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ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 614 20-001270		1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE	N	
DEF END ANT	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type HAND/FEET/FIST		Multiple Clearance Indicator 1			
	Location of Arrest (Including Name of Business) 124 OSPREY CIR, LANTANA, FL 33462						Location of Offense (Business Name, Address) 124 OSPREY CIRCLE, HYPOLUXO, FL 33462					
C O D E F	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	07/08/2020	09:44	07/08/2020	09:54	07/08/2020	10:03						
J U V E N I L E	Name (Last, First, Middle) WHITE, BETHANY AMANDA						Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:					
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build			
	W - White	F	05/16/1978	5'06	155	BROWN	BLONDE	LIGHT	Medium			
C O D E F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
							M	CHRISTIAN				
C O D E F	Local Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Residence Type:			
	124 OSPREY, HYPOLUXO, FL 33462						(561) 225-3141		1. City 3. Florida 2. County 4. Out of State 1			
C O D E F	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source			
	124 OSPREY, HYPOLUXO, FL 33462						(561) 225-3141		DEFENDANT			
C O D E F	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation			
									Hairstylist			
C O D E F	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
	W300061786760 / FL						PETERBOROUGH, NH		US			
C O D E F	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
C O D E F	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor				
C O D E F	Name (Last, First, Middle)			Residence Phone			Business Phone					
C O D E F	Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone					
C O D E F	Notified by: (Name)			Date	Time	JUVENILE DISPOSITION		<input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT IAC <input type="checkbox"/> 3. Incarcerated				
C O D E F	Released To: (Name)			Relationship	Date	Time	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
C O D E F	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.						School Attended		Grade			
C O D E F	Drug Activity		S. Sell		R. Smuggle		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
C O D E F	Drug Type		N. N/A		P. Possess		Drug Type		B. Barbiturate		C. Cocaine	
C O D E F	Charge Description		Statute Violation Number		Violation of ORD #		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
	BATTERY - SIMPLE TOUCH / STRIKE		784.03(1)(a)(1)									
C O D E F	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
	N	N			1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	JUL 8 AM 10:25					
C O D E F	Charge Description	Statute Violation Number	Violation of ORD #		Bond							
C O D E F	Charge Description	Statute Violation Number	Violation of ORD #		Bond							
C O D E F	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
	OK											
C O D E F	Check which applies:			PROPERTY - Received By		Released By		Released To				
	<input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			<input checked="" type="checkbox"/> T.O.T. County Jail								
C O D E F	Transported By			Date Transported	Time Transported	Other						
	DIAZ			07/08/2020	10:03							
C O D E F	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room)		No Photo Available AM 6:00			
C O D E F	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						Signature of Defendant (or Juvenile and Parent/Custodian)					
							Date Signed					
C O D E F	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		PAGE					
			897		(PRINT)		1 OF 1					
C O D E F	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print)		I.D. #		Agency			
					DIAZ, PAULA G		897		LANTA			
C O D E F	Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency	
			897				DIAZ		897		LANTA	
Witness here if subject signed with an "X".												

COURT
 STATE ATTORNEY
 AGENCY
 CENTRAL RECORDS
 JAIL
 CRIME ANALYSIS
 P.I.G.
 DEFENDANT

SCANNED
JUL - 9 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

ADMINISTRATIVE	Date / Time 07/08/2020 09:44	Agency Name LANTANA POLICE DEPARTMENT		Agency Report Number 6 4 20-001270
	Agency ORI Number FL 0502000	Name (Last, First, Middle) WHITE, BETHANY AMANDA		

Charge Description 784.03 BATTERY - SIMPLE TOUCH / STRIKE	Race W	Sex F	Date of Birth 05/16/1978
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Victim's Name (Last, First, Middle) WHITE, JASON MATTHEW	Race W	Sex M	Date of Birth 10/19/1976
Local Address (Street, Apt. Number) 5083 CANAL CIR E, LAKE WORTH, FL 33467	Phone (561) 303-9968		Address Source ARRESTING AGENCY
Business Address (Name, Street)	Phone		Occupation

DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): SCRATCHES ON FACE
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
SPOUSE

PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Victim: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CALLER: JASON WHITE
WEAPON USED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE: HANDS/FEET/FIST
WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(If YES, attach witness list)
INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PARAMEDICS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHYSICIAN(S) / HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ACT COMMITTED IN PRESENCE OF MINOR(S): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NAMES/AGES: NAOMI (13)/ CHRISTIAN (11)
H. R. S. NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CASE #:
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

On Wednesday, July 08, 2020 at approximately 0912hrs, I Officer Diaz ID# 897, responded to 124 Osprey Cir, in reference to a domestic disturbance. Upon arrival I observed w/f later identified as Bethany A. White (05/16/78) and w/m Jason M. White (d.o.b 10/19/76) in a verbal altercation.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of July, 2020

[Signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
JUL - 9 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N N A R R A T I V E	Date / Time 07/08/2020 09:44	Agency ORI Number FL 0502000	Agency Name LANTANA POLICE DEPARTMENT	Agency Report Number 6 4 20-001270
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Upon making contact with Mr. White, he explained that he arrived in his estranged wife's residence (Mrs. White) to pick up his children (w/m/j Christian White (d.o.b 07/14/08) and w/f/j Naomi White) as planned. While at the residence Mr. White and Mrs. White were involved in a verbal altercation that resulted in Mrs. White striking Mr. White in the face with her hands.

it should be noted Mr. White had visible scratch marks on his left cheek and nose.


Mr. White became uncooperative and refused to complete any documentation or photograph injuries.

I then made contact with juvenile Christian White who explained he heard his parents yelling and observed his mother hit dad in the face.

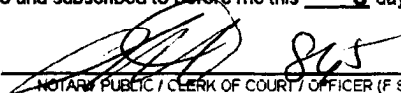
At this point in time Mrs. White was placed under arrest for Domestic Battery. Mrs. White was handcuffed with her hands behind her back (handcuffs were checked for tightness and proper spacing). Mrs. White was then transported to Lantana Police Department for processing and subsequently transported and lodged in Palm Beach County Jail.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of July, 2020


NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED

JUL - 9 2020

VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. Assault, battery, agg. Battery, sexual assault, sexual battery, stalking, agg. 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.)

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

1. Incident Report#: 20-001270 Agency: Iantana
 Offense: Battery
 Suspect/Offender: Bethany A. White
 D.O.B. 05/16/78 Race: W Sex: F

2. Warrant # (s): _____

3. Complete one (1) of the following:

a. Victim's name: JASON M. WHITE
 Address: 5083 Canal Cir E
 City: Alhambra State: FL Zip: 33467
 Home #: 561 3039968 Work #: _____ Other#: _____

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

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work #: _____ Other#: _____

4. Relevant identification or case numbers assigned to the case (please specify):

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: DIAZ I.D.: 897 Date: 07/08/20

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT #:
(FOR WARRANT USE ONLY)

SCANNED
JUL - 9 2020

PALM BEACH CNTY SHERIFF'S OFFICE

VICTIM NOTIFICATION ENTRY

Defendant Name: WHITE, BETHANY AMANDA

SSN: [REDACTED] Book #: 2020016425

Victim First Name: JASON
Victim Middle Name: M
Victim Last Name: WHITE
Victim Full Name: WHITE, JASON M
Victim Minors Name:
Victim Address 1: 5083 CANAL CIR E
Victim Address 2:
Victim City: LAKE WORTH
Victim State/Zip: FL 33467
Victim Relationship:
Day Phone: (561) 303-9968
Night Phone:
Last 4 SSN:
Victim Type:
Victim Id: 170862
Book #: 2020016425
Entry By: 28495 Modified By: 28495

NOT A CERTIFIED COPY



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)
U/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)(f)	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.	2,6
	<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: 2020016425	Date: 07/08/20
	Specialist Name/ID: J. Beck/9007

SCANNED
JUL - 9 2020