

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF ANOKA

TENTH JUDICIAL DISTRICT

COURT FILE NO. 02-CR-15-8222
COUNTY ATTORNEY FILE NO. CA-2015-01730

State of Minnesota,

Plaintiff,

FILED
12-14-15
Court Administrator
Anoka County, MN
Deputy

v.

CRIMINAL COMPLAINT

MARIBEL GUITRON PARTIDA (DOB: 02/19/1969)
8900 61st 1/2 Avenue N
New Hope, MN 55428

Summons Warrant
 Order of Detention

Defendant.

Amended
 Tab Charge Previously Filed

The Complainant, being duly sworn, makes complaint to the above-named Court and states that there is probable cause to believe that the Defendant committed the following offense(s):

COUNT 1: WORKERS COMPENSATION FRAUD (\$1,000 - \$5,000)

Minnesota Statutes §176.178, Subd. 1; 609.52, Subd. 3(3)(a); 609.101
PENALTY: 0-5 Years and/or \$3,000.00 - \$10,000.00

On, about, or between February 27, 2015 & June 30, 2015, in the County of Anoka, Minnesota, MARIBEL GUITRON PARTIDA, did with intent to defraud, receive workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact, and the value of property or services stolen is more than \$1,000 but not more than \$5,000.

COUNT 2: IDENTITY THEFT (\$501-\$2,500 OR 2-3 DIRECT VICTIMS)

Minnesota Statutes §609.527, Subd. 2; 609.527, Subd. 3(3) 609.52, Subd3(3); 609.101
PENALTY: 0-5 Years and/or \$3,000.00 - \$10,000.00

On, about, or between February 27, 2015 & June 30, 2015, in the County of Anoka, Minnesota, MARIBEL GUITRON PARTIDA, did transfer, possess, or use an identity that is not the person's own, with the intent to commit, aid, or abet any unlawful activity, and the offense involves two or three direct victims or the total, combined loss to the direct and indirect victims is more than \$500 but not more than \$2,500.

COUNT 3: INSURANCE FRAUD

Minnesota Statutes §609.611, Subd. 1(a)(2); 609.611, Subd. 3; 609.52, Subd. 3 (3)(a); 609.101

PENALTY: 0-5 years and/or \$3,000.00 - \$10,000.00

On, about, or between February 27, 2015 & June 30, 2015, in the County of Anoka, Minnesota, MARIBEL GUITRON PARTIDA, did with the intent to defraud for the purpose of depriving another of property or for pecuniary gain, present, cause to be presented, or prepare with knowledge or reason to believe that it will be presented, by or on behalf of an insured, claimant, or applicant to an insurer, insurance professional, or premium finance company in connection with an insurance transaction or premium finance transaction, any information that contains a false representation as to any material fact, or that conceals a material fact concerning a claim for payment or benefit under an insurance policy, and the value of property, services, or other benefit wrongfully obtained or attempted to obtain, or the aggregate economic loss suffered by any person as a result of the violation is more than \$1,000 but not more than \$5,000.

COUNT 4: FORGERY

Minnesota Statutes §609.63, Subd. 1(1); 609.101

PENALTY: 0-3 Years and/or \$1,500.00 - \$5,000.00

On, about, or between February 27, 2015 & June 30, 2015, in the County of Anoka, Minnesota, MARIBEL GUITRON PARTIDA, did with intent to injure or defraud, use a false writing, knowing it to be false, for the purpose of identification or recommendation.

STATEMENT OF PROBABLE CAUSE

The Complainant states that the following facts establish probable cause:

Your complainant is Special Agent Sheila Owen of the State of Minnesota Department of Commerce Fraud Bureau. In that capacity, your complainant has reviewed written reports, conducted an investigation of her own, and learned the facts stated herein.

The defendant, Maribel Guitron Partida (DOB: 2/19/69), started to work for Sign Zone, Inc. located at 6400 Bunker Lake Blvd in the City of Ramsey, County of Anoka, State of Minnesota on March 12, 2012. When applying for and receiving this job, the defendant presented herself as Maribel Andrade (DOB: 2/19/69); providing her employer with a Social Security Card with that name on it and number 4XX-XX-XXX5 (the full SSN is known to your complainant and provided in the full discovery) on it; providing a permanent resident card with that name on it; and signing an I-9 Employment Eligibility Verification form with that name. As part of her employment, the defendant received a wage, insurance, vacation time, and her and her employer contributed to federal social security benefits. The defendant has worked at Sign Zone since that start date continuously to the present.

On February 27, 2015 the defendant was injured on the job sustaining an injury to her right arm, elbow, and shoulder. Since the injury occurred on the job, Sign Zone required that the claim be submitted to their workers compensation insurance for reimbursement of treatment expenses. The defendant filled out the forms, signed her name as Maribel Andrade, and the claim was submitted. The insurance company that covers workers compensation for Sign Zone, Westfield Insurance Company, received the claim on March 25, 2015. The defendant then received treatment for her injuries during April, May, and June of 2015 at Twin Cities Orthopedics in Coon Rapids, Minnesota. Westfield Insurance ultimately paid out one thousand nine hundred twenty five dollars (\$1,925.00) to medical professionals for the treatment of the defendant's injuries.

When Westfield Insurance ran the defendant's Social Security Number through their system, it indicated that the social security number had been issued in 1965 (four years prior to the defendant being born), that it was issued to a lady in Arkansas, and that the lady it was issued to is now deceased.

Your complainant then met the defendant at her place of work, Sign Zone, Inc. located at 6400 Bunker Lake Blvd in the City of Ramsey, County of Anoka, State of Minnesota on June 10, 2015. In a statement to your complainant the defendant admitted that her true name is Maribel Guitron Partida, that her true date of birth is February 19, 1969, that she was born in Mexico, that she and her husband came to the United States approximately seventeen (17) years ago, that she has three children (two born in Mexico and one born in the United States), that since arriving in the United States she has been unable to obtain United States citizenship, that she purchased the Social Security Card and permanent resident card with the fake names on it to obtain employment, that Maribel Andrade is not her true name, and that she only submitted the workers compensation claim because her employer required her to do so.

Complaint requests that Defendant, subject to bail or conditions of release, be:

- (1) arrested or that other lawful steps be taken to obtain Defendant's appearance in court;
- or (2) detained, if already in custody, pending further proceedings; and that said Defendant otherwise be dealt with according to law.

COMPLAINANT'S NAME:

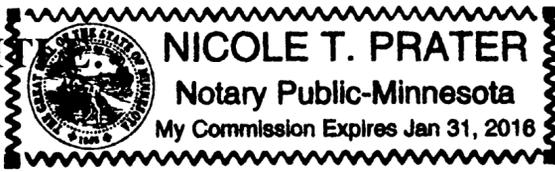
COMPLAINANT'S SIGNATURE:

Special Agent Sheila Owen, State of
Minnesota Department of Commerce Fraud
Bureau



Subscribed and sworn to before the undersigned this 10th day of December, 2015.

NAME/TITLE



SIGNATURE:



Being authorized to prosecute the offenses charged, I approve this complaint.

Date: 12/3/15

PROSECUTING ATTORNEY'S SIGNATURE:



Name: Kurt C. Deile, #289875
Assistant Anoka County Attorney
Anoka County Government Center
2100 Third Avenue, STE 720
Anoka, MN 55303
Phone: (763) 323-5642
Fax: (763) 422-7524

FINDING OF PROBABLE CAUSE

From the above sworn facts, and any supporting affidavits or supplemental sworn testimony, I, the Issuing Officer, have determined that probable cause exists to support, subject to bail or conditions of release where applicable, Defendant's arrest or other lawful steps be taken to obtain Defendant's appearance in court, or Defendant's detention, if already in custody, pending further proceedings. Defendant is therefore charged with the above-stated offense.

[X] SUMMONS

THEREFORE YOU, THE ABOVE-NAMED DEFENDANT, ARE HEREBY SUMMONED to appear on _____, at _____ before the above-named court at the Anoka County Courthouse, Anoka, MN 55303 to answer this complaint.

IF YOU FAIL TO APPEAR in response to this SUMMONS, a WARRANT FOR YOUR ARREST shall be issued.

[] WARRANT

To the Sheriff of the above-named county; or other person authorized to execute this warrant: I hereby order, in the name of the State of Minnesota, that the above-named Defendant be apprehended and arrested without delay and brought promptly before the above-named court (if in session), and if not, before a Judge or Judicial Officer of such court without unnecessary delay, and in any event not later than 36 hours after the arrest or as soon as such Judge or Judicial Officer is available to be dealt with according to law.

Execute in MN Only *Execute Nationwide* *Execute in Border States*

[] ORDER OF DETENTION

Since the above-named Defendant is already in custody, I hereby order, subject to bail or conditions of release, that the above-named Defendant continue to be detained pending further proceedings.

Bail:

Conditions of Release:

This complaint, duly subscribed and sworn to, is issued by the undersigned Judicial Officer this 14 day of December, 2015.

JUDICIAL OFFICER:

NAME:

TITLE:

Judge Sullivan

SIGNATURE:

[Handwritten Signature]

Sworn testimony has been given before the Judicial Officer by the following witnesses:

COUNTY OF ANOKA
STATE OF MINNESOTA

STATE OF MINNESOTA
Plaintiff,

vs.

MARIBEL GUITRON PARTIDA
Defendant

Clerk's Signature or File Stamp:

RETURN OF SERVICE
I hereby Certify and Return that I have served a copy of this COMPLAINT upon the Defendant herein named.

Signature of Authorized Service Agent:

DEFENDANT DATA / CHARGE SHEET – ATTACHMENT A

Defendant name:	Maribel Guitron Partida
Defendant alias name(s):	
Defendant DOB:	02/19/1969
Alias DOB(s):	
Defendant last known address:	8900 61st 1/2 Avenue N New Hope, MN 55428
State ID:	

OTHER DEFENDANT / CASE IDENTIFIERS:

Fingerprinted? Yes No Unknown

Handgun permit? Yes No Unknown (Issuing Agency:)

Location of Violation: Ramsey

IF DRIVING OFFENSE:

Driver's License Number: Issuing State:

License Plate Number: Issuing State:

Accident Type: No injury/no damage Property Damage
check all that apply Personal Injury Fatality

Blood Alcohol Concentration (BAC):

STATUTE AND OFFENSE GRID

Ct Nbr	Statute Type	Offense Date(s)	Statute Numbers and Text Description	Offense Level	MOC	GOC	Controlling Agencies	Control Numbers
1	Charge	02/27/2015 – 06/30/2015	176.178 Subd.1 Workers Compensation Fraud (\$1,000 - \$5,000)	F	U166H	N	MN062095Y	15-000565
2	Charge	02/27/2015 – 06/30/2015	609.527, Subd. 2 Identity Theft (\$501-\$2,500 or 2-3 Direct Victims)	F	U1733	N	MN062095Y	15-000565
3	Charge	02/27/2015 – 06/30/2015	609.611, Subd. 1(a)(2) Insurance Fraud	F	U111H	N	MN062095Y	15-000565
4	Charge	02/27/2015 – 06/30/2015	609.63, Subd. 1(1) Forgery	F	C1992	N	MN062095Y	15-000565