19-80099

ARREST / NOTICE TO APPEAR

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

3 JUVENILE

ADMINISTRATION

OBTS Number			
Agency ORI Number: 0500400	Agency Name: Delray Beach Police Department	Agency Report Number (N.T.A.'s only): 40 17-017203	
Charge Type: Check as many as apply. ☒ 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: 8
Location of Arrest (Including Name of Business): WARRANT REQUEST		Location of Offense (Business Name, Address): 2206 W ATLANTIC AVE 203, DELRAY BEACH, FL 33445	

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
		02/26/2019	12:53	/ / : :		

DEFENDANT

Name (Last, First, Middle): AGELOFF, ROY — 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	09/19/1959	5'09	180	BROWN	BROWN	LIGHT	

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): | Marital Status: | Religion: | Indication of: Alcohol Influence ☐ Yes ☒ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 299 NE 2ND ST, BOCA RATON, FL 33432 | Phone: | Residence Type: 1. City 3. Florida 2. County 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 299 NE 2ND ST, BOCA RATON, FL 33432 | Phone: | Address Source:

Business Address (Name, Street) (City) (State) (Zip): | Phone: | Occupation:

D/L Number, State	INS Number	Place of Birth (City, State)	Citizenship
A241722593390 / FL [redacted]			US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
AGELOFF, JARRYD KYLE	W	M	04/18/1989	☒ 1. Arrested ☒ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

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 ☒ 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. Disperses/ 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	Statute Violation Number	Violation of ORD #
AIDING, ABETTING, ADVISING OR PARTICIPATE IN PATIENT BROKER	817.505(1)(B)(A) 7-2	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		7	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
CRIMINAL ATTEMPT TO SOLICIT/CONSPIRE 3RD DEGREE FELONY	777.04(4D)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

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. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: — Released By: — Released To:

Transported By: — Date Transported: / / : : — Time Transported: — Other:

NOTICE TO APPEAR

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

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
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

No Photo Available

ADMIN

HOLD for Other Agency: — Signature of Arresting Officer: 1055 — Name Verification (Printed by Arrestee) (PRINT):

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): LUNSFORD, HOWARD C — I.D. #: 1055

Intake Deputy — I.D. # — Pouch #

Transporting Officer: WARRANT REQUEST — I.D. #: 1055 — Agency: DBPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☒ STATE ATTORNEY ☐ AGENCY ☒ CENTRAL RECORDS ☐ JAIL ☒ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 | 0 | 17-017203

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
AGELOFF, ROY		W	M	09/19/1959

CHARGES

Charge Description	Charge Description
817.505(1)(D) AIDING, ABETTING, ADVISING OR PARTICIPATE	777.04(4D) CRIMINAL ATTEMPT TO SOLICIT/CONSPIRE 3R
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

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.

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

On the 26 day of February, 2019 at 12:36 (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

The following occurred in Palm Beach County, Florida.

Pride Recovery Center LLC ("Pride") was a licensed substance abuse treatment provider located at 2206 W Atlantic Ave unit 203, Delray Beach FL, 33445. Defendant Jarryd K. Ageloff was listed as the registered agent and sole officer of Pride according to the corporate records filed with the State of Florida. Jarryd Ageloff was also listed as the owner, Chief Executive Officer, and Chief Financial Officer of Pride on the licensing documents filed with the Department of Children and Families ("DCF").

Limitless Solutions Florida, LLC was located at 605 S J Street #4, Lake Worth, FL and created by confidential witness #1 (CW1), a person known to the State Attorney. CW1 operated a number of recovery residences in Palm Beach County, collectively referred to as House of Hope. In May and June of 2016, Pride paid Limitless Solutions a total of $20,000 for patients referred from House of Hope to Pride`s treatment program.

CW1 provided sworn statements detailing his/her involvement with Pride. CW1 stated that sometime in early 2016, CW1 and his/her business partners met with the owners of Pride, Jarryd and his uncle, Roy, at Pride`s office in Delray Beach. CW1 stated Pride had recently begun operating and wanted patients from House of Hope to attend Intensive Outpatient ("IOP") at Pride`s program, and agreed to pay CW1 on a "sliding scale". CW1 explained that Pride paid them $2,000 for 1 to 5 IOP patients, and $4,000 for 6-10 IOP patients. The payments were contingent on the patients making three IOP sessions a week, and CW1 was paid weekly on Fridays. CW1 would often times collect the checks from Pride`s office from either Roy or Jarryd.

CW1 reviewed and identified the following seven checks as payments pursuant to the above agreement. The checks were all drawn from the Pride Recovery Center, LLC Operating Account, TD Bank account ending in [redacted], of which Jarryd Ageloff is the sole signer. All

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

02/26/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LUNSFORD, HOWARD C (1055)
NAME OF OFFICER (PLEASE PRINT)

02/26/2019
DATE

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

CBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4 | 0 | 17-017203

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
AGELOFF, ROY		W	M	09/19/1959

PROBABLE CAUSE STATEMENT

seven checks bear Jarryd Ageloff`s signature, and are made payable to Limitless Solutions.

1) Check #1017, dated 5/6/16, in the amount of $2,000.
2) Check #1019, dated 5/14/16, in the amount of $2,000.
3) Check #1027, dated 5/20/16, in the amount of $2,000.
4) Check #1029, dated 5/27/16, in the amount of $4,000.

CW1 recognized the endorsement signatures on the above checks as CW1`s. The remaining three checks were not endorsed by CW1, however CW1 said Limitless Solutions (House of Hope) was paid by Pride solely for patient referrals. The other checks were:

5) Check #1033, dated 6/1/16, in the amount of $2,000.
6) Check #1047, dated 6/10/16, in the amount of $4,000.
7) Check #1051, dated 6/17/16, in the amount of $4,000.

CW1 said his/her business partner was Pride`s point of contact. CW1 further stated that Roy appeared to really run the show as Jarryd did not seem as familiar with the numbers, Roy ran the meetings, and was the one to schedule meetings with CW1 or his/her business partner(s).

Confidential witness #2 (CW2), a person known to the State Attorney, has no criminal history which pertains to perjury or deception and was employed by Pride during the time which CW1 was paid for patient referrals. CW2 stated Pride engaged in patient brokering with a number of entities and individuals, falsified clinical notes used to bill insurance, purchased insurance policies for patients to attend treatment at their program, and tolerated drug use at their affiliated sober homes.

CW2 was familiar with the referral agreement between Pride and House of Hope. CW2 stated Pride paid for each patient from House of Hope that attended Pride`s IOP program. Prior to CW2`s employment, Roy and Jarryd had begun a relationship with House of Hope, which was operated by CW1 and one other individual. The relationship with House of Hope lasted from approximately April of 2016 until June or July of 2016. CW2 witnessed CW1 and his/her partner come Pride a number of times to have meetings with Roy and Jarryd to negotiate the terms of their contract. CW2 said there was a written contract however believes it has since been shredded. CW1 was the contact person for House of Hope, and would come to the Pride office once a week to collect a check for patient referrals. Roy would authorize the payments but have Jarryd or another employee prepare the checks.

CW2 stated the relationship with House of Hope ended after an incident in one of the group therapy sessions at Pride. One day in June or July of 2016 during IOP, a patient housed at House of Hope stood up and told them that the only reason the patients are there is so they didn`t have to pay rent at their sober home. CW2 informed Roy of the incident, who ordered CW2 to discharge everyone, and the relationship with House of Hope ended.

CW2 stated that although the 27-year old (in 2016) Jarryd Ageloff is the company

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

02/26/2019
DATE

1055
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LUNSFORD, HOWARD C (1055)
NAME OF OFFICER (PLEASE PRINT)

02/26/2019
DATE

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

ADMIN

GBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	3	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
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DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
AGELOFF, ROY		W	M	09/19/1959

PROBABLE CAUSE STATEMENT

president and owner on paper, Jarryd`s uncle, 57-year old (in 2016) Roy Ageloff, runs the company. CW2 stated that Roy`s criminal history precluded him from owning a treatment center. Roy`s criminal history included charges of conspiracy to defraud the United States, fraud, and racketeering. CW2, which held a senior position at Pride, reported directly to Roy, was interviewed and hired by Roy, and all decisions concerning the business and its operations were run through Roy.

Based on the above testimony and evidence, probable cause exists to charge Jarryd Ageloff and Roy Ageloff with seven counts of patient brokering pursuant to FSS 817.505(1)(A), and one count of conspiracy to commit patient brokering pursuant to FSS 777.04(1).

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