

**ARREST TO APPEAR
Juvenile Referral Report**

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

1
Juvenile

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 18-025217	
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input 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 01	
Location of Arrest (Including Name of Business) JUPITER MEDICAL CENTER - 1210 Old Dixie Hwy, Jupiter, FL							
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
01/11/2018	1930						

DEFENDANT	Name (Last, First, Middle) HOMAN, JEANETTE AGNES							Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 10/06/1974	Height 5'5"	Weight 130	Eye Color HAZEL	Hair Color MULTI	Complexion LIGHT	Build SMALL			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							Marital Status MARRIED	Religion UNK	Indication of: Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) (City) (State) (Zip) 1979 REDBANK ROAD, NORTH PALM BEACH, FL 33408							Phone (561) 293-0118		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)							Phone		Address Source			
Business Address (Name, Street) (City) (State) (Zip)							Phone		Occupation			
D/L Number, State H550-421-74-866-0, FL							Soc. Sec. Number		INS Number		Place of Birth (City, State) FLORIDA	Citizenship US

CO-DEF	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
JUVENILE	Parent Legal Custodian Other: Name (Last) (First) (Middle)			Residence Phone					
	Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone					
	Notified by: (Name)			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 defendant and / or 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.
 Yes, by: (Name) No: (Reason)

Property Crime? Yes 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
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CHARGE	Charge Description NEGLECT OF A CHILD CAUSING GREAT BODILY HARM			Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 827.03(2)(b)	Violation of ORD #
	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 18-025217	Warrant / Capias Number		Bond
CHARGE	Charge Description NEGLECT OF A CHILD CAUSING GREAT BODILY HARM			Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 827.03(2)(b)	Violation of ORD #
	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 18-025217	Warrant / Capias Number		Bond
CHARGE	Charge Description PERJURY (not in official proceeding)			Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 837.012	Violation of ORD #
	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 18-025217	Warrant / Capias Number		Bond
CHARGE	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)

Court Date and Time
Month _____ Day _____ Year _____ Time _____ AM _____ PM

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

01/11/2018

Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed
Signature of Arresting Officer		Name Verification (Printed by arrestee)
<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Name of Arresting Officer (Print) DET W. VAUGHAN	I.D. # 18335	WITNESS HERE IF SUBJECT IS A JUVENILE (CHIMINAL DIV.)
Transporting Officer	Agency PBSO	

FILED
JAN 12 2018
CIRCUIT & COUNTY COURTS
(CHIMINAL DIV.)

0165533

113

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1	Juvenile
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 - 18-025217	
Charge Type: <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				Special Notes:	
Defendant's Name (Last, First, Middle) HOMAN, JEANETTE AGNES			Race W	Sex F	Date of Birth 10/6/1974
Charge Description NEGLECT OF A CHILD CAUSING GREAT BODILY HARM			Charge Description PERJURY (not in official proceeding)		
Charge Description			Charge Description		
[REDACTED]			Race W	Sex F	Date of Birth 06/07/2016
[REDACTED]			Phone		Address Source
Victim's 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 to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.			
On the 11 day of JANUARY, 2002018 at 8:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).					

NARRATIVE:

On January 11, 2018, I responded to the Jupiter Medical Center 1210 Old Dixie Hwy, Jupiter, FL in reference to a drug overdose of a 19 month old female.

I was informed that 19 month old baby, [REDACTED] 06/07/2016, ingested a Buprenorphine (generic brand of Subutex a Schedule III Narcotic- Opioid). This occurred at [REDACTED]. The baby was transported to Jupiter Medical Center and treated for opioid overdose with several doses of Narcan (Naloxone). The baby was later transported to Saint Mary's Hospital and admitted to the Neonatal Intensive Care Unit (NICU).

I was informed by hospital staff that this was the second incident that [REDACTED] was being treated for an overdose. On October 16, 2017 she was treated for an "accidental clonazepam poisoning" (Schedule IV Narcotic – Benzodiazepine). [REDACTED] Jeannette Homan, informed hospital staff that the baby ingested two (2) – one (1) milligram Clonazepam pills at 8:00 am to 8:30 AM on (10/16/17). The baby became unable to walk and kept falling down. The baby wasn't transported to Jupiter Medical Center until approximately 11:00 AM that morning. Homan informed the hospital staff that she thinks she dropped the pills on the floor in the middle of the night when she was taking the prescribed medication. The baby was treated at JMC and released [REDACTED].

On today's date Jeannette Homan, originally informed PBSO Deputies that [REDACTED] arrived at the residence and took [REDACTED] vehicle. She ran

NARRATIVE CONTINUATION

out of the house, opened the passenger door, grabbed her purse out of the car and opened the glove box to retrieve her bottle of Buprenorphine. At this point [REDACTED] grabbed the bottle, opened it and took half the pills. He threw the pills at her which spilled all over the driveway. Jeannette informed the Deputy while she was picking up the pills off the driveway [REDACTED] must have picked up one of the pills and ate it. Shortly after she noticed [REDACTED] showing signs of overdose and called 911.

I conducted a sworn audio recorded interview with Homan in a bereavement room at the emergency room. I informed Homan she was free to leave at any time and this statement was voluntary. Florida Department of Children and Families (DCF) Investigator was present. Homan at first told me the same account of events as she originally told the arriving Deputies. In addition she specifically informed me that she filled her prescription of Benxodiazepine on 01/10/1018 and received forty five (45) count. She took one last night and stored the pills in her car to prevent [REDACTED] from getting into them. She took one pill last night (1/10/18) at 8:00 PM. At this point multiple inconsistencies began to surface in her account of events. At one point she advised that she counted the pills at approximately 8:00 AM and realized she only had twenty (26) pills. She then changed this account of pills to after the incident with [REDACTED] at 11:30 AM.

Homan then admitted that [REDACTED] did not throw the pills causing them to spill all over the driveway that he simply threw the bottle at her. She was very upset and went into the house where she counted the pills (26 of them). She took one of them (leaving 25) and must of dropped one on the kitchen floor. She looked for her phone to call [REDACTED] to bring [REDACTED] back to the house. She located the phone spoke to [REDACTED] who brought the seats back. Homan then noticed that the baby was stumbling in the hallway and falling asleep. She picked her up and put her on the couch with [REDACTED]. Homan then noticed [REDACTED] was falling asleep and was displaying signs of overdose. She noticed a portion of a white pill on the kitchen floor. She picked it up and threw it in the garbage. Homan recounted the pills realizing there are now twenty four (24) and that one (1) was missing. She dialed 911 to report the domestic disturbance between her and [REDACTED]. While on the phone she requested an ambulance for [REDACTED] possibly overdosing. EMS arrived and transported the baby to the hospital.

I asked Homan if this has ever happened in the past with [REDACTED]. She advised several months ago she dropped 1/2 of a Clonazepam pill (not the two pills originally reported) on the floor and [REDACTED] accidentally ingested it. She could not provide dates and or time frames of how long it took to take [REDACTED] for medical treatment.

NARRATIVE CONTINUATION

Homan signed a consent to search for her residence. A search of her residence revealed an open bottle of unknown white pills scattered on a dresser in her bedroom. This could be in reach of [REDACTED] in the home.

The DCF sheltered Homan [REDACTED] Homan was arrested and transported to the Palm Beach County Jail without incident.

I find probable cause exists for the following:

2 Counts of

8270A - 827.03(1)(e) and (2)(d) FDLE REC# 2991

NEGLECT OF A CHILD CAUSING GREAT BODILY HARM

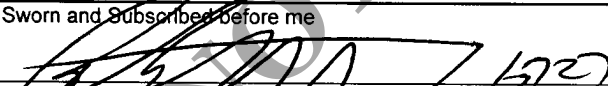
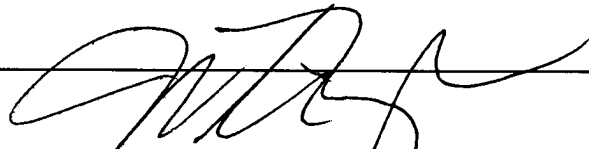

Jeannette Homan did fail or omit to provide [REDACTED] a child with the care, supervision, and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child, and said Jeannette Homan [REDACTED]

[REDACTED] and did cause great bodily harm, permanent disability, or permanent disfigurement to the child, contrary to Florida Statute 827.03(1)(e) and (2)(b). (2 DEG FEL) (LEVEL 7)

8370B - 837.012(1) FDLE REC# 3110

PERJURY (not in official proceeding)

Jeannette Homan did unlawfully make a false statement, which he/she did not believe to be true, under oath not in an official proceeding in regard to any material matter, contrary to Florida Statute 837.012(1). (1DEG MISD)

Sworn and Subscribed before me	
	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
	Detective William Vaughan 18335
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
1-11-18	01/11/2018
Date	Date