

0475189

17CF1457

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N	
OBTS Number		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 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		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 1330 SW 7th Street Boca Raton FL						Location of Offense (Business Name, Address)					
Date of Arrest 2/9/2017		Time of Arrest 0830		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) DURKIN, JAMES J		Alias (Name, DOB, Soc. Sec. #, Etc)									
W - White B - Black		I - American Indian O - Oriental / Asian		Race W		Sex M		Date of Birth 07-25-1979		Height 5-08	
Weight 160		Eye Color blue		Hair Color brown		Complexion FAIR		Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) tribal left arm						Marital Status MARRIED		Religion Christian		Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1330 SW 7TH ST		(City) BOCA RATON FL 33486		(State)		(Zip)		Phone 561-743-1182		Residence Type 1. City 3. Florida 2. County 4. Out of State 2	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () -		Address Source FL DL	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone () -		Occupation Self	
D/L Number, State D625-450-79-265-0		INS Number		Place of Birth Lexington, KY		Citizenship USA					
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	
<input type="checkbox"/> Parent Name (Last) (First) (Middle)		Residence Phone		<input type="checkbox"/> Legal Custodian		<input type="checkbox"/> Other					
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		E. Use		Drug Type		N. N/A	
P. Possess		T. Traffic						B. Barbituate		H. Hallucinogen	
								C. Cocaine		P. Paraphernalia/Equipment	
								A. Amphetamine		M. Marijuana	
								E. Heroin		O. Opium/Deriv.	
										S. Synthetic	
Charge Description UTTERING A FORGERY FSS 831.02		Counts 13		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		Bond	
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/Capias Number		Bond	
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/Capias Number		Bond	
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/Capias Number		Bond	
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 33424		Court Date and Time Month _____ Day _____ Year _____ Time _____		Date Signed FEB 9 2017		Page 1 OF 1	
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 WILL 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 Det. Montoya		I.D. # 805		Name Verification (Printed by Arresting Officer) BU# 108300		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		Name Verification (Printed by Arresting Officer) BU# 108300		Page 1 OF 1	
Int. Agency D/S T. BURNSIDE #54960		Transporting Officer RZL		I.D. # 974		Agency BBPD		Witness here is subject Signed with an "X".		Page 1 OF 1	

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SCANNED FEB 10 2017

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		Special Notes						
<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				
Name (Last, First, Middle) DURKIN, JAMES J				Alias	Race W	Sex M	Date of Birth 07-25-1979	
Charge Description UTTERING A FORGERY FSS 831.02				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) Mark Hernandez				Race W	Sex M	Date of Birth		
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
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..								
<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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The 27th Day Of February 20 2015 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 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 \$37,478.73. A full description the checks are as follows:

1. Check number [REDACTED] Cigna Health and Life Insurance Company issue date "08-18-2014" in the amount of \$218.24 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 RELAPSE PREVENTION LLC 592881515." Hand written "Deposit Only." "Pay to the order of Relapse Prevention." "[REDACTED]" is the account number for Relapse Prevention LLC at Chase Bank. This was posted by Chase Bank on 11-24-2014.
2. Check number [REDACTED] Cigna Health and Life Insurance Company issue date "10-14-2014" in the amount of \$744.50 issued to Mark A. Hernandez MD with the listed address as 2828 S. Seacrest Blvd. 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 11-03-2014.
3. Check number [REDACTED] Cigna Health and Life Insurance Company issue date "10-14-2014" in the amount of \$327.36 issued to Mark A. Hernandez MD with the listed address as 2828 S. Seacrest Blvd. Boynton Beach FL 33435-7944. The back of the check is stamped with "FOR DEPOSIT ONLY RELAPSE PREVENTION LLC." This was posted by Chase Bank on 11-03-2014.
4. Check number 265400369 Cigna Health and Life Insurance Company issue date "10-16-2014" in the amount of \$600.00 issued to Mark A. Hernandez MD with the listed address as 2828 S. Seacrest Blvd. 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 11-03-2014.
5. Check number [REDACTED] Cigna Health and Life Insurance Company issue date "11-06-2014" in the amount of \$150.00 issued to Mark A. Hernandez MD with the listed address as 2828 S. Seacrest Blvd. 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 11-14-2014.

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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1 OF 3

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		Special Notes						
<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				
Name (Last, First, Middle) DURKIN, JAMES J				Alias	Race W	Sex M	Date of Birth 07-25-1979	
Charge Description UTTERING A FORGERY FSS 831.02				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) Mark Hernandez				Race W	Sex M	Date of Birth		
Local Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
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...								
<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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On The 27th Day Of February 20 2015 At <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.								

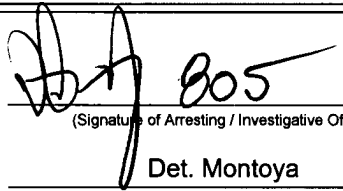
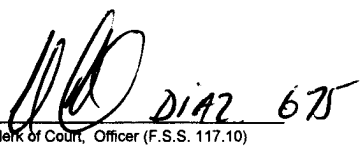
6. Check number [redacted] Cigna Health and Life Insurance Company issue date "unreadable" in the amount of \$450.00 issued to Mark A. Hernandez MD with the listed address as 2828 S. Seacrest Blvd. Boynton Beach FL 33435-7944. The back of the check is stamped with "FOR DEPOSIT ONLY RELAPSE PREVENTION LLC. Hand written over the stamp is "Pay to the order of Relapse Prevention" with what appears to be the signature of James Durkin. It should be noted that the signature is similar to other checks endorsed by James Durkin. This was posted by Chase Bank on 08-31-2015.


7. Check number [redacted] Cigna Health and Life Insurance Company issue date 09-14-2015 in the amount of \$6,872.64 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 The Hope center for Rehabilitation LLC at Chase Bank. Hand written over the stamp is "Pay to the order of," with and unreadable signature. It should be noted that the hand writing is similar to other checks endorsed by James Durkin. This was posted by Chase Bank on 09-28-2015.

8. Check number [redacted] Cigna Health and Life Insurance Company issue date 09-21-2015 in the amount of \$7,878.00 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] Analysis of bank records show "[redacted]" is the account number for the Hope center for Rehabilitation at Chase Bank. Hand written over the stamp is "Pay to the order of Relapse Prevention" with an unreadable signature. It should be noted that the hand writing is similar to other checks endorsed by James Durkin. This was posted by Chase Bank on 09-30-2015.

9. Check number [redacted] United HealthCare Insurance Company Inc. issue date 10-12-2015 in the amount of \$2,100.00 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] is the account number for Relapse Prevention LLC at Chase Bank. This was posted by Chase Bank on 10-23-2015. A video record was made showing James Durkin depositing the check at 4:13 PM (CLIP 5).

10. Check number [redacted] United HealthCare Insurance Company Inc. issue date 10-12-2015 in the amount of \$2,000.00 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] is the account number for Relapse Prevention LLC at Chase Bank. This was posted by Chase Bank on 11-23-2015. A video record was made showing James Durkin depositing the check at 4:13 PM (CLIP 5).

The foregoing instrument was sworn to or affirmed and subscribed before me			
		(Signature of Arresting / Investigative Officer)	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		Det. Montoya	
Date 02/08/2017		(Print name of Arresting/Investigative Officer)	
Date		Date 02/08/2017	
		Page 2 OF 3	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant		Juvenile	N
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		2 NTA	4 Request for Capias			
Charge Type Check all that Apply		Special Notes		Agency Report Number 34-15-008362				
<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) DURKIN, JAMES J				Alias	Race W	Sex M	Date of Birth 07-25-1979	
Charge Description UTTERING A FORGERY FSS 831.02				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) Mark Hernandez				Race W	Sex M	Date of Birth		
Local Address (Street, Apt Number)				(City)	(State)	(Zip)	Phone	
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	
Address Source				Occupation				
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... <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 the below facts <input checked="" type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.								
On the 27th Day Of February 20 2015 At <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.								


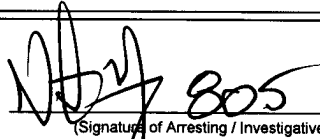
11. Check number [REDACTED] Cigna Health and Life Insurance Company issue date 10-24-2015 in the amount of \$9,150.00 issued to Mark A. Hernandez MD with the listed address as #211 2828 S. Seacrest Blvd. Boynton Beach FL 33435-7944. The back of the check is stamped with "FOR DEPOSIT ONLY THE HOPE CENTER 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 Relapse Prevention" 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 11-06-2015. A video record was made showing James Durkin depositing the check at 4:16 PM (CLIP 6).

12. Check number [REDACTED] Cigna Health and Life Insurance Company issue date 10-26-2015 in the amount of \$6,828.00 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 11-06-2015. A video record was made showing James Durkin depositing the check at 4:16 PM (CLIP 6).

13. Check number [REDACTED] United HealthCare Insurance Company Inc. issue date 11-16-2015 in the amount of \$249.99 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] is the account number for Relapse Prevention LLC at Chase Bank. This was posted by Chase Bank on 12-04-2015. A video record was made showing James Durkin depositing the check at 4:21 PM (CLIP 8).

Based on the aforementioned probable cause exists to charge JAMES DURKIN with (13) counts of UTTERING A FORGERY. JAMES 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 \$3748.73 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)	 (Signature of Arresting / Investigative Officer) Det. Montoya (Print name of Arresting/Investigative Officer)
02/08/2017 Date	02/08/2017 Date

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