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NIR

19048200

3967

OBT# Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Copies		1	Juvenile	N												
ADMINISTRATION	Agency ORI Number	Agency Name		Agency Report Number																	
	FL 0500300	BOYNTON BEACH POLICE DEPT.		34-19-033457																	
DEFENDANT	Charge Type:	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 <input type="checkbox"/>		If Weapon Seized Enter Type		Multiple Clearance Indicator											
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)																
407 S Federal Hwy, Boynton Beach, FL 33435				407 S Federal Hwy, Boynton Beach, FL 33435																	
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time											
08/27/2019		1816																			
Name (Last, First, Middle)				Aliases (Name, DOB, Soc. Sec. #, Etc)																	
Chen, Jun																					
W - White B - Black		I - American Indian O - Oriental / Asian		Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build									
W		F		12/22/1969	501	120	Brown	Brown	Fair	Thin											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of Alcohol Influence		Y N UNK											
				Single		Buddhist		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>											
Local Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Residence Type									
10231 SW 58th St, Cooper City, FL												1. City 3. Florida 2. County 4. Out of State									
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source									
Business Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Occupation									
DL Number, State				INS Number		Place of Birth		Citizenship													
C500420699620						China		Immigrant													
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											
Parent Name (Last)				(First)		(Middle)		Residence Phone													
Legal Custodian																					
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:				School Attended		Grade															
<input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)																					
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/Producer/Cultivate		Z. Other		Drug Type		B. Barbiturates		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
N. N/A		B. Buy		D. Deliver								N. N/A		C. Cocaine		M. Marijuana		S. Synthetic		Z. Other	
P. Possess		T. Traffic		E. Use								A. Amphetamines		E. Heroin		O. Opium/Deriv.					
Charge Description				Counts		Domestic Violence		Status Violation Number		Violation of ORD#											
Unlicensed Practice of Health Care Profession				1		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		456.065 (2) (D) 1													
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
N		N		N/A		19-033457															
Charge Description				Counts		Domestic Violence		Status Violation Number		Violation of ORD#											
						<input type="checkbox"/> Yes <input type="checkbox"/> No															
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description				Counts		Domestic Violence		Status Violation Number		Violation of ORD#											
						<input type="checkbox"/> Yes <input type="checkbox"/> No															
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Charge Description				Counts		Domestic Violence		Status Violation Number		Violation of ORD#											
						<input type="checkbox"/> Yes <input type="checkbox"/> No															
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
Instruction No. 1 Mandatory Appearance in Court				Location (Court, Room Number, Address)																	
Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.				South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444																	
				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									
HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)													
Name:				#941				(PRINT)													
<input type="checkbox"/> Delinquent <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print)				I.D. #													
				Loshelder				941													
Initials Deputy				Pouch #				Transporting Officer				I.D. #									
								STEVES				933									
Witness here is subject Signed with an 'X'.								Agency				BU# 1140466									
								BAPD				Page 1 OF 1									

SEARCHED
INDEXED
AUG 29 2019

B. SHATARA #7623

OBS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile	N
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-19-033457				
Charge Type Check all that Apply		<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Traffic Felony		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Traffic Misdemeanor		<input type="checkbox"/> Ordinance <input type="checkbox"/> Other		
Name (Last, First, Middle) Chen, Jun		Alias		Race W	Sex F	Date of Birth 12/22/1969		
Charge Description Unlicensed Practice of Health Care Profession		Charge Description						
Charge Description		Charge Description						
Voter's Name (Last, First, Middle) State of Florida		Race		Sex		Date of Birth		
Local Address (Street, Apt Number) 2045 High Ridge Rd,		City Boynton Beach		State FL		Zip 33435		Phone 561-72-6100
Business Address (Name, Street)		City		State		Zip		Phone
The undersigned certifies and avers 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 23 Day Of August 20 19 At 1330 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.								

On July 19, 2019, BBPD received information from the Department of Health advising Golden Sunflower located at 407 S. Federal Hwy was recently cited for using the massage establishment as a principal domicile and that there is suspicion that an employee is practicing a health care profession without an active license. The investigator with the Department of Health further stated there were large quantities of bedding linens, blankets, pillows, personal hygiene items and clothing located inside the business which raises concerns that the business is also involved in human trafficking.

On August 23, 2019, BBPD detectives conducted an undercover operation at Golden Sunflower at which time the undercover officer (UC) entered the business to purchase a massage. Once the UC entered the business, an Asian female later identified as Jun Chen greeted him and asked him if he wanted an hour or thirty minute massage. The UC stated he wanted a thirty minutes massage and in return Chen stated it would cost fifty (\$50) dollars. The UC handed Chen the payment and he was escorted back to a massage room and asked to undress. After the UC disrobed down to his undergarments and lied down on the massage table; Chen began the massage. A short time later, Chen requested the UC to remove the remainder of his clothing which the UC instructed Chen that he wished to keep his undergarments on. The massage lasted approximately twenty (20) minutes until Chen advised the UC that the massage was over and she handed the UC a bottle of water. The UC then got dressed and exited the business without incident.

Following the UC exit, members of the BBPD detective bureau and two (2) investigators with the Department of Health entered the business and made contact with Chen (whom was positively identified by the UC). The Department of Health investigators asked Chen for her license at which time she was unable to provide a proper massage therapy license and ultimately cited for such.

Based on the above information, I find probable cause to arrest Chen for Unlicensed Practice of Health Care Profession per F.S.S 456.065 (2) (D) 1 as Chen did practice, attempt to practice, or offer to practice massage therapy, a health care profession without an active, valid Florida license to practice that health care profession.

On 8/27/2019, BBPD made contact with Chen at 407 S. Federal Hwy at which time she was subsequently arrested and TOT PBCJ.

The foregoing instrument was sworn to or affirmed and subscribed before me

Lo #997

(Signature of Arresting / Investigative Officer)

Loshelder

(Print name of Arresting/Investigative Officer)

TEAN 887

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

8 /27/2019

Date

8 /27/2019

Date

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SCANNED
8/29/2019



**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	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019028133

Date: 08/28/2019

Specialist Name/ID: howardt/7185