charge Description						Charge Description					
Victim's Name (Last, First, Middle) STATE OF FLORIDA						Race		Sex		Date of Birth	
Local Address (Street, Apt Number)						(City)		(State)		(Zip)	
Business Address (Name, Street)						(City)		(State)		(Zip)	
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. The Person taken into custody.						Who told					
<input type="checkbox"/> Committed the below acts in my presence.						<input type="checkbox"/> Was observed by					
<input type="checkbox"/> Confessed to						<input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.					
On The 27th Day Of FEBRUARY 20 15						At <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.					

On February 27th, 2015 the Boynton Beach Police department initiated an investigation against the Hope Center for Rehabilitation for prescription Fraud and Insurance Fraud. During the investigation it was determined that W/M James Durkin did knowingly commit Insurance Fraud using a physician's credentials that was not employed by the company. The insurance payments received by the Hope Center for Rehabilitation, DBA Relapse Prevention, were deposited by Durkin, his wife Jaclyn Durkin and other employees.

An analysis of bank records from Chase Bank obtained by a legal subpoena revealed numerous checks made to Mark A. Hernandez and Mark Hernandez and Relapse Prevention from numerous Insurance companies with a total value of \$48,469.95. A description of two checks involving Jaclyn S Durkin are as follows:

Check number PH48418699 United HealthCare Insurance Company Inc. issue date 11-09-2015 in the amount of \$1,249.95 issued to Relapse Prevention LLC, Mark Antonio Hernandez MD, with the listed address as 2828 S. Seacrest Blvd. Suite 211 Boynton Beach FL 33435-7944. The back of the check is stamped with "FOR DEPOSIT ONLY RELAPSE PREVENTION LLC, [REDACTED]" "[REDACTED]" is the account number for Relapse Prevention LLC at Chase Bank. This was posted by Chase Bank on 11-20-2015. A video record was made showing Jaclyn Durkin depositing the check at 5:00 PM (CLIP 7).

Check number 271316727 Cigna Health and Life Insurance Company issue date 10-31-2015 in the amount of \$9,600.00 issued to Mark A. Hernandez MD with the listed address as #211 2828 S. Seacrest Blvd. Boynton Beach FL 33435-7944. The back of the check is stamped with "FOR DEPOSIT ONLY THE HOPE CENTER FOR REHABILITATION LLC [REDACTED]" "[REDACTED]" is the account number for Relapse Prevention LLC at Chase Bank. Hand written over the stamp is "Pay to the order of" with what appears to be James Durkin signature. It should be noted that the hand writing and signature is similar to other checks endorsed by James Durkin. This was posted by Chase Bank on 11-20-2015. A video record was made showing Jaclyn Durkin depositing the check at 5:00 PM (CLIP 7)

Based on the aforementioned probable cause exists to charge JACLYN J DURKIN with two (2) counts of UTTERING A FORGERY. JACLYN DURKIN did utter and publish as true to Chase Bank, a false, forged, altered or counterfeit checks which were an order for money, in the amount of \$10,849.95 drawn on the Chase Bank bearing the numbers as listed above in the account number "[REDACTED]", knowing the same to have been false, forged, altered or counterfeited with the intent to injure or defraud any person, contrary to Florida Statute 831.02. (3 DEG FEL) (LEVEL 2)

The foregoing instrument was sworn to or affirmed and subscribed before me

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

02/08/2017

Date

(Signature of Arresting / Investigative Officer)

DET. MONTOYA

(Print name of Arresting/Investigative Officer)

02/08/2017

Date

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