

ARREST / NOTICE TO APPEAR

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

3

JUVENILE

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 17-006701	
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 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
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address) 2230 W ATLANTIC AVE, DELRAY BEACH, FL 33445	
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) GILLIS, SCOTT ROBERT						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex W	Date of Birth 01/11/1990	Height 5'10	Weight 170	Eye Color GREEN	Hair Color BLOND OR	Complexion LIGHT	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 3021 FLORIDA BLVD, DELRAY BEACH, FL 33483				(City)	(State)	(Zip)	Phone (561) 908-1657	Residence Type: 1. City 3. Florida 2. County 4. Out of State	
Permanent Address (Street, Apt. Number) 3021 FLORIDA BLVD, DELRAY BEACH, FL 33483				(City)	(State)	(Zip)	Phone (561) 908-1657	Address Source	
Business Address (Name, Street) GALLUP HOUSE, 331 SW 11TH AVE				(City)	(State)	(Zip)	Phone	Occupation Owner	
DL Number, State G420796900110 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MAYS LANDING, NJ		Citizenship US	

Co-Defendant Name (Last, First, Middle) FINNEGAN, BRONWYN KATE				Race W	Sex F	Date of Birth 12/11/1989	<input type="checkbox"/> 1. Arrested	<input checked="" type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent	<input type="checkbox"/> Other:	Name (Last, First, Middle)				Residence Phone		
<input type="checkbox"/> Legal Custodian	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.

Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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
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Charge Description AIDING, ABETTING, ADVISING OR PARTICIPATE IN PATIENT BROKER						Statute Violation Number 817.505(1)(D)	Violation of ORD #
Drug Activity	Drug Type N	Amount / Unit /	Offense # 17-006701	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond

Charge Description						Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Charge Description						Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond

Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						Released By		

Transported By		Date Transported	Time Transported	Other
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<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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 _____) Date Signed _____

HOLD for Other Agency		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest	(PRINT)	
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other		
Intake Deputy	I.D. #	Pouch #	Transporing Officer
			I.D. # Agency

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

PROBABLE CAUSE AFFIDAVIT

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

3 JUVENILE

OBTS Number	Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 17-006701
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
		<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) GILLIS, SCOTT ROBERT	Alias	Race W	Sex M	Date of Birth 01/11/1990
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Charge Description PATIENT BROKERING	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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 . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 18 day of October, 2016 at 08:59 (Specifically include facts constituting cause for arrest.)

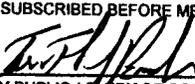
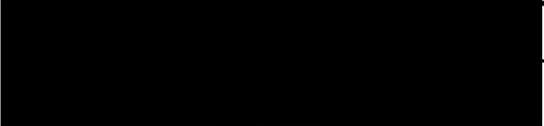
The following investigation was conducted in Palm Beach County, Florida regarding an ongoing patient brokering scheme between the owner of a sober home and The Good Future, INC. (D.B.A. Chapters Recovery) (hereinafter referred to as Chapters) substance abuse treatment facility owned by Daniel Kandler.

In October of 2016, DBPD CI # V16-0033, an employee of Chapters, reported witnessing "patient brokering, case management contracts, and meetings discussing such," advised that Chapters had people that they called "case managers," but these people were just being paid for patient referrals. He/she said Chapters management told him/her that they were paying \$500 per insured IOP patient per week and \$1,000 per insured PHP patient per week. They reported paying nothing for un-insured/scholarship patients.

A prior employee (D.C.) provided a sworn statement on December 1, 2016 that she was hired as an actual case manager. She reported her responsibilities as follows: completing court letters, working with families of the patients, completing discharge plans, doing patient intakes, and pre-certifications. She identified subjects from the "case manager list" as marketers, not actual case managers like herself.

On October 31, 2016, your affiant sought and received court approval to conduct an undercover operation and investigation at The Good Future, Inc. pursuant to 42 U.S.C. section 2.

After interviewing multiple Chapter's case managers the consensus was that, Chapters would hold regular "case manager" (sober home owner) meetings at their facility, usually on Tuesdays or Thursdays at 1pm or 1:30pm. The employees from Chapters that would attend the meeting were; Daniel Kandler, "Sarah" (described as Muslim female,) "Wendy," and Eva Dudek. There were approximately 10-14 sober home owners in these meetings. The meetings were to discuss how everything was going and if there were any issues. Chapters reportedly gave out Narcan at these meetings also.

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>5/2/17</u> DATE	 NAME OF OFFICER (PLEASE PRINT) <u>04/28/2017</u> DATE	PAGE 1 OF 4
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PROBABLE CAUSE AFFIDAVIT
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JUVENILE

OBTs Number

Agency ORI Number

Agency Name

Agency Report Number

FL 0500400

DELRAY BEACH POLICE DEPARTMENT

4 0 17-006701

Charge Type:
Check as many
as apply.

1. Felony

3. Misdemeanor

5. Ordinance

2. Traffic Felony

4. Traffic Misdemeanor

6. Other

Special Notes:

Name (Last, First, Middle)

Alias

Race

Sex

Date of Birth

GILLIS, SCOTT ROBERT

W

M

01/11/1990

Based on my extensive experience in these types of investigations it is clear that case management agreements were developed by treatment facilities in an attempt to circumvent Florida's patient brokering statute which states "it is unlawful for any person to offer or pay any commission, bonus, rebate, kickback, or bribe, or engage in any split-fee arrangement to induce the referral of patients or patronage to or from a health care provider" §817.505, Fla. Stat. (2016).

A health care provider includes "any substance abuse service provider licensed under Chapter 397. Chapters is licensed facility under 397.

On December 6, 2016 the Sober Homes Task Force executed a search warrant at Chapters, DBPD case # 16-18184. During the search officers located copies of 5 checks that had been remitted by "The Good Future Inc" to "Total Serenity Florida, LLC." The checks were drawn on The Good Future, Inc., Bank of America account, number [REDACTED] and were remitted by Shelley Herman. Officers also located "Case Manager" lists with dollar amounts on them corresponding with those 5 checks. In response to a subpoena Bank of America provided those checks and 3 additional checks (same as described). The checks were negotiated by Scott Gillis and totaled \$9,000.00. The following is a list of the check numbers and amounts:

Check # [REDACTED], dated 10/18/16 in the amount of \$500.00. A "payment record" of this check was located inside of Chapters during the search warrant, and a "Case Managers 10/10-10/14" log showing "Total Serenity Florida llc \$500.00."

Check # [REDACTED], dated 10/04/16 in the amount of \$1,000.00, A "payment record" of this check was located inside of Chapters during the search warrant, and a "wk of 9/26 checks 10/4, Case Managers" log showing "Total Serenity Florida llc \$1,000.00," with a hand written check next to it and a paid stamp at the bottom.

Check # [REDACTED], dated 09/27/16 in the amount of \$1,000.00. A "payment record" of this check was located inside of Chapters during the search warrant, and a "Case Managers 9/27/2016" log showing "Total Serenity Florida llc \$1,000.00," with a hand written check prior to and after the sober home name and amount.

Check # [REDACTED], dated 09/27/16 in the amount of \$2,000.00. A "payment record" of this check was located inside of Chapters during the search warrant, and a "Case Managers 09/27" log showing "Total Serenity florida llc \$2,000.00," with a hand written check next to it.

Check # [REDACTED], dated 09/20/16 in the amount of \$1,500.00. A "payment record" of this check was located inside of Chapters during the search warrant, and a "9/19/2016 Case Managers" log showing "Total Serenity Florida llc \$1,500.00," with a hand written check

SWORN AND SUBSCRIBED BEFORE ME

[Signature]

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

5/2/17

DATE

[REDACTED]

NAME OF OFFICER (PLEASE PRINT)

04/28/2017

DATE

PAGE

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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE AFFIDAVIT
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	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) GILLIS, SCOTT ROBERT		Race W	Sex M

<input checked="" type="checkbox"/> 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	
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prior to and after the dollar amount.

Check # [REDACTED] dated 09/13/16 in the amount of \$1,000.00

Check # [REDACTED] dated 09/06/16 in the amount of \$1,000.00

Check # [REDACTED] dated 08/30/16 in the amount of \$1,000.00

The Hadeer Moustifa the HR director reported that Chapters worked with sober home owners. She said she was in charge of employee payroll, but these were not actual employees, they only did patient referrals and therefore she did not handle their pay. She said, they were paid per patient referral depending on the patient's level of care. She did not know how much they were paid for OP patients, but said they were paid "\$500 a head" for Intensive Outpatient treatment and \$1,000 per patient for Partial Hospitalization Program patient referrals, per week. They would begin getting paid after 2 weeks of the patient beginning to attend treatment. There was a time when she was responsible for "that census," and that the patients had to attend all of their treatment sessions in order for the sober home owner to be paid. She said she did not know who handed out the checks to the sober home owners. She reported handing out payroll checks and reiterated that the payments to the sober home owners were not paid via payroll.

On April 5, 2017 I met with a resident of Gillis' sober home. He/she provided a sworn statement that Gillis has multiple sober homes that he owns with his girlfriend Bronwyn Finnegan and they call the homes Gallop House. In November 2016 he/she called Gillis on the recommendation of a friend he came and picked him/her up and took him/her to one of the homes. Then Finnegan told him/her that he/she would get free rent, and a gym membership, and that she had to attend Proactive IOP 3 days per week. In February 2017 Finnegan held a house meeting and told all the residents in the home that they (Gillis and herself) were no longer working with Proactive, they were now working with Atlantic Recovery (Chapters) and they (patients/residents) now had to attend IOP there. On his/her 1st scheduled day Gillis called him/her and told him/her to lie about their clean time (length of sobriety) when he/she did his/her intake. As treatment progressed he/she felt that he/she no longer needed to attend and asked Finnegan and Gillis if he/she could pay rent and stop attending. They told him/her no, IOP attendance was required to live in the home.

On April 5, 2017 he/she did not want to provide a sworn statement to be used by law enforcement because he/she did not want his/her identity revealed for fear of being kicked out. April 21, 2017 he/she swore to the facts previously provided and reiterated his/her experience.

On April 21, 2017 I obtained a sworn statement from another prior patient of Gallop

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		NAME OF OFFICER (PLEASE PRINT) [REDACTED]
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		
	DATE 5/2/17		

DATE
04/28/2017

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	Alias									

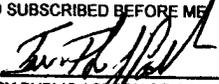
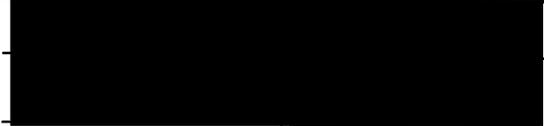
House (Total Serenity Florida.) He/she advised that he/she lived in Scott Gillis' sober home 3-4 months ago and then again 1 month ago. Both times Gillis picked him/her up and had a conversation with him/her in person to discuss the conditions of their agreement. Gillis promised him/her \$200 per week, steroids or groceries every Friday in exchange for attending IOP 5 days per week. Gillis also provided him/her a gym membership. The first time he/she lived in the home Gillis told him/her he/she had to attend Proactive IOP, the second time Gillis told him/her that Atlantic Recovery (Chapters) rents the houses from him and he/she was now required to attend Atlantic. He/she said that Gillis paid him/her \$200 cash every Friday.

He/she provided text messages where he/she asked which IOP Gillis was using and where he/she would live. Gillis said "I use Atlantic treatment center now and I'm moving to be part owner. You can be at either house you want." Later in the conversation he/she sent Gillis a picture of the front and back of his/her insurance card, correct spelling of his/her name and his/her DOB.

In total, The Good Future, Inc., under the direction of Kandler, remitted 8 checks totaling \$9,000.00 to Total Serenity Florida, LLC for the benefit of Scott Gillis and Bronwyn Finnegan.

Based on the aforementioned facts probable cause exists to issue a warrant for the arrest of Scott Gillis and Bronwyn Finnegan for 1 counts of Aiding, Abetting, Advising, or Participating in Patient Brokering for patient brokering with Chapters between October of 2016 and April of 2017 pursuant to F.S.S. 817.505(1)(d), Fla. Stat.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		NAME OF OFFICER (PLEASE PRINT)	
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 5/2/17 DATE		 04/28/2017 DATE	