

50-2021- CF- 004725- AMB

CS23801

91

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		1	Juvenile	N	
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06</b>		<b>21-073258</b>			
Charge Type: Check as many as apply <input 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		Enter Type		Multiple Offenses Indicator <b>0</b>		<b>1</b>					
Location of Arrest (Including Name of Business) <b>5857 S CONGRESS AVE LAKE WORTH FL 33463</b>				Location of Offense (Including Name of Business) <b>4985 JANELIN RD LAKE WORTH FL 33463</b>							
Date of Arrest <b>Jun 6, 2021</b>		Time of Arrest <b>1731</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>JORDAN DAISY</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Other/Unknown		Sex <b>W F</b>		Date of Birth <b>10/25/91</b>		Height <b>5'4</b>		Weight <b>135</b>		Eye Color <b>BROWN</b>	
						Hair Color <b>BROWN</b>		Complexion <b>LT</b>		Build <b>SM</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>ZOMBIE BEE LEFT ANKLE, KIDS NAMES ON BACK</b>						Marital Status <b>MAR</b>		Religion		Indication of Alcohol Intoxication Drug Intoxication <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
Local Address (Street, Apt. Number) <b>4985 JANELIN RD LAKE WORTH FL 33463</b>				City <b>LAKE WORTH</b>		State <b>FL</b>		Zip <b>33463</b>		Phone <b>5616857516</b>	
Permanent Address (Street, Apt. Number)				City		State		Zip		Address Source <b>DL</b>	
Business Address (Street, Apt. Number)				City		State		Zip		Occupation <b>MEDICAL</b>	
DL Number, State <b>J635172918850, FL</b>				Social Security Number		INS Number		Place of Birth <b>LORERDO, TX</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 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)				Date		Time		Juvenile Disposition: 1. Handled/Processed within Dept. and Released 2. TOT HRSDYS 3. Incarcerated			
Released To (Name)				Relationship				Date		Time	
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 561 355-2528) 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. Possession		B. Sell T. Traffic		R. Bribe D. Deliver E. Use		K. Dispose/ 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. Pharmaceutical Equipment		U. Unknown Z. Other			
Charge Description <b>AGG ASSAULT W/ FIREARM</b>				Counts <b>01</b>		Statute Violation Number <b>784.021(1A)</b>		Violation or ORD. #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>21-073258</b>		Warrant/Capias Number		Bond <b>NONE</b>	
Charge Description				Counts		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description				Counts		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description				Counts		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description				Counts		Statute Violation Number		Violation or ORD. #			
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Location (Court, Address, Room Number)										<b>TO BE SET</b>	
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input checked="" 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 VOLUNTARILY 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 _____ <input type="checkbox"/> Dangerous <input type="checkbox"/> Substantial <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other _____				Signature of Arresting Officer <b>DUPONT</b> ID # <b>9005</b>				Name Verification (Printed by Arrestee) (PRINT)			
Initials/Signature <b>[Signature]</b> ID # _____ Patch # _____				Transporting Officer <b>GONZALEZ 31774</b> ID # _____ Agency <b>PBSO</b>				Witness here if subject signed with an "X"			

FILED  
 JUN 07 2021  
 CIRCUIT & COUNTY COURTS  
 CRIMINAL DIV.

JUN 6 PM 7:40



OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Copies		1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>21-073258</b>		
Charge Type: Class 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) <b>JORDAN DAISY</b>		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>10/25/91</b>		
Charge <b>AGG ASSAULT W/ FIREARM</b>		Charge						
Victim Name (Last, First, Middle) <b>JORDAN MARK</b>		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>12/7/92</b>		
Local Address (Street, Apt. Number) <b>4985 JANELIN RD</b>		City <b>LAKE WORTH</b>		State <b>FL</b>		Zip <b>33463</b>		Phone <b>5616857517</b>
Business Address (Street, Apt. Number)		City		State		Zip		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"/> 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>6</u> day of <u>JUNE</u> 20 <u>21</u> at <u>1640</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

Daisy had contacted PBSO wanting to speak with deputies about the incident. I met her and the children at 5857 S Congress Ave. during a recorded interview utilizing my in-car video system, daisy was read her Miranda rights which she understood. Daisy advised she did not want to talk about the incident or answer any question. Daisy did utter that Mark grabbed her and showed a small skin abrasion on her left wrist.

Daisy was found to be in violation of FSS 784.021(1A), aggravated assault with firearm. Daisy was arrested, hand cuffs were checked for proper fit and double locked.

Mark was called to the scene to retrieve the children and her vehicle per her request. I inquired about the abrasion on her wrist and he advised while he was exiting the residence before the assault she was attempting to shut the door on him. He kept the door open with his foot and while she was attempting to close the door parts of the door injured her.

The foregoing instrument was sworn to and affirmed before me this <u>6</u> day of <u>JUNE</u> 20 <u>21</u> , by:	
<b>GONZALEZ 31774</b>	<b>DUFORT 9005</b>
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 <b>2</b> of <b>1</b>	

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

Defendant: JORDAN DAISY DOB: 10/25/91 Case #: 21-073258  
Victim: JORDAN MARK DOB: 12/7/92 Race: W Sex: M

Relationship between Victim and Defendant: \_\_\_\_\_

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

911 Call: ☒ Yes ☐ No Caller: VICTIM

Weapon Used: ☒ Yes ☐ No Type: FIREARM

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: TRAVIS JORDAN DOB 12/9/08

Name: NATHANIEL JORDAN DOB 3/25/11

Name: DANIELLE JORDAN DOB 4/17/13

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 the 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: 4985 JANELIN RD

LAKE WORTH FL 33463

Phone: Home: 5616857517 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 #: 21-073258 Agency: Palm Beach County Sheriff's Office  
Offense: AGG ASSAULT W/ FIREARM  
Suspect/Offender: JORDAN DAISY  
DOB: 10/25/91 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: JORDAN MARK DOB: 12/7/92 Race: W Sex: M  
Address: 4985 JANELIN RD  
City: LAKE WORTH State: FL Zip: 33463  
Home #: 5616857517 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: DUFORT ID #: 9005 Date: Jun 6, 2021

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(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: 2021013791

Date: 06/07/2021

Specialist Name/ID: T Howard/7185