	CHIL	lOO		4	, 1 Y				1	110				
A	OBTS Number			ARREST /	NOTIC	E TO AP	PEAR	1. Arrest 2. N.T.A.	Request for Request for		1 P	UVENILE		
M I	Agency ORI Number						l 1.	Report Number (N.T./	A.'s only)	Capias	1-1			
N I	0500400		y Beach Poli 3. Misdemeanor	ice Departme	ent nce		4 1	0 16-00 If Weapon				Multiple		
T R	Check as many as apply. 2. Traffic Felony	,	Traffic Misdemeanor	6. Other		1	>0		None/n	ot Appli	icable	Clearance Indicator 1		
A T	Location of Arrest (Including Name of Business) STEIN MART 1855 S FEDERAL HWY Location of Offense (Business Name, Address) 1855 S FEDERAL HWY, DELRAY BEACH, FL 33483													
0 0	Date of Arrest Ti 05/10/2016	me of Arrest B	ooking Date 05/10/2016	Booking 1	Time 7:15	Jail Date		Jail Time	Location N/A	of Vehicle				
1	Name (Last, First, Middle)						Al	lias (Name, DOB, Soc.		·				
1	HILLMON, JENNIFER		RA Date of Birth	Height	Wei	.as:	Eye Color	Hair Color	Hair Color Complexion Build					
Ь	W - White I - American Indian B - Black O - Oriental/Asian Score Marks Tatons Unique Physical Feature	0 5'11		150	BROWN Marital Status Ro		ACK	M.	EDIUM	MEDIUM				
E	S NOT INDICA Alcohol Influence Yes Nor Influence Programme Nor Influence Programme Nor Influence Nor													
E N	Local Address (Street, Apt. Number) 1026 THE POINTE DE		(City) <i>LM BEACH</i> , .	FL 33409		(Zip)		Phone (954) 5.	59-7147	Residence 1. City 2. County	3. Florida	2		
A N	Permanent Address (Street, Apt. Number) 1026 THE POINTE DE	•	(City)	(State)		(Zip)		Phone		Address S	Source			
T	Business Address (Name, Street)			(State)		(Zip)		Phone (934) 3.	<u>59-7147</u>	Occupatio	VERBA	4L		
ļ	D/L Number, State	<u> </u>		INS Number			Place of Birth (City, State)	Citiz	zenship	-			
_	H455423905050 / F Co-Defendant Name (Last, First, Middle)	L		l noon										
Ö	JEAN BAPTISE, MARS	SHA					1							
E	Co-Defendant Name (Last, First, Middle)				R	ace Sex	Date of Birt	h	1 =			5. Juvenile		
1	Parent Other:			Name (Last, First, Middle)			\wedge	,		Residence Phone			
U.V	Address (Street, Apt. Number)	Legal Custodian City (State) (Zip) Business Phone Address (Street, Apt. Number) (City) (State) (Zip) Business Phone												
E N	Notified by: (Name)					Date	Time					.		
L E	Released To: (Name)		Pel	ationship		Department and Released 3.1					2. TOT JAC 3. Incarcerated			
	Relation (Name)													
	The above address was provided by defendant and/or defendant's parents. School Attent The child and/or parent was told to keep the Juvenile Court Clerk's Office								ended Grade					
	(Phone 355-2526) informed of ☐ Yes, by:			- 4	a				ITEMS		Va			
Ç	Drug Activity S. Sell R. Se	muggle K. Dis	perses/ M. Manus			Drug Type	B. Barbit	urate H. Halluc	inogen P.					
D E) ×			O. Opium	/Deriv. S.		Z. Other			
CH	Charge Description GRAND THEFT \$300	\$5.000									Violation of O	RD#		
R G E	Drug Activity Drug Type Amount /		Offense #	Counts 1		_	rant / Capias Number				200	0		
C	Charge Description		10-0075	<u> </u>	<u> </u>			Statute Viola	tion Number		Violation of O	RD#		
A R	Drug Activity Drug Type Amount /	Unit	Offense #	Counts	Domestic Vio	lence Warr	rant / Capias Number				Bond			
E	Charge Description	/				א [Statute Viola	tion Number		Violation of O	RD#		
HAD		4.7	T	T. 1										
GE	Drug Activity Drug Type Amount /	Unit	_ 1	rant / Capias Number				Bond						
										mities 🔲 Injuries				
N T A	Check which applies: Released O.R.	il PROPE			Released By	Released By								
K E	Transported By	Date Tra	ansported	Time Transported	Other	=======================================	: <u> </u>	<u>-5</u>						
z	X INSTRUCTION NO. 1 - Mandatony appearance in court Location (Court, Room)													
0				n Court			v 200 W Atl	antic Ave De						
E										<u>, </u>	139	No		
T O	AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD Photo WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND ACCOUNT AND ACCOU													
A P P	FOR MY ARREST SHALL BE ISSUE	ED.							. 9	<u> </u>	•• /	Available		
A R	Signatū	re of Defendant (or	Juvenile and Parent/C	Custodian)				Date Signed						
	HOLD for Other Agency	druc	Signatu	resting Officer	- 51	//	54		inted by Arrestee)		1	_		
A D M	Dangerous A D Res	sisted Arrest	Name o	of Arresting Officer (Print))	, , ,	I.D. #	(PRINT)						
N I		her			MIEN	I.D. #	1004 Agency					PAGE		
	DEBLUXE	6	6	UNSFORD)		255	DBPD	Witness here if subje	ct signed with an '	"X".		1 OF 1		
С	COURT STATE AT	### PINES MARCH ### PINES MARCHA ### PIN												
	* IN TERMINAL CONTRACTOR NOTE #150 INT.			ve ser care a la company										

A	OBTS Number		PROBABLE CAU	SE AFFIDAVIT			3. Request for Warrant 4. Request for Capias 1 JUVENILE						
M	Agency ORI Number FL 0500400	Agency Name Agency Report Number Agency Report Number						17221					
2 -	Charge Type: X 1. Felony	3. Misdemeanor						·					
,	as apply. 2. Traffic Felony Name (Last, First, Middle)	4. Traffic Misdemeand				Bass	Cau	Data of Bid					
E	HILLMON, JENNIFER	CASSANDRA	Allas			В	F			0			
СН	Charge Description			Charge Description		·····							
A R G	812.014(2C1) GRAND THEF Charge Description	r \$300-\$5,000		Charge Description			—						
E S			· 			apport Number O 16-007331 Special Notes: Sex Date of Birth							
V	Victim's Name (Last, First, Middle) STEIN MART,					Race	Sex	Date of Birti	h -/				
C	Local Address (Street, Apt. Number)	(City) (State) (Zip) DELRAY BEACH, FL 33483		(Zip)	Phone		Address Source						
T I	1855 S FEDERAL HWY, D Business Address (Name, Street)	DELRAY BEACH, FL	33483 (State)	(Zin)	Phone			Occupation		~			
М	business / usiness (mains, business	(Oily)	(e.d.e,	(2.5)		1) 278-180	- 1	Ссарыноп					
	_	nat he/she has just and resonab	ole grounds to believe, and	does believe that the above			-	wing violation	n of law.				
	The Person taken into custody committed the below acts in r	ny presence.	🗶 was	observed by DEANN	A MEIS	EL & LIA M	ORE	LL.		who told			
	confessed to OFC. FER												
	On the 10 day of												
	Gridio dd) or		ut	(Openingary morage is	0.0000000000000000000000000000000000000								
	The following incid	lent occurred i	in the city o	of Delray Bea	ch, Pa	alm Beach	ı Co	unty,	FL.				
	On 5/10/16 at 4:12	PM, I responde	ed to Stein M	Mart (1855 S	Federa	al Hwy) i	ln r	eferer	nce to	an .			
Р		_		Agency Region Number PARTMENT Agency Region Numbers Page Sex Date of Birth									
o	l)												
B	-								_	ers			
В				_						<u> </u>			
Ē		-											
		e. Meisel provided me with a surveillance CD which showed several of these ns. The dates and times of the incidents were as follows: 4/9 from 6:19 PM to /23 from 9:04 PM to 9:09 PM; and 5/2 from 4:56 PM to 5:03 PM.											
c of the cashier and Hillmon received the stole			tolon	itomo									
s	_		ashier and Jean Baptise received the stolen items. On 5/2 Jea										
Ε													
s		is and women's	s clothing an	a total 1	tal loss of \$383.51.								
T A													
T E		Ţ											
Meisel provided me a copy of the statements. Meisel and Morell comple						eted							
N			= =										
Т	company would be following up with additional charges at a later date for other crimes committed by the defendants.												
04	While stipl on scene I took Hillmon into the lunch room and read her Miranda Warnings to												
ど	which she waived her rights. I asked Hillmon why she committed the thefts and she told												
	she first started to steal from the company because she was unhappy with her job. The told me she made "poor choices" which led her to continue to do fraudulent												
		ransactions and take items which she did not pay for. Hillmon said she was also											
Ą	SWORN AND SUBSCRIBED BEFORE	ME		701-	and	3							
ADM - RISTRATIVE		na.	7	SIGNATURE OF	ADDECTIN		Date of Birth O1/05/1990 Date of Birth O1/05/1990 Date of Birth Address Source Occupation O1 d the following violation of law. MORELL who told arrested person committ the below acts. from my (described) investigation. r arrest.) Ch County, FL. in reference to an on agents Deanna Chillmon and the cash registers the stolen several of these deveral of						
N S	NOTARY PUBLIC / CLERK OF C		7.10)										
T R A	05/10/	/2016						J	-				
T-V		ATE			05/10	/2016			_	ł			
É										1 0 2			

COURT STATE ATTORNEY

JAIL

OBTS Number	PF	ROBABLE CAUSE AFFIDAVIT	•		equest for Warr		JUVENILE
A Agency ORI Number	Agency Name	SUPPLEMENT		2. N.T.A 4. F	request for Cap	ias 👢	
FL 0500400	1 * '	DLICE DEPARTMENT	Agency Report N	lumber 16-007 3	221		
Charge Type: 1. Felony	3. Misdemeanor		4 0	Special Notes:	31		
Check as many as apply.	4. Traffic Misdemeanor	5. Ordinance 6. Other					
Name (Last, First, Middle)	4. Traile Misdemeanor	Alias		 	Race Sex	Date of Birth	·
HILLMON, JENNIFER	CASSANDRA				BF	01/05	71990
pressured to do the	e fraudulent tran	sactions by her co-v	vorker J	Jean Ba	otise.		
I then took Hillmon	n back to the mai	n office and escorte	ed Jean	Baptis	e to t	he lun	ch room
		an Baptise her Mirar					
		he committed the all					
		tise said she made '					
		tole for her persona				_	
		purse, a picture fr					ean
_		on and another unknow			_		
transactions.	-		-		J ()	7	
				/		\mathcal{I}	
Both Hillmon and Je	an Baptise were	then placed into cus	tody.	Both s	bject	s were	
transported to DBPI) for processing	then turned over to	the PBC	Jail.	The	copies	of the
		PD evidence. The St					
statements, and a	copy of the recei	pt showing the stole	n items	were]	placed	into 1	DBPD
records.				1			
3			\ Y				
· [_	_	exists to charge Jer	nifer C	Hillmo	on with	h Grand	d Theft
{FSS 812.014(2C1)}.	•		,				
	and the same	12.1					
S (Г)							
A) '					
T =							
- - 							
× .	y						
	land.						
>					•		
	The state of						
	Olone William						
0	JAN JUNE						
56	LAY Y						
SWORN AND SUBSCRIBED BEFORE	WE VIEW II		7/1-				
	0 . 7	;	Jen	and	1 10	,0 (/	
REED, I	JUSTIN (19.7	SIGNATUR	E OF ARRESTI	NG / INVESTIC	SATING OFFI	CER	
NOTARY PUBLIC / CLERK OF C	COURT / OFFICER (F.S.S. 117.10)	FFDS	RAIOLO, D	AMTEN	(1004))	
05/10/	/2016		NAME OF OFFIC	CER (PLEASE		'	
	ATE			0/2016			PAGE
				DATE			2 OF 2