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ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

Juvenile

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ADMINISTRATION	OBTS Number				ARREST / NOTICE TO APPEAR Juvenile Referral Report							
	Agency ORI Number		Agency Name		Agency Report Number							
	FL 0 5 0 0 3 0 0		BOYNTON BEACH POLICE DEPT.		34-15-008362							
	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			
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)							
	1330 SW 7th Street Boca Raton, FL											
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	2/09/2017	0830										
DEFENDANT	Name (Last, First, Middle)											
	DURKIN, JACLYN SUE											
	W - White B - Black	I - American Indian O - Oriental / Asian	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build	
	W	F	W	09-18-1987	5-07	140	BROWN	BROWN	FAIR	MED		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status		Religion	Indication of:			
	none					MARRIED		Christian	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unk.	
	Local Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone	Residence Type		
	1330 SW 7TH ST					BOCA RATON	FL	33486	(61)386-9867	1. City	3. Florida	
	Business Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone	2. County 4. Out of State		
									() -	FL 01		
D/L Number, State			Soc. Sec. Number	INS Number			Place of Birth	Citizenship				
D625-437-87-838-0				L			Huntington, NY USA					
CO-DEF	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				
	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				
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		
CODE	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:				School Attended			Grade				
	<input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)											
	Property Crime? Description of Property						Value of Property					
CHARGE	Drug Activity	S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type	B. Barbituate N. N/A A. Amphetamine	H. Hallucinogen M. Marijuana E. Heroin	P. Paraphernalia/ Equipment O. Opium/Deriv.	U. Unknown S. Synthetic Z. Other	
	Charge Description UTTERING A FORGERY FSS 831.02						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number 831.02		Violation of ORD#
	Drug Activity		Drug Type	Amount/Unit	Offense #			Warrant/Capis Number			Bond	
	N		N		15-008362							
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#
	Drug Activity		Drug Type	Amount/Unit	Offense #			Warrant/Capis Number			Bond	
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#
	Drug Activity		Drug Type	Amount/Unit	Offense #			Warrant/Capis Number			Bond	
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#
	Drug Activity		Drug Type	Amount/Unit	Offense #			Warrant/Capis Number			Bond	
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Mandatory Appearance in Court			Location (Court, Room Number, Address)								
	<input type="checkbox"/> Instruction No. 2 <input type="checkbox"/> You need not appear in Court but must <input type="checkbox"/> Comply with instruction on reverse side.			South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444								
	Court Date and Time			Month	Day	Year	Time			FEB 9 PM 2017		
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)												
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer Name of Arresting Officer (Print) DET. MONTOYA				Name Verification (Printed by Arrestee) (PRINT)			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				I.D. # 805				BU# 1085			
	I.D. # such # 158 T. BURNSIDE #540621				Transporting Officer I.D. # 974 BPPD				Witness here is subject Signed with an "X"			

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OBTS Number 1		PROBABLE CAUSE AFFIDAVIT				1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	Juvenile 1	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"/> 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) DURKIN, JACLYN SUE						Alias		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)	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 that 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 the below facts <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On The 27th Day Of FEBRUARY 2015 At 10 A.M. <input type="checkbox"/> P.M.</p>										

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.

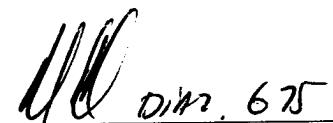
An analysis of bank records from Chase Bank obtained by a legal subpoena revealed numerous checks made to Mark A. Hernandez and Mark Hernandez and Relapse Prevention from numerous Insurance companies with a total value of \$48,469.95. A description of two checks involving Jaclyn S Durkin are as follows:

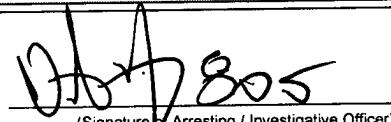
Check number PH48418699 United HealthCare Insurance Company Inc. issue date 11-09-2015 in the amount of \$1,249.95 issued to Relapse Prevention LLC, Mark Antonio Hernandez MD, with the listed address as 2828 S. Seacrest Blvd. Suite 211 Boynton Beach FL 33435-7944. The back of the check is stamped with "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


02/08/2017
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)


(Signature of Arresting / Investigative Officer)

DET. MONTOYA

(Print name of Arresting/Investigative Officer)

02/08/2017

Date

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