

#0474786 JMM 2649 P#413

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number _____

Agency ORI Number: **FLO 500000** Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number (N.T.A.'s only): **06-20-112198**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

Weapon Seized / Type: **2** 1. Yes 2. No
 Multiple Clearance Indicator: **1**

Location of Arrest (including Name of Business): **6418 LA COSTA DR #101, BOCA RATON FL 33433**
 Location of Offense (Business Name, Address): **6418 LA COSTA DR #101, BOCA RATON FL 33433**

Date of Arrest: **09/30/2020** Time of Arrest: **2247** Booking Date: **09/30/2020** Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): **Perez, Ariana,** Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W** White 1 - American Indian 2 - Black 3 - Oriental/Asian
 Sex: **F** Date of Birth: **7/19/1994** Height: **5'10** Weight: **155** Eye Color: **BRO** Hair Color: **BLK** Complexion: **MED** Build: **MED**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **SHOULDER, BACK, RIGHT WAIST**

Local Address (Street, Apt. Number): **6418 La Costa Dr #101, Boca Raton, FL 33433** (City) (State) (Zip)
 Phone: **(954) 470-7341**

Permanent Address (Street, Apt. Number): _____ (City) (State) (Zip) Phone: _____

Business Address (Name, Street): _____ (City) (State) (Zip) Phone: _____

D/L Number, State: **P620000947590, FL** Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): **LINTON, NJ** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____
 1. Arrested 3. Felony
 2. At Large 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____
 1. Arrested 3. Felony
 2. At Large 4. Misdemeanor 5. Juvenile

Parent / Legal Custodian / Other: _____ Name (Last) (First) (Middle) (State) (Zip) Residence Phone: _____
 Address (Street, Apt. Number): _____ (City) (State) (Zip) Business Phone: _____

Notified by (Name): _____ Date: _____ Time: _____ 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: _____

Charge Description: **DOMESTIC BATTERY** Counts: **1** Domestic Violence: Y N Statute Violation Number: **784.03(1)(a)(1)** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: _____ Offense #: **20-112198** Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Warrant / Capias Number: _____ Bond: _____

Location (Court, Room Number, Address): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

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.

09/30/2020 Date Signed

HOLD for other Agency: _____ Signature of Arresting Officer: _____ Name Verification (Printed by Arrestee): _____

Name: _____ Name of Arresting Officer (Print): **D/S F. DIGSBY** I.D. #: **26683** (PRINT) **OCT 1 AM 2:45**

Intake Deputy: _____ I.D. #: _____ Pouch #: _____ Transporting Officer: _____ I.D. #: _____ Agency: _____

Witness here if subject signed with an "X": _____ PAGE **1** OF **1**

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED
OCT 01 2020

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-20-112198		
Charge Type Check as many as apply	1. Felony <input 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 <input type="checkbox"/>	Special Notes
Name (Last, First, Middle) Perez, Ariana,	Alias				Race W	Sex F	Date of Birth 7/19/1994
Charge Description DOMESTIC BATTERY	784.03(1)(a)(1)		Charge Description				
Charge Description	Charge Description						
Victim's Name (Last, First, Middle) Perez, Janette,	Race W				Sex F	Date of Birth 06/26/1995	
Local Address (Street, Apt. Number) 6418 La Costa Dr Apt 101, Boca Raton, FL 33433	(City)	(State)	(zip)	Phone (954) 857-1610	Address Source		
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
 committed the below acts in my presence
 confessed to _____
 was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.
 admitting to the below facts
 On the **30TH** day of **SEPTEMBER** 20 **20** at **2101** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 9/30/2020, at approximately 2101 hours, I was dispatched to 6418 La Costa Dr #101, unincorporated Boca Raton, Palm Beach County, Florida, in reference to a domestic battery.

On arrival, I made contact with the victim, Janette Perez, who provided me with a sworn written statement, took a verbal oath to same, and stated that her sister, Ariana Perez, struck her with a candle in a glass container, which broke and cut her on the left hand. Janette stated that she and Ariana got into an argument in reference to a credit card and its use. Janette stated that the argument escalated as Ariana got very angry. Janette stated that the argument escalated even more while they were in the kitchen. Janette stated that she decided to get away from Ariana by going up the stairs to her bedroom. Janette stated that when she reached half way up the stairs Ariana picked up a candle that was enclosed in a glass container, then threw it toward her. Janette stated that the candle struck the rail of the stairs and the glass broke into small pieces. Janette said that a piece of the broken glass cut her on the back of her left hand. Janette said Ariana left the location after the incident.

I observed a laceration on the back of Janette's left hand approximately one inch in length. Janette had her hand wrapped in a bloody piece of cloth to stop the bleeding. Janette refused service from PBCFR for her injury.

I then made contact with the mother, Lillanne Perez, who refused to provide me with a sworn written statement about the incident. I asked Lillanne to make contact with Ariana and request that she return to the residence, which she did.

I then made contact with Ariana, who provided me with a sworn written statement, took a verbal oath to same, and stated that the argument did occur and that she was very angry. Ariana stated that when Janette walked up the stairs she was angry and just wanted to let off steam, which is why she threw the candle at the wall half way up the stairs. Ariana stated that she was not trying to hit Janette, she said she was aiming at the wall and she was surprised when Janette was hurt.

I photographed Janette's injuries and the scene at the location, and uploaded them to the domestic violence website. I made a level 1 call to the PBSO Communications in reference to this case. I then provided Janette with a case number, a copy of the case information sheet, a copy of the sworn statement, and my business card for her records. I also provided information about the services of 211 and the victim's rights brochure. I completed a Log Entry for this case.

Based upon my investigation, probable cause exist to charge Ariana Perez with one count of domestic battery in violation of F.S.S. 784.03 (1)(a)(1). Ariana was placed under arrest, handcuffed to the rear, checked for fit and double locked. Ariana was then placed in the back of my marked patrol vehicle and transported to the Palm Beach County Jail for processing.

This case was cleared by arrest.

STATE OF FLORIDA
 COUNTY OF PALM BEACH

 D/S F. DIGSBY
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **30T** day of **SEPTEMBER** 20 **20-** by **D/S F. DIGSBY (26683)**

 Known Law Enforcement Officer

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced
Sgt. C. Rogan #7286
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SCANNED
 OCT 01 2020

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

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

1. Incident Report #: 20-112198 Agency: PBSO
Offense: DOMESTIC BATTERY
Suspect/Offender: Perez, Ariana,
D.O.B. 7/19/1994 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Perez, Janette, D.O.B. 06/26/1995 Race: W Sex: F
Address: 6418 La Costa Dr Apt 101
City: Boca Raton, FL 33433
Home #- (954) 857-1610 Work #: () Other: _____

b. Victim's next of kin, friend or neighbor: Perez, Lilianne,
Address: 16418 La Costa Dr #101
City: Boca Raton, FL 33433
Home #: (954) 263-8891 Work #: () Other: _____

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE 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: Perez, Janette,

Deputy's Name: D/S F. DIGSBY (26683) I.D.# 26683 Date: 09/30/2020

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER:

Perez, Ariana,

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	ZONE: 7.21	SUSPECT: ARIANNA PEREZ	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 9/30/20 2201
EVENT TYPE: Domestic Battery	DEPUTY: F. DIBSBY	ID#: 24683	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Perez	FIRST NAME: Ariana	MIDDLE INITIAL:	RACE:	SEX: F
DATE OF BIRTH: 07/19/2020 (MM/DD/YYYY)	YOUR HEIGHT: 5'10	YOUR WEIGHT: 155	YOUR HAIR COLOR: Black	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 6418 La Costa Dr Apt 101	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Boca Raton	STATE: FL	ZIP: 33433
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: Ariana	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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My Sister & I had a good morning on Wednesday Sept 30th, we woke up and went to the gym together. I thanked her for being a good influence to me. When we got back from work we had a disagreement and she did not give me the time to talk. It hurt me to know that because I do not consider anyone else that important to me, that she would not give me the time. As she walked to her room when I assumed she had left the area, I took a glass candle wishing now it would of been a plastic one and threw it at our wall near the stairs. I heard her crying and immediately ran ^{to her} out of fear she may of been hurt. It was unfortunate that ~~the~~ the candle had broke and accidentally scratched her.

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 9/30/20 TIME: 2225 SIGNATURE: ID: 24683

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 20-112 198	ZONE: 7-21	SUSPECT: ARIANA PEREZ	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 9/30/20
EVENT TYPE: Simple Battery (Domestic)		DEPUTY: D/S Digby	ID#: 26683

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: X Perez	FIRST NAME: Janette	MIDDLE INITIAL:	RACE: F	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 06/26/195	YOUR HEIGHT: 55	YOUR WEIGHT: 170	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 4118 LACROSSE DR UNIT 101	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Boca Raton	STATE: FL	ZIP: 33433
YOUR WORK NAME & ADDRESS: VERCO COACH SPRINGS	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Coral Springs	STATE: FL	ZIP: 33067
WORK PHONE: <input type="checkbox"/> CHECK IF NONE 954-765-7757	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 954-857-1610	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: janperez20@iclad.com	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 Janette Perez	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
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I came home and was asked ^{by Ariana} if I read a text asking me to pick up trash bags. I told her no I was on the phone and just saw the text. She told me no you didn't and I showed her my phone call on how long it was from my work to my house. We started to argue about how each other was talking to one another. I left to go get chips. Came back and when I was getting a drink in the kitchen she began to argue with me more. I walked away knowing her and began walking upstairs. Midway through the steps she threw a glass candle at me and a piece of glass cut my hand.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X Janette Perez	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 9/30/20 TIME: 2:45 SIGNATURE: [Signature] ID: 728

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. THEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLYING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)



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"/>	539.001(B)1, 539.003	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020023161	Date: 10/1/2020
	Specialist Name/ID: M. Tooks #8557