

0520501 20CF10479 MB (TR)

3049

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request For Warrant 4. Request For Copies 1 Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		20-141516			
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 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		# Weapon Seized		Multiple Charge Indicator 0 1		Enter Type					
Location of Arrest (Including Name of Business) 16041 QUIET VISTA CIR DELRAY BEACH, FL 33446				Location of Offense (Including Name of Business) 10392 EL PARAISO PLACE DELRAY BEACH, FL 33446							
Date of Arrest Dec 29, 2020	Time of Arrest 1706	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) PICOW CORY WAYNE				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 12-12-88	Height 5'08	Weight 165	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build THIN			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO OF A COLOR TREE ON PECTORIAL				Marital Status SINGLE	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/> 1. City 2. County 3. Florida 4. Out of State					
Local Address (Street, Apt. Number) 16041 QUIET VISTA CIR		City DELRAY BEACH	State FL	Zip 33446	Phone 561-715-3155	Residence Type: 1. City 2. County 3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number) 10641 QUIET VISTA CIR		City DELRAY BEACH	State FL	Zip 33446	Phone 561-715-3155	Address Source FL DL					
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation CYBERSECURITY					
DL Number, State P-200-119-88-452-0/FL		Social Security Number		INS Number	Place of Birth PHILADELPHIA, PA		Citizenship USA				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>				
Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)			Phone						
Address (Street, Apt. No.)		City	State	Zip	Business Phone						
Notified By (Name)		Time		Juvenile Deposition: 1. Handled/Processed within Dept. and Released 2. TOT HR/BOYS 3. Incarcerated							
Released To (Name)		Relationship		Date		Time					
The above address was provided by <input checked="" 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 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)				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. Struggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other	
Charge Description DOMESTIC BATTERY BY STRANGULATION		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.041(3)		Violation or ORD. #					
Drug Activity N	Drug Type N	Amount/Unit	Offense # 20-141516	Warrant/Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #					
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #					
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #					
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
Location (Court, Address, Room Number)											
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input checked="" 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							
HOLD for Other Agency Name		Signature of Arresting Officer			Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer V. VENNER			ID # 7862			Date DEC 29 PM 10:51	
Initials Deputy OB [Signature]		ID # Pouch #		Transporting Officer ID # L. ALSTON			Agency PBSO			Page 1 of 1	

NOT A CERTIFIED COPY

1-NO bond

OB [Signature]

L. ALSTON # [Signature] PBSO
1/1 ON 20 8052 P 10

DEC 29 PM 10:51
DEC 30 2020

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. NTA	3. Request For Warrant 4. Request For Copies	1	Juvenile
Agency ORI Number FLO 600000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	20-141516				
Charge Type Check as many as apply	<input checked="" type="checkbox"/> 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	Special Notes			
Defendant Name (Last, First, Middle) PICOW CORY WAYNE		Race W	Sex M	Date of Birth 12-12-88			
Charge DOMESTIC BATTERY BY STRANGULATION		Charge					
Victim Name (Last, First, Middle) PICOW GEORGANN		Race W	Sex F	Date of Birth 10-28-57			
Local Address (Street, Apt. Number) 10392 EL PARAISO PL		City DELRAY BEACH	State FL	Zip 33446	Phone 561-706-6533	Address Source FL DL	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation RETIRED	
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the 29 day of DECEMBER 20 20 at 3:01 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>							

I was dispatched to 10392 El Paraiso Place, located in unincorporated Delray Beach, FL in reference to a domestic dispute. Upon arrival, I met with white female, Georgann Picow, who stated that her son, Cory Picow, came over to her residence and started attacking her. According to Georgann, her nail tech accidentally locked the bedroom door to her residence and she was unable to open it. Georgann stated she had to use her neighbor's phone to call Cory to ask him if he knew where the spare key was to the bedroom door. She stated Cory started an argument with her over the phone and later on, he stormed into her residence and started yelling and screaming at her. Georgann stated Cory then kicked her bathroom door open, grabbed a wine bottle that she had in the bathroom and discarded it. She stated while she was on her bed, she heard what sounded like something breaking and after walking into her bathroom, she saw one of the cupboards were broken.

According to Georgann, Cory accused her of being intoxicated at an argument ensued. Georgann stated Cory then grabbed her around her neck with both his hands and began squeezing her neck. She stated she could not recall what was being said by Cory as she was attempting to break free from him. Georgann stated she was in fear of her life and felt Cory was going to strangle her as she could not breathe and was gasping for air. She stated all this occurred as she was on the phone with the 911 dispatcher. Georgann refused to provide a sworn statement at that time.

I observed Georgann's neck and saw some bruising around her neck and what appeared to be finger prints on both sides of her neck. Photos were taken of Georgann's neck along with the broken cupboard. The photos were later uploaded to the PBSO domestic violence website. A victim/witness rights and case information form was provided to Georgann along with a victim's rights brochure.

I later met with Cory at his residence and post Miranda warning, Cory stated he went over to his mother's house because she accidentally locked her self out of her bedroom. He stated he had a spare key and when he got to the residence, he encountered Georgann intoxicated. Cory stated he was concerned for

The foregoing instrument was sworn to and affirmed before me this 29 day of DEC 20 20 by _____	
L. ALSTON # 35650	V. VENNER 7862
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
	Page 1 of 2

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request For Warrant	1	Juvenile	<input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE			Agency Report Number 06 20-141516				
Charge Type Check as many as apply		Special Notes							
<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor			<input type="checkbox"/> 5. Ordinance				
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor			<input type="checkbox"/> 6. Other				
Defendant Name (Last, First, Middle) PICOW CORY WAYNE				Race W	Sex M	Date of Birth 12-12-88			
Charge DOMESTIC BATTERY BY STRANGULATION				Charge					
Victim Name (Last, First, Middle) PICOW GEORGANN				Race W	Sex F	Date of Birth 10-28-57			
Local Address (Street, Apt. Number) 10392 EL PARAISO PL		City DELRAY BEACH	State FL	Zip 33446	Phone 561-706-6533	Address Source FL DL			
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation UNEMPLOYED			
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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.						
<input type="checkbox"/> confessed to admitting to the below facts.			<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <u>29</u> day of <u>DECEMBER</u> 20 <u>20</u> at <u>3:01</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

her because she has liver issues and based on medical doctors, it can cause her to have life threatening issues. Cory admitted to breaking the cupboard in the bathroom because he was frustrated with Georgann drinking an alcoholic beverage. He denied hitting or placing his hands around her neck and stated she was the one that struck him when she grabbed him by the arm when he took away her wine bottle.

Based on my investigation, I found that probable cause existed to charge Cory Picow with domestic battery by strangulation, pursuant to F.S. 784.041(3). Cory was later arrested and placed into handcuffs, which were checked for proper fit and double-locked. He was later transported to the PBC jail for booking.

NOT A CERTIFIED COPY

SCANNED
DEC 31 2020

The foregoing instrument was sworn to and affirmed before me this <u>29</u> day of <u>DEC</u> 20 <u>20</u> , by:	
L ALSTON # 35450	V. VENNER 7862
_____ 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
Page <u>2</u> of <u>2</u>	

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Suspect: PICOW, COREY WAYNE DOB: 12 / 12 / 88 Case #: 20-141516

Victim: PICOW, GEORGANN DOB: 10 / 28 / 57 Race: W Sex: F

Relationship between Victim and Defendant: MOTHER

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: RED MARKS AROUND NECK

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: ____ / ____ / ____

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: _____

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

Yes No If yes, name: _____ phone (____) ____ - ____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim Contact Information:

Local Address: 10392 EL PARAISO PLACE DELRAY BEACH, FL 33446

Phone: Home (____) ____ - ____ Work (____) ____ - ____ Cell (561) 706 - 6533

Employer: N/A

Name of Relative: _____ Phone (____) ____ - ____

Address: _____

SCANNED
 DEC 31 2021

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 #: 20-141516 Agency: Palm Beach County Sheriff's Office
Offense: DOMESTIC BATTERY BY STRANGULATION
Suspect/Offender: PICOW CORY WAYNE
DOB: 12-12-88 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: PICOW GEORGANN DOB: 10-28-57 Race: W Sex: F
Address: 10392 EL PARAISO PL
City: DELRAY BEACH State: FL Zip: 33446
Home #: 561-706-6533 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: V. VENNER ID #: 7862 Date: Dec 29, 2020

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

DEC 30 2020

SUSPECT/OFFENDER

PICOW

CORY

WAYNE

COURT CASE/WARRANT #

(FOR WARRANTS USE ONLY)



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: 2020030427	Date: 12/30/2020
	Specialist Name/ID: C. Anastasi/#21908