

JK# 0280224

18MM 6098P# 486

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N											
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-18-027786																
Charge Type Check as many as Apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" 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 None		Multiple Clearance Indicator 01											
Location of Arrest (Including Name of Business) Atrium, 2755 S. Federal Hwy, Boynton Beach						Location of Offense (Business Name, Address) same															
Date of Arrest 05/25/2018		Time of Arrest 1922		Booking Date		Booking Time		Jail Date		Location of Vehicle											
Name (Last, First, Middle) Cardenas, Jonathan Steve						Alias (Name, DOB, Soc. Sec #, Etc)															
W - White B - Black		I - American Indian O - Oriental / Asian		Race <input checked="" type="checkbox"/> W	Sex M	Date of Birth 07/31/1985		Height 507	Weight 170	Eye Color BRN	Hair Color BRN	Complexion OLV	Build MED								
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Mental Status Single		Religion None		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) 2671 Emory Dr. E Apt. B,				(City) West Palm Beach,		(State) FL		(Zip) 33415		Phone (561)714-6479		Residence Type 1. City 3. Florida 2. County 4. Out of State FL DL									
Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Occupation Construction									
DL Number, State C635437852710/FL				Soc Sec Number		INS Number		Place of Birth Bogota, Columbia		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 HRSDYS 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property													
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/Derv		P. Paraphernalia/ Equipment S Synthetic		U Unknown Z Other	
Charge Description Soliciting Another to Commit Prostitution				Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 796.07		Warrant/Capias Number 4A1		Violation of ORD#									
Drug Activity N		Drug Type N		Amount/Unit N/A		Offense # 18-027786		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				Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33440																	
Instruction No 2 You need not appear in Court but must Comply with instruction on reverse side				Court Date and Time		Month		Day		Year		Time									
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 FULLY 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													
HOLD for other Agency Name				Name Verification (Printed by Arrestee) (PRINT)				Page													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name				BU#111217													
Witness here is subject Signed with an "X"				Transporting Officer Kenning				ID # 1900													
				Agency BSPD				Page 1 OF 1													

1-250 per AO

2018 MAY 26

55

OBT# Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	1	Juvenile	N
Agency ORI Number FL 0600300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-18-027786				
Charge Type Check all that Apply		<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 8 Other		
Name (Last, First, Middle) Cardenas, Jonathan Steve		Alias		Race W	Sex M	Date of Birth 07/31/1985		
Charge Description Soliciting Another to Commit Prostitution		Charge Description						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) State		Race		Sex		Date of Birth		
Local Address (Street, Apt Number)		(City)		(State)		(Zip)		Phone
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone
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 checked="" type="checkbox"/> Committed the below acts in my presence <input type="checkbox"/> Confessed to			<input type="checkbox"/> Was observed by <input type="checkbox"/> Was found to have committed the below acts, resulting from my (described) investigation			Who said That he/she saw the arrested person commit the below acts.		
On The <u>May</u> Day Of <u>25</u> 20 <u>18</u> At <u>7:05</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

On May 25th, 2018 the Boynton Beach Police Department was conducting a reverse prostitution operation in the 2700 block of S. Federal Hwy, located within Boynton Beach. The operation was specifically focusing on the Atrium Plaza and the Homing Inn area.

██████████, in an undercover capacity as a female prostitute, was standing in front of Atrium Plaza (2755 S. Federal Highway).

At approximately 1905 hours, a male, later identified as h/m Jonathan Cardenas made contact with ██████████. The two engaged in conversation, at which time Cardenas offered ██████████ \$20.00 for a "blow job" (blowjob is common terminology for oral sex).

The prearranged takedown signal was given and officers moved in and placed Cardenas under arrest. Post Miranda, Cardenas did not agree to speak with officers.

Based on the aforementioned, I found that there was probable cause to charge Cardenas with soliciting another to commit prostitution, according to FSS: 796.07.2F

He was processed and turned over to the PBCJ.

NOT A CERTIFIED COPY

The foregoing instrument was sworn to or affirmed and subscribed before me	
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <u>05/25/2018</u> Date	 (Signature of Arresting / Investigative Officer)  (Print name of Arresting/Investigative Officer) <u>05/25/2018</u> Date



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018017580	Date: 5/26/2018
	Specialist Name/ID: M. Tooks #8557