

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
OBT Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-082124			
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1					
Location of Arrest (Including Name of Business) 7160 ADDISON RESERVE BLVD DELRAY BCH FL 33446		Location of Offense (Business Name, Address) 7160 ADDISON RESERVE BLVD DELRAY BCH FL 33446							
Date of Arrest 05/25/17	Time of Arrest 2356	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle BLAKES TOWING			
Name (Last, First, Middle) CUMPAN ROXANA LISA		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 03/17/1996	Height 502	Weight 100	Eye Color GRN	Hair Color BRO	Complexion FAIR	Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT PALM TREE LEFT ARM		Marital Status S		Religion CATHOLIC		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 27 COVENTRY GREENE LN		(City) POTTSTOWN	(State) PA	(Zip) 19465	Phone (484) 684 0916		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
D/L Number, State (PA)31018934		Soc. Sec. Number		INS Number		Place of Birth (City, State) QUEENS NY		Citizenship US	
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		
Parent Legal Custodian 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 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 (Phone 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. Barbiturate C. Cocaine E. Heroin		
							H. Hallucinogen M. Marijuana O. Opium/Deriv.		
							P. Paraphernalia/ Equipment S. Synthetics		
							U. Unknown Z. Other		
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 17-082124	Warrant / Capias Number		Bond			
Charge Description POSSESSION OF A CONTROLLED SUBSTANCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6)a		Violation of ORD #			
Drug Activity P	Drug Type	Amount / Unit	Offense # 17-082124	Warrant / Capias Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406									
Court Date and Time Month Day Year Time AM PM 26 PM 5:44									
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 Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. E.K. White 7209		I.D. # 7209		(PRINT)			
Intake Deputy I.D. # Pouch #		Transporting Officer Inv. E.K. White 7209		ID # 7209		Agency PBSO		PAGE 1 OF 1	
Witness here if subject signed with an "X"									

MAY 26 2017

		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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17-082124					
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Special Notes:			
DEF	Name (Last, First, Middle) CUMPAN ROXANA LISA				Alias		Race W		Sex F		Date of Birth 03/17/1996	
	Charge Description DUI		316.193(1)		Charge Description							
CHARGES	Charge Description				Charge Description							
	Charge Description				Charge Description							
VICTIM	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth			
	Local Address (Street, Apt. Number)				(City)		(State)		(zip)		Phone	
	Business Address (Name, Street)				(City)		(State)		(zip)		Phone	
<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.</p> <p>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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25</u> day of <u>MAY</u> 20<u>17</u> at <u>2306</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>After placing the defendant under lawful arrest for DUI and during an inventory of the contents inside her brown purse I looked inside her prescription bottle (D-Amphetamine Salt Comer (XR) 20MG C-filled on 04/24/2017) and saw a red and green pill. Post Miranda I asked the defendant if she was taking any medicine other than her prescribed medication. She told me no. Later I showed her the prescribed medication and asked if it was in fact hers. She seemed hesitant and I asked if it was her name on the bottle. She told me it is her medication. I asked if there was any other pill inside the bottle other than the prescribed medicine. Without showing her what was inside the bottle she told me her friend gave her a "Zani Bar" that a friend had given to her. The green suspected Zani Bar had an inscription of "S 903". The Abused Pharmaceutical Substances showed this drug to be Hydrocodone/Acetaminophen. Since this drug was not prescribed to her and placed inside her prescription and since she admitted to having the pill, I feel there is probable cause for the additional charge.</p>												
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Inv. E.K. White 7209 (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>25</u> day of <u>May</u> 20<u>17</u> by <u>Inv. White</u> known</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and is a peace officer as defined in F.S. 901.01.</p> <p>Notary Public, Clerk of Court, Officer (F.S. 117.10)</p>											
	<p>B. SUE OWEN State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018</p>											
	<p>PAGE _____ OF _____</p>											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF MAY 20 17, AT 2306 AM ☒ PM

SUBJECT: CUMPAN ROXANA LISA CASE NUMBER: 17-082124

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On Thursday, May, 25, 2017 at approximately 2259 hours, I responded to a security gate at Addison Reserves, located at 7160 Addison Reserve Boulevard, Del Ray Beach (Palm Beach County) Florida to assist Deputy Timothy J. Farrington with a "Mobile Eyes" complaint of a motorist stopped at the guard gate whom appeared to be impaired. Upon my arrival I noticed a white vehicle bearing Pennsylvania license plates "KGN4347" stopped in the inside lane of the outgoing gate. D/S Farrington and D/S Robert Feitz were positioned by the driver side of the vehicle. I made contact with two security officers that came forward with information regarding the defendant driving up to the gate. They both wrote sworn witness statements with detailed information regarding their encounter with the driver. Robert Tallman told me a white female drove up to the gate in a white Audi. She could not remember who she was visiting or where she was going. He thought she was impaired and thought it necessary to notify the police.

His Captain (Roger Yeakley) also responded and told me the driver had red and glossy eyes and spoke with slurred speech. I also made contact with D/S Farrington who told me the following: I RESPONDED TO THE ENTRANCE TO ADDISON RESERVED IN REFERENCE TO MEETING WITH SECURITY ON A VEHICLE THAT THEY HAD STOPPED DUE TO THE DRIVER BEING UNDER THE INFLUENCE. UPON MY ARRIVAL, I SPOKE WITH SECURITY OFFICER ROBERT TALLMAN. HE STATED THE FEMALE DRIVER THE AUDIO 4DR DROVE UP TO THE GATE AND APPEAR TO BE LOST AND INCOHERENT. SHE WAS NOT AWARE OF HER SURROUNDINGS.

I WALKED UP TO THE FEMALE DRIVING THE AUDIO. SECURITY OFFICER TALLMAN HAD HANDED ME A DRIVER LICENSE THAT IDENTIFIED THE DRIVER AS [REDACTED]. AS I WAS SPEAKING WITH HER, I COULD SMELLA STRONG ALCOHOLIC ODOR EMITTING FROM HER FACIAL AREA. HER SPEECH WAS SLURRED. HER FACE WAS FLUSHED AND SHE COULD BARELY KEEP HER HEAD UP. I ASKED FOR HER REGISTRATION AND SHE HANDED ME HER PARKING PASSED. I ASKED HER FOR HER INSURANCE AND SHE HANDED ME A WRITTEN WARNING PARKING CITATION SHE RECEIVED. AFTER OBSERVING THIS, I CONTACTED A DUI UNIT AND DUI10, D/S WHITE RESPONDED AND THE INVESTIGATION WAS TURNED OVER TO HIM: He also wrote a sworn witness statement on a probable cause affidavit.

OBSERVATION OF DRIVER:

I made contact with the driver who was sitting in the driver seat of a white vehicle. She was later identified as Roxana Lisa Cumpas by her Pennsylvania driver license. She was consumed with rummaging through papers in search of a parking pass. She later handed me business cards in a clip and thought it was a parking pass. She appeared to be disoriented and confused. She was inattentive and not following instructions. While speaking with her I noticed her eyes were watery and glossy. Her speech was slurred and her cheeks were flushed. Her movements were slow and calculated. I could smell an odor of an unknown alcoholic beverage emanating from the inside of the vehicle. I explained to her that security personnel called the sheriff's office due to her appearing to be impaired after driving to the guard gate. Moreover, I told her I also suspected her to have been drinking an unspecified amount of unknown alcoholic beverages. I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She consented to performing the SFSTs, but told me she could stay at a friend's house. Prior to exiting the vehicle I asked if he had any physical problems with her body that would inhibit her from performing light physical movements. I also asked if she was on medication. She told me she was taking Adderall for a focusing problem. She said she had nothing wrong with her physically, however, I asked them to exit the vehicle and walk to the back of it. When she exited I noticed was not able to maintain her balance. She staggered while walking. Once she reached the back of her vehicle she leaned against it. I asked her to step away from the vehicle and watched her sway from side to side while standing. I escorted her to a smooth and level surface that was free from obstructions and debris. The area was well lit by the lights from my patrol car and ambient lighting. I could now smell a strong odor of an unknown alcoholic beverage coming from her breath which intensified when she spoke. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand and The Finger to Nose. The defendant started crying during some of the tasks. Her deficiencies were captioned on another form on this worksheet.

DRIVER'S STATEMENTS:

I can go stay at a friend's house. After being told she had too much to drink she responded, "You are probably right".

ODORS:

Strong odor of an unknown alcoholic beverage coming from the subject's breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: crying, pleading, aggressive and inattentive

CLOTHING: red and black dress

MEDICAL/OTHER: ADHD

STATE OF FLORIDA
COUNTY OF PALM BEACH

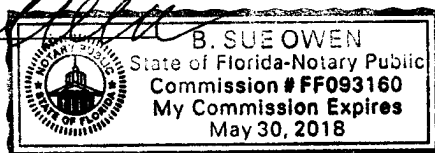
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of May 20 17 by D/S WHITE

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

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



SCANNED
MAY 26 2017

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.


☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	17-082124	ZONE:	4-21	SUBJECT:	Roxana Cuman	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	3/25/17 2306
EVENT TYPE:	DUI	DEPUTY:	WHITE	ID#:	7209		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:
Yeakley		Roser		M	A	M
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:	
		5'9"	198	Blk	Brn	
YOUR HOME ADDRESS:		<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:
108 Hawthorne Dr.				Lake Worth	FL	33461
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:
()		(850) 225 7502	()	()		<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1 Roser Yeakley	
<p>on 3/25/17 at approximately 2256 hours I was in the Gate house when I observed Lt. Tallman Trying to admit a white Audi. upon observation the vehicle was operated by a w/f later identified as Roxana Lisa Cuman. Ms. Cuman was having problems telling Lt. Tallman where she wanted to go she had red blood shot eyes and spoke with a slur she was denied entry. at this time she was asked to pull around to the exit lane. when she was talking she trying to restart the car. (car was already running). at this time I asked Lt. Tallman to call Pbsa.</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 3/25/17 TIME: 2335
 SIGNATURE: [Signature] ID: 7209

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY

CANARY - STATE ATTORNEY COPY

PINK - OFFICER'S COPY

GOLD - WITNESS / VICTIM

SCANNED
MAY 26 2017

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	17-002124	ZONE:	4-21	SUSPECT:	Roxana Cumpen	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	5/25/17 2306
EVENT TYPE:	DUI	DEPUTY:	D/S	ID#:	7209		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	TALLMAN	FIRST NAME:	ROBERT	MIDDLE INITIAL:	M	RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 02/09/61	YOUR HEIGHT:	5'8	YOUR WEIGHT:	172	YOUR HAIR COLOR:	BROWN	YOUR EYE COLOR:	BLUE
YOUR HOME ADDRESS:	2301 S. CONGRESS AVE #1122	<input type="checkbox"/> CHECK IF HOMELESS	CITY:	BOYNTON BCH.	STATE:	FL	ZIP:	33426	
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:		STATE:		ZIP:		
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input checked="" type="checkbox"/> CHECK IF NONE		
	(561) 499 0668		(954) 500 2405	()					

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	ROBERT TALLMAN	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
OBSERVED A WHITE AUDI (LIC. TAG # KGN4347-PA TAG) DRIVE UP TO THE MAIN GATE AT ADDISON RESERVE (7160 ADDISON RESERVE BLVD. THE DRIVER, A WHITE FEMALE APPEARED TO BE IMPAIRED. SHE COULD NOT SEEM TO REMEMBER WHO SHE WAS VISITING OR WHERE SHE WAS GOING. CAPT. ROGER YEAKLEY AND MYSELF LT. ROBERT TALLMAN BOTH AGREED THAT THE YOUNG LADY WAS IMPAIRED AND THAT LAW ENFORCEMENT SHOULD BE NOTIFIED. THE TIME WAS APPROXIMATELY 2250 HRS. - ON 05/25/17 THE NAME OF THE FEMALE WAS ROXANA CUMPAN. (END OF STATEMENT.)		

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X

DEPUTY SHERIFF

☐ NOTARY PUBLIC

FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 5/25/17

TIME: 1233

SIGNATURE: [Signature]

ID: 7209

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

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