19CF006821

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number:

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N.T.A.'s only): 4 0 19-011289

Charge Type (Check as many as apply): [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

If Weapon Seized Enter Type: None/not Applicable
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): PBC JAIL
Location of Offense (Business Name, Address): 16244 S MILITARY TRL 130, DELRAY BEACH, FL 33484

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/18/2019	10:57	07/18/2019	11:07			NA

DEFENDANT

Name (Last, First, Middle): SALDARRIAGA, JULIAN
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	10/11/1958	5'04	160	BROWN	BROWN	DARK	MEDIUM

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion:
Indication of: Alcohol Influence Yes [ ] No [X] Unk. [ ]; Drug Influence Yes [ ] No [X] Unk. [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip): 15824 PHILODENDRON CIR, DELRAY BEACH, FL 33484
Phone: (561) 417-4460
Residence Type (1. City 2. County 3. Florida 4. Out of State): 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 15824 PHILODENDRON CIR, DELRAY BEACH, FL 33484
Phone: (561) 417-4460
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): J&D DENTAL LAB, 16422 S MILITARY TRL SUITE 130
Phone: (561) 499-6484
Occupation: Owner

D/L Number, State: S436420583710 / FL
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): , Columbia
Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | [ ] 1. Arrested [ ] 2. At Large [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | [ ] 1. Arrested [ ] 2. At Large [ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

JUVENILE

[ ] Parent [ ] Other: ____ [ ] Legal Custodian — 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 Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) | Relationship | Date | Time

The above address was provided by [ ] defendant and/or [ ] defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
[ ] Yes, by: [ ] No:
School Attended: | Grade:
Property Crime? [ ] Yes [X] No | 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. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description: PRACTICE DENTAL HYGIENE W/O ACTIVE LICENSE
Statute Violation Number: 466.026(1A)
Violation of ORD #:
Drug Activity: | Drug Type: N | Amount / Unit: / | Offense #: | Counts: 1 | Domestic Violence: [ ] Y [X] N | Warrant / Capias Number: | Bond:

CHARGE

Charge Description: | Statute Violation Number: | Violation of ORD #:
Drug Activity: | Drug Type: | Amount / Unit: / | Offense #: | Counts: | Domestic Violence: [ ] Y [ ] N | Warrant / Capias Number: | Bond:

CHARGE

Charge Description: | Statute Violation Number: | Violation of ORD #:
Drug Activity: | Drug Type: | Amount / Unit: / | Offense #: | Counts: | Domestic Violence: [ ] Y [ ] N | Warrant / Capias Number: | Bond:

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: [ ] Mental [ ] Escape Risk [ ] Medication [ ] Deformities [ ] Injuries
Explain:
Check which applies: [ ] Released O.R. [ ] Posted Bond [ ] Released to Parent/Guardian [ ] South County Mental Health [ ] T.O.T. County Jail
PROPERTY - Received By: | Released By: | Released To:
Transported By: | Date Transported: | Time Transported: | Other:

NOTICE TO APPEAR

[ ] INSTRUCTION NO. 1 - Mandatory appearance in court
[X] INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room):
Court Date and 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 WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT 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:
[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other
Signature of Arresting Officer: K. Mead 1024
Name of Arresting Officer (Print): MEAD, KIMBERLY J | I.D. #: 1024
Intake Deputy: | I.D. #: | Pouch #: | Transporting Officer: NA | I.D. #: | Agency: NA
Name Verification (Printed by Arrestee): (PRINT)
Witness here if subject signed with an "X".

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

ADMIN

OBTS Number

Agency ORI Number: FL 0500400

Agency Name: DELRAY BEACH POLICE DEPARTMENT

Agency Report Number: 4 | 0 | 19-011289

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle): SALDARRIAGA, JULIAN

Alias

Race	Sex	Date of Birth
W	M	10/11/1958

CHARGES

Charge Description: 466.026(1A) PRACTICE DENTAL HYGIENE W/O ACTIVE LICENSE

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): LAMPONE, VINCENT

Race	Sex	Date of Birth
W	M	07/14/1976

Local Address (Street, Apt. Number) (City) (State) (Zip): 16171 SIERRA PALMS DR, DELRAY BEACH, FL

Phone:

Address Source:

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation:

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

[ ] committed the below acts in my presence.

[ ] confessed to _____ admitting to the below facts.

[ ] was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

[X] was found to have committed the below acts, resulting from my (described) investigation.

On the 10 day of July, 2019 at 00:00 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On 07-01-19 an arrest/search warrant were executed at 16244 S. Military Trail suite 130 where Julian Saldarriaga was taken into custody. (Refer to DBPD case number 19-005839). Saldarriaga was operating the business J&D Dental Laboratory and was treating patients by taking molds, and making and repairing dentures, without the proper dental license from the State of Florida. Although J&D Dental Laboratory holds a valid dental lab license, the license was renewed using Saldarriaga`s deceased father`s name and he did not hold any other dental licenses. A dental lab is not authorized to treat patients and is only authorized to manufacture or repair dentures upon the written request of a licensed dentist via a prescription. After the initial arrest and media release, additional patients contacted me and provided statements.

On 07-10-19 I obtained a sworn statement from Vincent Lampone who stated he went to J&D Dental Lab (located on Military Trail across from Walmart) to have a new set of upper dentures made approximately four weeks prior to this date. He was referred by his mother in law who had been to the lab in past years. Lampone was charged $650 and already paid $500 cash deposit. He wanted to pay by check but was told by Saldarriaga that he only accepts cash payments. Lampone also stated he never received any receipts. Lampone said Saldarriaga took molds of his mouth in order to create the dentures as recent as last week. He stated he sat in an office chair and had several molds and bite impressions done. Lampone identified Saldarriaga in a familiarization photo. Lampone never received the dentures due to Saldarriaga`s arrest on 07-01-19 and is therefore at a loss of $500. Lampone provided me with the business card he received from Saldarriaga.

It should be noted, this case is related to several other similar cases of practicing unlicensed dentistry. Refer to DBPD case numbers 19-005839, 19-011287, and 19-011288.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SKEBERIS, LUIS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/19/2019
DATE

K. Mead 1024
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MEAD, KIMBERLY J (1024)
NAME OF OFFICER (PLEASE PRINT)

07/19/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 19-011289

Charge Type: Check as many as apply.
☒ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SALDARRIAGA, JULIAN		W	M	10/11/1958

PROBABLE CAUSE STATEMENT

Due to the fact that Saldarriaga took mold impressions of Lampone`s mouth in order to create new upper dentures190, probable cause exits to charge Saldarriaga with Practicing Dentistry without a license pursuant to FSS. 466.026(1A).

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

SKEBERIS, LUIS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

07/19/2019
DATE

K. Mead 1024
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MEAD, KIMBERLY J (1024)
NAME OF OFFICER (PLEASE PRINT)

07/19/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.003	Other: Florida Pawnbroking Act	
	☐	119.0712(2)(j)1	Other: Documents regarding victims which are received by an agency	

REVIEW COMPLETED BY

Booking Number: 2019023640	**Date:** 07/20/2019
	Specialist Name/ID: VARGO/6665