

0522573

50-2021-MM-002612-AMB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 3. Request For Warrant 2. NTA 4. Request For Capias		1 Juvenile N		
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21053620				
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Cited Enter Type		Multiple Charge Indicator 0 1				
Location of Arrest (Including Name of Business) 3568 CARLTON RD LAKE WORTH FL 33461		Location of Offense (Including Name of Business) 3568 CARLTON RD LAKE WORTH FL 33461						
Date of Arrest 04/09/2021	Time of Arrest 1027	Booking Date Apr 9, 2021	Booking Time	Jail Date Apr 9, 2021	Jail Time	Location of Vehicle		
Name (Last, First, Middle) CABASSA ADAM		Alias (Name, DOB, Soc. Sec. # Etc.)						
Race W. White A. American Indian B. Black O. Other	Sex M	Date of Birth 11/29/1986	Height 5'8	Weight 240	Eye Color Brown	Hair Color Brown	Complexion Medium	Build LARGE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		Mental Status S		Religion NONE		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/>
Local Address (Street, Apt. Number) 3568 CARLTON RD LAKE WORTH FL 33461		City LAKE WORTH FL 33461		State FL 33461		Phone 561-856-5546		Residence Type 1. Own 2. Rent 3. Other 2
Permanent Address (Street, Apt. Number) SAME AS LOCAL		City		State		Phone		Address Source FL ID
Business Address (Street, Apt. Number)		City		State		Phone		Occupation
DL Number, State C120000864290		Social Security Number		INS Number		Place of Birth NY, NY		Citizenship USA
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. A/Large 3. A/Large 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested 2. A/Large 3. A/Large 4. Misdemeanor 5. Juvenile
Parent Legal Guardian Other		Name (Last, First, Middle)		City		State		Zip
Address (Street, Apt. No.)		City		State		Zip		Business Phone
Notified By (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DAYS 3. Incarcerated		
Released To (Name)		Relationship		Date		Time		
The above address was provided by: <input type="checkbox"/> Defendant and/or <input checked="" type="checkbox"/> Defendant's parent. The child's parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2525) informed of any address change. <input checked="" type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Parent)		School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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		M. Manufacture P. Produce C. Cultivate		Z. Other
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		F. Marijuana M. Marijuana		P. Paraphernalia Equipment		U. Unknown Z. Other
Charge Description Domestic Battery		Counts 01		Statute Violation Number 784.03(1)(a)(1)		Violation or ORD #		
Drug Activity N		Drug Type N		Amount/Unit		Offense # 21053620		Warrant/Capias Number
Charge Description		Counts		Statute Violation Number		Violation or ORD #		
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Statute Violation Number		Violation or ORD #		
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Charge Description		Counts		Statute Violation Number		Violation or ORD #		
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number
Location (Court, Address, Room Number)								
Court Date and Time								
Month		Day		Year		Time		AM <input type="checkbox"/> PM <input type="checkbox"/>
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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						
Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee)				
Name		Name of Arresting Officer D/S A. MEDINA		ID # 37247				
Transporting Officer ID # 37247		Agency Medina		Page 1 of 1				

APR 12 2021

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 21053620			
Charge Type Check as many as apply:		<input type="checkbox"/> 1. Felony <input checked="" 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		Special Notes			
Defendant Name (Last, First, Middle) CABASSA ADAM				Race W	Sex M	Date of Birth 11/29/1986	
Charge Domestic Battery				Charge			
Victim Name (Last, First, Middle) ROUCO MARIA				Race W	Sex F	Date of Birth 6/21/91	
Local Address (Street, Apt. Number) 3568 CARLTON RD		City LAKE WORTH FL	State FL	Zip 33461	Phone 561-396-3751	Address Source Verbal	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
The undersign 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"/> confessed to admitting to the below facts.							
<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.							
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the 9TH day of APRIL 20 21 at 0844 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

On Friday, April 9, 2021 at approximately 0844 hours, I responded to 4345 Walnut St, in unincorporated Lake Worth, in reference to a Domestic Dispute. Upon my arrival, I made contact with Maria Rouco appeared visibly upset and fearful. Rouco stated that her son father Adam Cabassa Jr. punched a water bottle out of her hand as she tried to take a drink, in the process of the punch Cabassa stuck her hand. The two are currently separating after a 13 years relationship and have one child in common. Rouco advised that Cabassa asked her where is the new the apartment that she and their son will be living when they move out next week. Rouco stated she refused to answer the question because Cabassa has violent and she did not feel comfortable sharing the address with him.

Rouco completed a written sworn statement and received a case information sheet. Rouco was offered and refused a domestic violent shelter. Rouco was issued a PBSO victim's right pamphlet which she signed.

I relocated to 3568 Carlton Rd, in unincorporated Lake Worth and made contact with Adam Cabassa who stated that he and Rouco were having a conversation about her relocating with their child. Cabassa inquired about the address when Rouco said she will not be advising him on their new address. That's when Cabassa stated he punched a patio screen door out of anger. Cabassa stated that's all that happened however when I mentioned a water bottle, he stated he did slap the water off the table as Rouco was trying to take a drink. Cabassa could not remember if the water bottle was completely on the table or in Rouco's hand.

Based on the above investigation, I found Adam Cabassa to be in violation of F.S.S 784.03 (1)(a)(1)- Domestic Battery.

The foregoing instrument was sworn to and affirmed before me this 9th day of APRIL 20 21 , by:	
Cpl J. DERBY #16611	D/S A. MEDINA 37247
_____ Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	_____ Name of Arresting/Investigating Officer
_____ Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	_____ Signature of Arresting/Investigating Officer
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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
(Submit this form with the original Probable Cause Affidavit)

Defendant: CABASSA ADAM DOB: 11/29/1986 Case #: 21053620

Victim: ROUCO MARIA DOB: 6/21/91 Race: W Sex: F

Relationship between Victim and Defendant: Child and Steptather

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☐ Yes ☒ No

911 Call: ☐ Yes ☒ No Caller: MARIA ROUCO

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☐ Yes ☒ No Name: _____

Victim Pregnant: ☐ Yes ☒ No If yes, _____ Weeks _____ Months

Injuries: ☐ Yes ☒ No Description: _____

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No Paramedics: _____

At Hospital: ☐ Yes ☒ No Hospital: _____ Physician: _____

Are children living in the home? ☒ Yes ☐ No DCF Notified? ☒ Yes ☐ No

Name: ADAM CABASSA DOB: 2/6/2014

Name: _____ DOB: _____

Name: _____ DOB: _____

Injunction: ☐ Yes ☒ No Case #: _____

No Contact Order: ☐ Yes ☒ No Case #: _____

Alcohol or Drugs: ☐ Yes ☒ No ☐ Unknown

Prior history of Domestic/Dating Violence ☐ Yes ☒ No

Defendant's statements ☒ Yes ☐ No If yes, ☐ written ☐ recorded ☒ oral

First words Defendant said when you responded to scene: _____

Victim's statements ☒ Yes ☐ No If yes, ☒ written ☐ recorded ☐ oral

First words Victim said when you responded to scene: See report

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

☐ Yes ☒ No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): Upset and fearful

☒ Upset ☒ Crying ☒ Fearful ☐ Hysterical ☒ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other _____

Victim contact information:

Local Address: 3568 CARLTON RD

LAKE WORTH FL FL 33461

Phone: Home: 561-396-3751 Work: _____ Cell: _____

Employer: _____

Name of Relative: _____ Phone: _____

VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 21053620 Agency: Palm Beach County Sheriff's Office
Offense: Domestic Battery
Suspect/Offender: CABASSA ADAM
DOB: 11/29/1986 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: ROUCO MARIA DOB: 6/21/91 Race: W Sex: F
Address: 3568 CARLTON RD
City: LAKE WORTH FL State: FL Zip: 33461
Home #: 561-396-3751 Work #: _____ Other #: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Other #: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

- ☐ **Waiver:** I choose not to be notified when the arrestee is released from custody.
- ☐ **Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S A. MEDINA ID #: 37247 Date: Apr 9, 2021

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

ADAM CABASSA

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021008588

Date: 4/10/2021

Specialist Name/ID: T Howard/7185