

18CF 3933

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant 3
2. N.T.A. 4. Request for Capias N

ADMINISTRATIVE	OBTS NUMBER		Agency Name		Agency Report Number	
	F L O 371700		Department of Financial Services		DIF - 16 - 2469	
	Charge Type: Check as many as apply		Weapons Seized/Type			
	<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		1. Yes 2. No		2 N/A	
	Location of Arrest (Including Name of Business)			Location of Offense		Date of Offense
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time
Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal						
Location of Vehicle			Other Local Number	FDLE Number	DOC Number	FBI Number

Name (Last, First, Middle) Espinoza Jeanette				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black I - American Indian O - Oriental/Asian	Sex W F	Date of Birth 01/17/1985	Height 5'05"	Weight UNK	Eye Color Brown	Hair Color Brown	Complexion Med	Build Med		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK				Marital Status Married	Religion UNK	Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/>	N <input type="checkbox"/>	Un. <input type="checkbox"/>
Local Address (Street, Apt. Number) 315 SE 3rd Avenue		(City) South Bay	(State) FL	(Zip) 33493	Phone (561)319-9342	Residence Type: 1. City 2. County 3. Florida 4. Out of State		2		
Permanent Address (Street, Apt. Number) UNK		(City)	(State)	(Zip)	Phone	Address Source FL DL				
Business Address (Name, Street) None		(City)	(State)	(Zip)	Phone	Occupation Unemployed				
D/L Number E215-420-85-517-0		D/L State FL	Soc. Sec. Number	INS Number	Place of Birth Florida		Citizenship Yes			

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

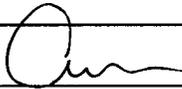
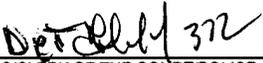
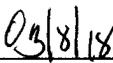
JUVENILE	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other		Name (Last, First, Middle)				Residence Phone ()	
	Address (Street, Apt. Number)					(City)	(State)	(Zip)
	Notified By: (Name)			Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated		
	Released To: (Name)			Relationship		Date	Time	
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address: Yes, by: (Name) No: (Reason)						School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property					Value of Property		

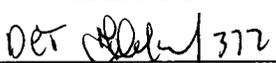
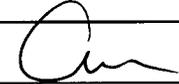
CO	Activity S. Sell N. N/A P. Possess				R. Smuggle D. Deliver E. Use		K. Dispense/Distribute Distribute		M. Manufacture Produce/ Cultivate	Z. Other	Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description False/Fraudulent Insurance Claims			Counts 5	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 817.234 (1)(a)(1) and (11)(a)			Violation of ORD #						
CHARGE	Activity N	Drug Type N	Amount/Unit N/A	Offense # 1	Warrant/Capias Number			Bond							
	Charge Description Grand Theft			Counts 4	<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number 812.014 (1)(a)(c)(1)			Violation of ORD #						
CHARGE	Activity N	Drug Type N	Amount/Unit N/A	Offense # 2	Warrant/Capias Number			Bond							
	Charge Description			Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number			Violation of ORD #						
CHARGE	Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number			Bond							
	Charge Description			Counts	<input type="checkbox"/> FSS <input type="checkbox"/> ORD	Statute Violation Number			Violation of ORD #						
CHARGE	Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number			Bond							

FILED
APR 24 PM 2:03
SHARON R. BOOK, CLERK
P.A. HEAD OF COUNTY, FL
CRIMINAL

NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)			
	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 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)				Date Signed		

ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer x		Name Verification (Printed by Prisoner) (PRINT)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) Det Anthony Merva S-452		I.D.# DFIS	PAGE
	Intake Deputy	I.D.#	Pouch #	Transporting Officer	I.D.#	Agency
Witness here if subject signed with an "X"						1 OF 4

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	Juvenile	N	
ADMIN	Agency ORI Number FL 0 371700	Agency Name DEPARTMENT OF FINANCIAL SERVICES			Agency Report Number DIFS - 16-2469					
	Charge Type: X 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:							
DEF	Name (Last, First, Middle) Espinoza, Jeanette				Alias UNK					
	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth			
VICTIM	Local Address (Street, Apt. Number) PO Box 5288		(City) Columbus,	(State) GA	(Zip) 31906	Phone (706) 607-7116		Address Source Case File		
	Business Address (Name, Street) Aflac Insurance Company		(City)	(State)	(Zip)	Phone ()		Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe 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 _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 5th day of March 2018 (Specifically include facts constituting cause for arrest)</p> <p>On January 30, 2014, Ms. Jeanette Espinoza, who was employed at Wellington Medical Care Associates, located at 12953 Palms West Drive #202, Loxahatchee, Florida 33470 applied for an Aflac Hospital Confinement Indemnity Policy for herself and dependent children. Ms. Jeanette Espinoza already had an Accident Indemnity Advantage Policy with Aflac that was effective April 1, 2013.</p> <p>Ms. Jeanette Espinoza had the following Aflac Policies: P0D0H130 – Accident Indemnity Advantage Policy, effective 4/1/2013 P0F1W9E1 – Hospital Confinement Indemnity Policy, effective 02/01/2014</p> <p>On February 25, 2014, Ms. Jeanette Espinoza began submitting claims for herself and her dependent children. Between February 25, 2014 and July 1, 2015, Ms. Jeanette Espinoza submitted over forty claims for doctor and hospital visits.</p> <p>On July 21, 2015, due to excessive hospital claims, Aflac Insurance Claims Specialist, Herlinde Gonzales decided to call Lakeside Medical Center to verify a hospital confinement for Ms. Jeanette Espinoza's dependent child, Deanna Hornsby. The date of confinement was July 18 through July 20, 2015, the treatment was due to influenza and dehydration. Lakeside Medical Center was unable to verify this treatment, and stated that the last time Deanna Hornsby was treated was October 14, 2014. This information resulted in Aflac Insurance opening an investigation on Ms. Jeanette Espinoza's four most recent claims submitted.</p> <p>On March 1, 2016, Aflac Special Investigator III, Ms. Darleen Joiner completed Aflac's investigation and sent a letter to Ms. Jeanette Espinoza giving her ten days to respond and cooperate with their investigation. Ms. Jeanette Espinoza never responded and the case was referred to Florida Department of Financial Services, Division of Insurance Fraud.</p> <p>On May 16, 2017, I was assigned the case and began reviewing documentation submitted my Ms. Jeanette Espinoza in support of her insurance claims.</p> <p>Claim number 128608497, documentation submitted to support the claim was a Trauma Hawk Air Ambulance Bill. Upon examination of the bill for patient Jeanette Espinoza I observed that the font on the patient's name, date of call, time of call, and payment date did not match the rest of the document. The font was larger and of a different style. I also thought it was strange for a thirty-year old patient to be flown to JFK Medical Center, since JFK Medical Center is not a trauma center.</p>										
ADMIN.	SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER					
	 NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER  DATE				Det. Anthony R. Merva NAME OF OFFICER (PLEASE PRINT) 3/8/2018 DATE					
								PAGE		
								2 OF 4		

	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	Juvenile	N	
ADMIN	Agency ORI Number FL 0 371700	Agency Name DEPARTMENT OF FINANCIAL SERVICES			Agency Report Number DIFS - 16-2469					
	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				Special Notes:					
DEF	Name (Last, First, Middle) Espinoza, Jeanette				Alias UNK					
VICTIM	Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number) PO Box 5288		(City) Columbus,	(State) GA	(Zip) 31906	Phone (706) 607-7116	Address Source Case File			
	Business Address (Name, Street) Aflac Insurance Company		(City)	(State)	(Zip)	Phone ()	Occupation			
PROBABLE CAUSE STATEMENT	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe 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 to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 5th day of March 2018 (Specifically include facts constituting cause for arrest)</p> <p>On August 1, 2017, I contacted Ms. Jeanette Espinoza via phone at (561) 319-9342. She stated that she hasn't had an Aflac policy in over a year, confirmed that she had filed several claims in the past "that I was entitled to do", however didn't recall the specifics of the claims that she submitted. I asked Ms. Espinoza why she no longer has the Aflac policies and she stated that she no longer works for the employer that offered it. Ms. Espinoza stated that she was currently with a customer and couldn't speak right now, and that she would call me later. From August 1, 2017 to August 13, 2017 I attempted multiple time to contact Ms. Jeanette Espinoza via phone, however every time I received her voicemail, and she never returned my calls.</p> <p>I contacted Ms. Jeanette Espinoza (561) 319-9342 and email nette561@gmail.com on multiple occasions. She and I scheduled multiple interviews, however she was always a no show. My text messages and emails now go unanswered, and phone calls from our agency go directly to voicemail.</p> <p>The last contact that I had with Ms. Jeanette Espinoza, she stated that she was currently in Michigan, and thinking of moving there.</p> <ol style="list-style-type: none"> Ms. Jeanette Espinoza submitted fraudulent and altered documents to Aflac Insurance Company in support of five individual insurance claims. Healthcare District of Palm Beach County records confirm that the information on the bills and discharge summaries submitted to Aflac Insurance do not match any of their medical records. Wells Fargo Bank, N.A. bank statements for Ms. Jeanette Espinoza's sole-owned checking account confirm the four electronic deposits from Aflac for the fraudulent claims. <p>Based on the above facts, there is probable cause to believe that on April 27, 2015, May 8, 2015, May 23, 2015, July 1, 2015, and July 18, 2015 in Palm Beach County Florida, the defendant Jeanette Espinoza violated Florida Statutes 817.234 (1)(a)(1) and (11)(a), when she, with the intent to injure, defraud or deceive Aflac Insurance Company, an insurance company, presented or caused to be presented written and oral statements as part of, or in support of a claim for payment or other benefit pursuant to an insurance policy or a health maintenance subscriber or provider contract, knowing that such statement or statements contained any false, incomplete, or misleading information concerning any fact or thing material to such claim and the value of the property involved in the violation is less than \$20,000.00, contrary to Florida Statutes, and constitutes a third degree felony.</p> <p>Ms. Jeanette Espinoza also violated Florida Statute 812.014 (1)(a) (c)(1), on May 4, 2015, May 14, 2015, May 28, 2015, and July 18, 2015 when she knowingly obtained or used, or endeavored to obtain or to use, the property of another with intent to, either temporarily or permanently deprive the other person of a right to the property or a benefit from the property when she accepted, and failed to return four individual electronic deposits of \$1,000.00 each, totaling \$4,000.00 from Aflac Insurance as a result of her fraudulent claims she submitted to Aflac Insurance.</p> <p>I request that a warrant for arrest be issued for Ms. Jeanette Espinoza.</p>									
ADMIN.	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER 03/08/19 DATE				 SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER Det. Anthony R. Merva NAME OF OFFICER (PLEASE PRINT) 3/8/2018 DATE					PAGE 4 OF 4