

ARREST / NOTICE TO APPEAR

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

3

JUVENILE

A D M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 17-006894		
	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		If Weapon Seized Enter Type None/not Applicable		
D E F E N D A N T	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) 1499 W PALMETTO PARK RD, BOCA RATON, FL 33486				
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
C O D E F	Name (Last, First, Middle) O'HARA, SEAN PATRICK				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: W M 03/15/1995 5'09 170 BLUE BLOND OR				
	Race W - White B - Black	Sex W M	Date of Birth 03/15/1995	Height 5'09	Weight 170	Eye Color BLUE	Hair Color BLOND OR	Complexion	Build
J U V E N I L E	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"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 902 DENERY LN, DELRAY BEACH, FL 33483		(City)	(State)	(Zip)	Phone (561) 573-3070		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1	
C H A R G E	Permanent Address (Street, Apt. Number) 902 DENERY LN, DELRAY BEACH, FL 33483		(City)	(State)	(Zip)	Phone (561) 573-3070		Address Source	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
C O D E F	D/L Number, State 0600795950950 / FL		Number	Place of Birth (City, State) BOYNTON BEACH,		Citizenship US			
	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		
J U V E N I L E	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		
	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Business Phone		
C H A R G E	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Notified by: (Name)		Date	Time
	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Relationship		Date	Time
C H A R G E	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 355-2526) informed of any change of address.		School Attended		Grade		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
	<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
C H A R G E	Drug Activity N. N/A P. Posses	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.
	Charge Description AIDING, ABETTING, ADVISING OR PARTICIPATE IN PATIENT BROKER						Statute Violation Number 817.505(1)(D)	Violation of ORD #	
C H A R G E	Drug Activity	Drug Type N	Amount / Unit	Offense # 17-006894	Counts 5	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		
	Charge Description						Statute Violation Number	Violation of ORD #	
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		
	Charge Description						Statute Violation Number	Violation of ORD #	
I N T A K E	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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By		Released By		Released To
N O T I C E T O A P P E A R	Transported By				Date Transported	Time Transported	Other		
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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			
A D M I N	HOLD for Other Agency		Signature of Arresting Officer A. Lucas		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) LUCAS, NICOLE		I.D. # 0948		(PRINT)		
Intake Deputy I.D. #		Pouch #	Transporting Officer I.D. #		Agency		PAGE 1 OF 1		
Witness here if subject signed with an "X".									

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

PROBABLE CAUSE AFFIDAVIT

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	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		Special Notes:		
D E F	Name (Last, First, Middle) O`HARA, SEAN PATRICK						Race W	Sex M	Date of Birth 03/15/1995
	Charge Description PATIENT BROKERING		Charge Description						Charge Description
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
<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 committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1</u> day of <u>December</u>, <u>2016</u> at <u>12:19</u> (Specifically include facts constituting cause for arrest.)</p>									
<p>The following investigation was conducted in Palm Beach County, Florida regarding an ongoing patient brokering scheme between James Tomasso the owner of Global Recovery Resources, LLC (hereinafter referred to as Global) and the sober home Life Rewritten, LLC (hereinafter referred to as Life) owned by Sean O`Hara.</p>									
P R O B A B L E	<p>O`Hara the title manager of the sober home Life, entered into a "Marketing Employment Agreement" (located during a search warrant at Global, details below) with Tomasso the director of Global. The agreement was in writing and made between O`Hara and Tomasso. O`Hara`s name was handwritten on line 4 as the "individual (the EMPLOYEE)" and he initialed each page of the agreement/contract. Both Tomasso and O`Hara signed the final page (page 8.) The contract was dated December 1, 2016. It was done under the guise of marketing, but was actually for the referral of patients from O`Hara`s sober home to Elizabeth Bowman`s substance abuse treatment facilities, Acceptance Recovery Center (hereinafter referred to as Acceptance), LLC, Pathways 2 Recovery Gold Coast, LLC (hereinafter referred to Pathways) and/or Inspirations Recovery, LLC (hereinafter referred to as Inspirations.) James was living as husband and wife with Bowman, and paying sober home owners for the referral of patients from their homes to her facilities.</p>								
	<p>From my training, knowledge and experience contracts such as marketing employment agreements were developed by 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. Acceptance, Pathways and Inspirations are licensed facilities under 397.</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		<p><i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>LUCAS, NICOLE (0948) NAME OF OFFICER (PLEASE PRINT)</p>						
	<p><i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>05/02/2017 DATE</p>		<p>05/02/2017 DATE</p>						

PROBABLE CAUSE AFFIDAVIT
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	FL 0500400		DELRAY BEACH POLICE DEPARTMENT		4 0 17-006894	
Charge Type: Check as many as apply.					Special Notes:	
<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						

D E F	Name (Last, First, Middle)			Alias	Race	Sex	Date of Birth
	O'HARA, SEAN PATRICK				W	M	03/15/1995

On February 3, 2017 the Honorable Judge Lisa Small signed search warrants (DBPD Case # 16-18530 for Global, Acceptance, Pathways, Inspirations and Tomasso and Bowman's residence.

The warrants were all executed on February 8, 2017. During the search warrant at Global the following items were located in Jame's Office (1499 W. Palmetto Park Rd.):

- A handwritten paper that read "Please complete a W-4 and leave upside down in Folder! Sign-N-Print your name." #7 on the list was Sean O'Hara's name, signature and "Life Rewritten."
- A handwritten list of the sober home owners with their name, address, and SSN. O'Hara was listed as living at 902 Denery Ln, Delray Beach FL 33483, SSN [REDACTED], and his phone number 561-573-3070.
- An ADP small business services employee info form. The form was not completed but had "Sean O Life Rewritten" handwritten on top, and "WK 2: 1950 WK 3: 1500, [line] 3450= 89,700" on the bottom.
- A handwritten list of sober home owners and their phone numbers, number 4 on the list was "Sean O'Hara 561-573-3070."

At Jame's residence (23366 Boca Chica Cir) James identified his cell phone as a black Iphone. Inside the phone I located multiple text messages between O'Hara and Tomasso. O'Hara sent pictures of driver's licenses, and insurance cards which is commonly done to identify insured patients for patient brokering.

James provided a statement post Miranda, in his home after he was arrested. He said that he paid sober home owners for the referral of patients to Acceptance, Pathways and Inspirations. He said any payments made to a sober home owner were solely patient referral fees. He also said that he was advised by an attorney to make his marketers sign a bonafide employment agreement, put them on salary and pay them 26 equal payments for their services.

March 29, 2017 provided a sworn statement reiterating the same things he said in his first statement.

Per the Florida Division of Corporations Sean O'Hara is the title manager of Life Rewritten, LLC. and James Tomasso is the owner of Global Recovery Resources, LLC.

On April 4, 2016 I received bank documents and a business records certification from SunTrust Bank in response to a subpoena I had previously submitted to them for James Michael Tomasso's accounts.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<i>[Signature]</i>		<i>[Signature]</i>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		LUCAS, NICOLE (0948)	
	05/02/2017		NAME OF OFFICER (PLEASE PRINT)	
DATE		05/02/2017		
		DATE		
		PAGE		
		2 OF 3		

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	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) O`HARA, SEAN PATRICK		Race W	Sex M

There were 3 checks drawn on Global Recovery Resources LLC, SunTrust Bank account, number [REDACTED] remitted by James Tomasso to Life Rewritten.

There was 1 check drawn on Global Connect of Florida, LLC, SunTrust Bank account number [REDACTED] remitted by James Tomasso to Sean O`Hara.

There was 1 check drawn on James M Tomasso, SunTrust Bank account number [REDACTED] remitted by James Tomasso to Life Rewritten.

The most recent check (post attorney advising James to make the sober home owners employees) was written to Sean O`Hara.

All 5 checks were all negotiated by O`Hara and totaled \$7,900.00. The following is a list of the check numbers and amounts:

Check # 1031, dated 01/16/17 in the amount of \$1,500.00

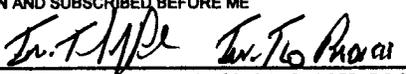
Check # 1103 dated 01/03/17 in the amount of \$1,500.00

Check # 1053, dated 12/27/16 in the amount of \$1,500.00

Check # 1018, dated 12/15/16 in the amount of \$1,700.00

Check # 530, dated 12/13/16 in the amount of \$1,700.00

Based on the aforementioned facts probable cause exists to issue a warrant for the arrest of Sean O`Hara for 5 counts of Aiding, Abetting, Advising, or Participating in Patient Brokering. For the receipt of 5 payments of patient referral fees, totaling \$7,900 from (Global) as documented above pursuant to F.S.S. 817.505(1) (d), Fla. Stat.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		 LUCAS, NICOLE (0948)	
	05/02/2017 DATE		05/02/2017 DATE	
			PAGE 3 OF 3	