

PROBABLE CAUSE AFFIDAVIT
Sarasota County

AGENCY SSO SPD FHP VPD NPPD LYPD OTHER

ORIGINAL
 SUPPLEMENTAL

06007-018988-AS

SSO CASE # 06-38535	SSO BK #	OBTS #	ARREST #
AGENCY CASE #	SAO #	FDLE #	UTC #

D E F E N D A N T	ADULT - ARREST <input checked="" type="checkbox"/> WITH WARRANT <input type="checkbox"/> WITHOUT WARRANT <input type="checkbox"/> NON-ARREST COMPLAINT		JUVENILE - <input type="checkbox"/> ARRESTED / DETAINED <input type="checkbox"/> ARRESTED / RELEASED WITH REFERRAL <input type="checkbox"/> NON-ARREST REFERRAL <input type="checkbox"/> TEEN COURT REFERRAL					
	(LAST, FIRST, MIDDLE INITIAL) Guarscio, Dana Lynn		(LAST, FIRST, MIDDLE INITIAL) Woichowski, Dana					
	DOB 8/4/64	AGE 41	SEX f	RACE w	HGT 5'4	WGT	COLOR HAIR Brn	COLOR EYES Brn
	ADDRESS 171 Mc Kinley Ave		Sarasota, FL		CITY	STATE	ZIP	
	PHONE # 536-8214		SCARS/MARKS/TATTOOS					
	DL# G620172647840	ST FL	[REDACTED]		CITY	STATE	PLACE OF BIRTH	CT
	OCCUPATION		EMPLOYER					
	EMPLOYER ADDRESS						PHONE #	
	CITIZENSHIP 1	IMMIGRATION STATUS 1. PERMANENT/LEGAL RESIDENT OF US 2. LEGAL VISITOR 3. UNDOCUMENTED ILLEGAL ALIEN 4. UNKNOWN	2	RESIDENCE TYPE 1. CITY 2. COUNTY 3. FLORIDA 4. OUT OF STATE	1	RESIDENCE STATUS 0. N/A 1. FULL YR 2. PART YR 3. NON-RES	n	INFLUENCE OF DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK

C R I M E	DATE & TIME OF CRIME 05/09/06		CRIME LOCATION Sarasota County		LOC TYPE	ZONE	GRID		
	F.S./ORD # 825.1032a	CHARGE Exploitation of the Elderly			<input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISD	BOND			
	F.S./ORD #	CHARGE <i>so Feb 07</i>			<input type="checkbox"/> FELONY <input type="checkbox"/> MISD	BOND			
	F.S./ORD #	CHARGE <i>McCand</i>			<input type="checkbox"/> FELONY <input type="checkbox"/> MISD	BOND			
	INVESTIGATING L.E.O. DET Toby Davis						ID# 873		
	DRUG UNIT	1. GRAM 2. MILLIGRAM	3. KILOGRAM 4. OUNCE	5. POUND 6. TON	7. LITER 8. MILLILITER	9. DOSE/UNIT/ITEM			
	DRUG TYPE	E. HEROIN H. HALLUCINOGEN O. OPIUM/DERIV C. COCAINE	M. MARIJUANA A. AMPHETAMINE B. BARBITURATE S. SYNTHETIC	U. UNKNOWN Z. OTHER P. PARAPHERNALIA/ EQUIPMENT	N. N/A	DRUG ACTIVITY	M. MANUF/CULT S. SELL E. USE O. DELIVER	P. POSSESS B. BUY U. UNK Z. OTHER	T. TRAFFIC K. DISTRIB R. SMUGGLE N. N/A
	TYPE WEAPON	00. N/A 01. HANDGUN 02. RIFLE 03. SHOTGUN	04. UNK FIREARM 05. KNIFE/CUTTING 06. BLUNT OBJECT 07. HANDS/FIST/FEET	08. POISON 09. EXPLOSIVES 10. FIRE/INCENDIARY 11. THREAT/INTIMID	12. SIM WEAPON 13. DRUGS 88. UNKNOWN 99. OTHER	CALIBER GAUGE	FINISH WEAPON B. BLUE S. SILVER O. OTHER		
	SEIZED	<input type="checkbox"/> YES <input type="checkbox"/> NO							

A R R E S T	DATE & TIME OF ARREST		ARREST L.E.O./ID#		ASSIST L.E.O./ID#	
	ARREST LOCATION				ZONE	GRID
	CAPIAS/WARRANT #			COUNTY & STATE OF WARRANT		
	DATE BOOKED	TIME BOOKED	RETURABLE DATE	BOOKING OFFICER		
	RELEASED BY		RELEASED TO	DATE/TIME RELEASED		

V I C T I M	(LAST, FIRST, MIDDLE INITIAL) Woichowski, Helen					HOME PHONE #
	ADDRESS Kensington Manor					BUS PHONE #
	DOB 7/10/1918	AGE 87	SEX f	RACE w	NOTIFIED	<input type="checkbox"/> YES <input type="checkbox"/> TIME <input type="checkbox"/> NO

2007CF003399NC



PROBABLE CAUSE AFFIDAVIT

Sarasota County

ORIGINAL - PAGE 2 of 3

SUPPLEMENTAL - PAGE _____ of _____

DEFENDANT Guarascio, Dana	SSO BK #	AGENCY CASE # 06-38535
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ADULT CASE

JUVENILE CASE

STATE IN DETAIL WHAT THE DEFENDANT DID THAT YOU ALLEGE WAS ILLEGAL. INCLUDE EVENTS THAT LEAD UP TO THE INCIDENT; ALSO INCLUDE WHY DEFENDANT ACTED AS HE DID IF THIS IS KNOWN. HEARSAY IS PERMISSIBLE AND RELEVANT COMMENTS OF DEFENDANT OR WITNESSES INVOLVED SHOULD BE SUMMARIZED. (INCLUDE WHO, WHAT, WHERE, WHY, WHEN, HOW)

In November 2005 the victim suffered a stroke and was subsequently placed in Kensington Manor ACLF. At the time of admittance the victim had four (4) changes of clothes, one (1) pair of slippers, and one (1) pair of underwear. The victim had no known monetary assets for which to pay for her care. Kensington Manor personnel contacted DCF and Lutheran Services was court appointed guardian for the victim. Lutheran Services Representatives contacted the Sheriff's Office regarding the apparent loss of the victim's fiscal assets.

An investigation revealed the following. The victim moved to Florida from Connecticut in the middle of 1999. She purchased a residence at 4164 Palau Dr in the Sarasota Lakes subdivision. The residence was purchased for \$122,000 for which the victim paid \$75,000 in cash and arranged for a \$47,000 mortgage. The victim earned approximately \$1457 in retirement and social security which was direct deposited into a savings and checking account. Along with which the victim had a certificate of deposit of a currently unknown amount.

On 4/3/2000 the residence is re-titled in the name of 'Family Trust of Helen and Dana Woichowski'. Dana Woichowski is the victim's granddaughter and also known as Dana Guarascio. On that same date Dana is given Durable Power of Attorney of Ms. Woichowski and revokes it from the witness, Crystal Beauchemin.

On 4/11/2003 the residence is refinanced for \$100,000 through Novastar Mortgage with the victim and suspect named as mortgagees.

On 4/15/2004 the residence is refinanced for \$124,000 through Chase Manhattan Mortgage with the victim and suspect named as mortgagees.

On 12/07/2004 the residence is refinanced for \$147,000 through Encore Credit Corporation with the victim and suspect named as mortgagees.

ADDITIONAL PAGES - ATTACHED AND INCORPORATED HEREIN

SIGNATURE OF L.E.O./AFFIANT DET 2/2

ID# 873

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 3 DAY OF JUN, 2006, BY

DET DAVIS

WHO IS PERSONALLY KNOWN OR WHO PRODUCED THE FOLLOWING

(PRINT L.E.O./AFFIANT NAME)

IDENTIFICATION _____

SIGNATURE [Signature]

L.E.O. ID# 1184

NOTARY

SUPERVISOR SIGNATURE _____

PRINT NAME S. BORN TREGLOR

ID# _____

PROBABLE CAUSE AFFIDAVIT

Sarasota County

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DEFENDANT Woichowski, Dana	SSO BK #	AGENCY CASE # 06-38535
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ADULT CASE

JUVENILE CASE

STATE IN DETAIL WHAT THE DEFENDANT DID THAT YOU ALLEGE WAS ILLEGAL. INCLUDE EVENTS THAT LEAD UP TO THE INCIDENT; ALSO INCLUDE WHY DEFENDANT ACTED AS HE DID IF THIS IS KNOWN. HEARSAY IS PERMISSIBLE AND RELEVANT COMMENTS OF DEFENDANT OR WITNESSES INVOLVED SHOULD BE SUMMARIZED. (INCLUDE WHO, WHAT, WHERE, WHY, WHEN, HOW)

Despite the original mortgage being paid by automatic withdrawal from the victim's checking account the house is foreclosed on 2/28/2006. The residence was sold through foreclosure on 5/9/06 for \$250,000. At closing there was a \$72,828 in overage. That money is held in escrow. Without further legal review the victim is entitled to only half of that money. On 7/7/1999 the victim's estate was fiscally sound with the purchase of a \$122,000 residence that carried a \$47,000 mortgage. The residence was fully furnished with a typical life time collection of pictures, clothes, furniture, and bric-a-brac.

As of 4/30/06 the victim's debts included \$5413 to Kensington Manor, that debt has since increased, past P&L bill of \$903, Water and Sewage to Sarasota County \$433, Verizon Cell phone bill of \$600 and a past lien on a \$16,000 vehicle.

On 7/17/06 I interviewed the defendant. In a post-Miranda, video taped interview the defendant confessed that her sole source of income is the victim. The defendant had no explanation for her grandmother's financial ruin. The defendant admitted arranging for and receiving money for the refinances, she admitted selling her grandmother's possessions. She was unable to explain why her grandmother is currently in debt.

Given the above facts I have probable cause to believe the defendant financial exploited the victim to the point of placing the victim in debt and ruining the victim's fiscal security.

ADDITIONAL PAGES - ATTACHED AND INCORPORATED HEREIN

SIGNATURE OF L.E.O./AFFIANT DET [Signature] ID# 813

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 3 DAY OF AUG, 2006 BY

DET J. DAVIS
(PRINT L.E.O./AFFIANT NAME)

WHO IS PERSONALLY KNOWN OR WHO PRODUCED THE FOLLOWING

IDENTIFICATION _____

SIGNATURE [Signature]

L.E.O. ID# 1164 NOTARY

SUPERVISOR SIGNATURE _____

PRINT NAME S. SCHWARTZ

_____ ID# _____