

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	Juvenile	N
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-16-064244					
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		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)					Location of Offense (Business Name, Address) 3200 S Congress Ave #102, Boynton Beach, FL					
Date of Arrest / /		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) LAFRANCE, AMANDA										
Alias (Name, DOB, Soc. Sec. #, Etc)										
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex F	Date of Birth 09/11/1991	Height 5'0"	Weight 120	Eye Color	Hair Color Blnd	Complexion Fair	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status Unk		Religion Unk	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number) 1100 SW 4th Ave Delray Beach, FL 33444			(City)	(State)	(Zip)	Phone (732)589-9262		Residence Type 1. City 3. Florida 2. County 4. Out of State		1
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone () -		Address Source		
Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone () -		Occupation		
D/L Number, State L165-014-91-831-0				INS Number		Place of Birth NJ		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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 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: <input type="checkbox"/> Yes. By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade		
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	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 Barbituate C Cocaine E Heroin	H Hallucinogen M Marijuana O Opium/Deriv	P Paraphernalia/ Equipment S Synthetic	U Unknown Z Other
Charge Description PATIENT BROKERING				Counts 13	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number 817.505(1)(a)		Violation of ORD#		
Drug Activity Unk	Drug Type Unk	Amount/Unit	Offense # 16-064244	Warrant/Capias Number		Bond				
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#		
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
<input 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 instruction on reverse side.			Location (Court, Room Number, Address) 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 Name:			Signature of Arresting Officer			Name Verification (Printed by Arrestee) (PRINT)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	BU#			Page 1 OF 1					
Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency	Witness here is subject Signed with an "X".				

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	3	Juvenile	N
2 NTA				4 Request for Capias				
Agency ORI Number FL0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-16-064244				
Charge Type Check all that Apply		Special Notes						
<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) LAFRANCE, AMANDA				Alias	Race W	Sex F	Date of Birth 09/11/1991	
Charge Description PATIENT BROKERING		Charge Description						
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) State of FL				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		
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..								
<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 1st		Day Of July		20 16		At		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Palm Beach County Sober Homes Task Force (SHTF) investigators were conducting investigations involving the Whole Life Recovery LLC (Whole Life) located at 3200 S. Congress Ave Suite 102 Boynton Beach, Palm Beach County, FL under SHTF case #SH16000021. Whole Life was licensed (License #50474741366901) by the Florida Department of Children and Families (DCF) to provide substance abuse treatment services (Outpatient and Intensive Outpatient). During the investigation, information and evidence was gathered showing that Whole Life was involved in Patient Brokering, in violation of F.S.S. 817.505.

SHTF investigators throughout several months have learned while conducting numerous interviews with members of the sober home industry that it is common practice for IOP owners and managers to pay sober home owners and managers a weekly fee to refer clients that have valid health insurance. Furthermore, information has been learned that "case management agreements" for treatment between recovery residences (sober homes) and treatment facilities (IOP's) are being used to circumvent Florida's patient brokering statute which states "it is unlawful for any person to offer or pay any commissions, 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". It was alleged Whole Life employees were involved in this same practice of paying sober home owners/managers in exchange for a client to receive treatment from Whole Life Recovery.

On August 19, 2016, SHTF investigators sought and received court approval to conduct a criminal investigation and an undercover operation at Whole Life pursuant to 42 U.S.C. section 2.

On August 26, 2016 a subpoena was issued through the 15th Judicial Court for Palm Beach County for BB&T Bank Custody of Records involving Whole Life's bank accounts. The bank records received through this subpoena showed the following documented checks under bank account number [REDACTED]. It revealed cashed Whole Life checks made payable to Saved by Grace, LLC. Inspection of some of the cashed checks made out to Saved by Grace showed 'CM' in the note section of the check, presumably referring to Case Management. Fourteen cashed checks were discovered and are outlined with the following information:

Date on Check	Check Number	Amount	Note Information	Depositor
4/25/2016	1200	\$350.00		Amanda LaFrance
5/02/2016	1222	\$525.00	"Marcus 4/25-5/1"	Mr. Deon Hill

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

[REDACTED]

11/18/2016
Date

[REDACTED]

(Print name of Arresting/Investigative Officer)

11/18/2016
Date



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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA	3 Request for Warrant 4 Request for Capias	3	Juvenile	N
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<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				
Name (Last, First, Middle) LAFRANCE, AMANDA				Alias	Race W	Sex F	Date of Birth 09/11/1991	
Charge Description PATIENT BROKERING				Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) State of FL				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
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...								
<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 1st Day Of July 20 16 At <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.								

Date on Check	Check Number	Amount	Note Information	Depositor
5/09/2016	1246	\$525.00	"5/2-5/8"	Amanda LaFrance
5/16/2016	1263	\$525.00	"5/9-5/15"	Amanda LaFrance
5/23/2016	1294	\$525.00	"Marcus 5/16-5/22"	Amanda LaFrance
5/31/2016	1306	\$875.00	"5/23-5/29"	Amanda LaFrance
6/06/2016	1330	\$875.00		Amanda LaFrance
6/13/2016	1346	\$875.00	"6/6-6/12"	Amanda LaFrance
6/20/2016	1359	\$700.00	"6/13-6/19"	Amanda LaFrance
6/27/2016	1377	\$350.00	"CM 6/20-6/26"	Amanda LaFrance
7/05/2016	1396	\$350.00	"CM 6/27-7/3"	Amanda LaFrance
7/13/2016	1415	\$350.00	"7/4-7/10"	Amanda LaFrance
7/19/2016	1434	\$200.00	"CM 7/11-7/17"	Amanda LaFrance
7/26/2016	1456	\$250.00	"CM 7/18-7/24"	Amanda LaFrance
		Total \$	7,275.00	

On September 22nd, 2016 a sworn statement was obtained from a prior employee of Whole Life where they discussed in detail the 'Case Management services' steps taken in an attempt to circumvent the Patient Brokering Florida state statute (FSS 817.505) by developing an agreement between Whole Life and the sober home owners. Whole Life would pay these owners for responsibilities reportedly covered under the 'Case Management agreement' that included helping patients/clients obtain bus passes, food stamps, finding doctors for other ailments. The 'Case Manager' i.e. sober home owner would be the liaison between the sober homes and Whole Life. This prior employee gave specific details outlining how sober home owners were being paid with checks if the patients that had been referred by the sober home owners attended all of their treatment sessions for the prior week. To their knowledge; no agent, employee, or owner of Whole Life ever inspected or visited any of the sober homes they contracted to provide case management services for their patients.

On October 25th, 2016, the SHTF obtained and executed a lawful search warrant for Whole Life at their place of business 3200 South Congress Avenue, Boynton Beach, FL. The warrant included the seizure of banking records, Case Management Consulting Agreements, Case Management Weekly attendance forms, and Whole Life Recovery Weekly Individual Case Management Reports.


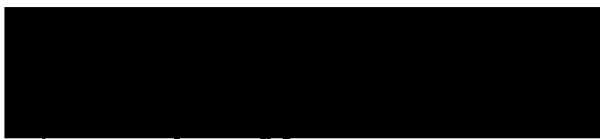
The foregoing instrument was sworn to or affirmed and subscribed before me			
			
<u>11/18/2016</u> Date		<u>11/18/2016</u> Date	
		(Print name of Arresting/Investigative Officer)	
		Page 2 OF 4	

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Name (Last, First, Middle) LAFRANCE, AMANDA					Alias	Race W	Sex F	Date of Birth 09/11/1991	
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The following documents were recovered during the search of Whole Life related to Case Management and involving 'Saved by Grace, LLC'.

- Whole Life Recovery Case Management Consulting Agreement
 - Dated April 11, 2016 between Whole Life Recovery LLC (Company) 3200 S. Congress Ave Suite 102 Boynton Beach, FL and Saved by Grace, LLC (Contractor) with the address of 4834 NW 6th Court, Delray Beach, FL 33445. It outlines 27 clauses in the four page agreement.
 - Article 3 of the agreement states "Company (Whole Life) agrees to pay Contractor (Saved by Grace) the sum of \$525.00 for providing such services, which both parties agree is fair market value to the services provided."
 - The final page shows the printed names and signatures of 'Company' and 'Contractor'. James Kigar is listed under the company section as CEO with signature attached, while Deon Hill and Amanda LaFrance are listed as owners under the 'Contractor' section also with signatures attached.
- Whole Life Recovery RA/Case Management Weekly Attendance forms for treatment and Whole Life Recovery Weekly Individual Case Management reports. The dated Attendance forms for treatment and Case Management reports were correlated with the recovered checks discovered in the subpoena for BB&T Bank as outlined above. The dates, amounts and notes on the individual forms matched the information on the cashed checks.


On November 1st, 2016 information was discovered through the Florida Department of State Division of Corporations showing Saved By Grace Recovery, LLC with the following filing information. The document number is listed under L15000024292 and being filed on 2/09/2015 in the state of Florida and showed active as of that date. It also showed the principal address and mailing address as 120 SW 13th Avenue, Boynton Beach, FL 33435 with the officers listed as Deon A. Hill (Pres.) 120 SW 13th Ave, Boynton Beach, FL 33435 and Amanda LaFrance (Mgr.) 4694 NW 6 Court, Delray Beach, FL 33445. Further investigation through police reports and other databases revealed Amanda LaFrance with a date of birth of 09/11/1991 and Deon Hill with a date of birth of 02/26/1966. It was further discovered that LaFrance and Hill are reportedly in a relationship and have children in common. LaFrance last documented address is 162 SE 31st Avenue, Boynton Beach, FL. Hill is currently incarcerated at the Palm Beach County jail on charges of Armed Robbery as documented under Palm Beach County Sheriff's Office case number 16-1118677.

The foregoing instrument was sworn to or affirmed and subscribed before me			
		(Print name of Arresting/Investigative Officer)	
11/18/2016 Date		11/18/2016 Date	
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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	Juvenile	
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Name (Last, First, Middle) LAFRANCE, AMANDA				Alias	Race W	Sex F	Date of Birth 09/11/1991
Charge Description		Charge Description					
Charge Description		Charge Description					
Victim's Name (Last, First, Middle)				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	
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..							
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On The	Day Of	20	At	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.		

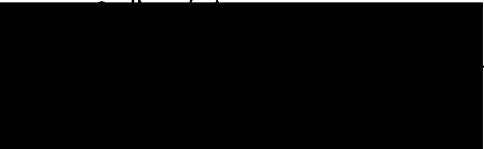
Based on the above facts there is probable cause to charge Amanda LaFrance with 13 counts of PATIENT BROKERING. A criminal count was assessed for each check that was received for 'case management' process. AMANDA LAFRANCE did unlawfully engage in the activity of offer or pay a commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engage in any split-fee arrangement, in any form whatsoever, to induce the referral of patients or patronage from a health care provider or health care facility, contrary to Florida Statute 817.505(1)(a) and (4). (3 DEG FEL)

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



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

11/18/2016
Date



(Print name of Arresting/Investigative Officer)

11/18/2016
Date

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