

OBTS Number 0485189				ARREST / NOTICE TO APPEAR Juvenile Referral Report						1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile 1	N
ADMINISTRATION	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 Boynton, FL				Location of Offense (Business Name, Address)									
Date of Arrest 2/19/2011		Time of Arrest 0830		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
DEFENDANT	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: Y N Unk. Alcohol Influence Drug Influence				
	Local Address (Street, Apt. Number) 1330 SW 7TH ST				(City) BOCA RATON	(State) FL	(Zip) 33486	Phone 561703-1182	Residence Type 1. City 2. County 4. Out of State				
	Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone () -	Address Source PL DL				
	Business Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone () -	Occupation Jewel				
	D/L Number, State D625-450-79-265-0				INS Number			Place of Birth Lexington, KY	Citizenship 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	<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
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					
CODE	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment	U. Unknown Z. Other 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#			
CHARGE	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#			
CHARGE	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#			
CHARGE	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#			
CHARGE	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#			
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> 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 33446						FEB 10 2011				
	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 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: D/S T. BURNSIDE #54			Signature of Arresting Officer 805			Name Verification (Printed by Agency) (PRINT)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: 803			Name of Arresting Officer (Print) Det. Montoya			I.D. # 805	BU# 108300		
Initials/Signature			Transporting Officer 974			I.D. # BBPD	Witness here is subject Signed with an "X".			Page 1 OF 1			

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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 FL0 5 0 0 3 0 0	Agency Name BOYNTON BEACH POLICE DEPT.	Agency Report Number				34-15-008362				
Check 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, 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		
<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 checked="" 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 □ A.M. □ 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 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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OBTS Number		PROBABLE CAUSE AFFIDAVIT					1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	<i>AB</i>	Juvenile	N	
Agency ORI Number FL0 500 300	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, 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 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] *805*
 (Signature of Arresting / Investigative Officer)

Det. Montoya
 (Print name of Arresting/Investigative Officer)

02/08/2017
 Date

02/08/2017
 Date

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
[Signature] *DIAZ 675*

02/08/2017
 Date

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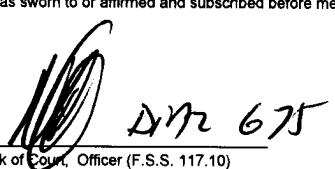
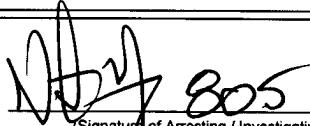
OBTS Number		PROBABLE CAUSE AFFIDAVIT					1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias		Juvenile	N
Agency ORI Number FL0 500 300	Agency Name BOYNTON BEACH POLICE DEPT.	Agency Report Number 34-15-008362									
Charge Type Check all that Apply <input checked="" type="checkbox"/> 1 Felony <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, 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"/> Confessed to Admitting the below facts				<input type="checkbox"/> Was observed by <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation.				Who told That he/she saw the arrested person commit the below acts.			
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]". "1 [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]". "1 [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		 <i>DW 675</i>	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		 <i>Det. Montoya</i>	
02/08/2017 Date		(Signature of Arresting / Investigative Officer) <i>Det. Montoya</i>	
02/08/2017 Date		(Print name of Arresting/Investigative Officer) <i>Det. Montoya</i>	
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