

03341114

20CP 10358 1921

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request For Warrant
2. N.T.A. 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 20139580		
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 2 Traffic Felony		<input checked="" type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type		
Location of Arrest (Including Name of Business)				Location of Offense (Including Name of Business) SAME				
Date of Arrest Dec 23, 2020	Time of Arrest 0800	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle)								
Race W. White 1. American Indian B. Black 0. Oriental/Asian	Sex F	Date of Birth	Height 5'6"	Weight 140	Eye Color BRN	Hair Color BRN	Complexion MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO ON RIGHT ARM (SLEEVE)				Marital Status N	Religion N	Indicator of Alcohol Influence Drug Influence <input type="checkbox"/> 1 City <input type="checkbox"/> 2 County <input type="checkbox"/> 3 Florida <input type="checkbox"/> 4 Out of State <input checked="" type="checkbox"/> 5 Juvenile		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Residence Type <input type="checkbox"/> 1 City <input type="checkbox"/> 2 County <input type="checkbox"/> 3 Florida <input type="checkbox"/> 4 Out of State <input checked="" type="checkbox"/> 5 Juvenile		
Permanent Address (Street, Apt. Number) SAME		City	State	Zip	Phone	Address Source PALMS		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation OFFICE MANAGER		
DL Number, State F420173855100		Social Security		INS Number	Place of Birth BROWARD CO, FL	Citizenship U.S.		
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)		City	State	Zip	Business Phone		
Address (Street, Apt. No.)		City	State	Zip	Business Phone			
Notified By (Name)		Date	Time	Juvenile Disposition Arrested/Processed within Dept. and Released	2 TOT HRS/DYS 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 561 355-2525) informed of any address change. <input type="checkbox"/> Yes, by parent <input type="checkbox"/> No (Reason)								
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	F. Dispense D. Distribute	M. Manufacture P. Produce C. Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	
Charge Description Abuse of a disabled adult (DOMESTIC)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 825.102(1)(A)		Violation or ORD. #		
Drug Activity NA	Drug Type NA	Amount/Unit NA	Offense # 20139580	Warrant/Capias Number		Bond		
Charge Description SIMPLE BATTERY (DOMESTIC)		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)(1)		Violation or ORD. #		
Drug Activity NA	Drug Type NA	Amount/Unit NA	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) TO BE SET								
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)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other		Name of Arresting Officer D/S M. LUBINSKI		ID # 8235		
Intake Deputy 132		ID # Pouch #		Transporting Officer N/A		Agency PBS		
Witness here if subject signed with an "X"						Page 1 of 1		

LUBINSKI #8235 PBS

DEC 23 AM 11:15

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request For Warrant 1 Juvenile
2. N.T.A. 4. Request For Copies

OBTS Number _____

Agency ORI Number **FLO 5 0 0 0 0** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06** **20139580**

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

Special Notes _____

Defendant Name (Last, First, Middle) _____ Race **W** Sex **F** Date of Birth _____

Charge **Abuse of a disabled adult (DOMESTIC)** Charge **SIMPLE BATTERY (DOMESTIC)**

Victim Name (Last, First, Middle) _____ Race **W** Sex **M** Date of Birth _____

Local Address (Street) _____ Phone _____ Address Source **PALMS**

Business Address (for use, if different) _____ City _____ State _____ Zip _____ Phone _____ Occupation **BUSINESS OWNER**

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...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to admitting to the below facts. was found to have committed the below acts, resulting from (described) investigation.

On the **23RD** day of **DEC** 20 **20** at **0800** AM PM

On above date and time 35 year old W/F _____ called 911 and reported her parents were trying to change to door locks to her bedroom door (mother-in-law-suite). _____ parents were later identified as W/M _____ and W/F _____. While _____ was on the phone with 911 operators they heard a struggle on the line and I responded code 3 (lights and siren).

Upon my arrival I met with _____ and _____ who are both in their early 60s. _____ had several lacerations to her right forearm and appeared to be breathing heavily. _____ who has terminal brain cancer and uses a walker while walking or standing because the cancer has spread to his spinal cord, was also out of breath. _____ made the following statement: Early this morning _____ and _____ were attempting to change the door lock to the mother-in-law-suite, which is where _____ and her 6 year old daughter _____ live. The door locks were being changed because _____ and _____ are listing their home for sale because _____ only has six months to live. _____ became enraged over the fact her door lock was being replaced and she has become irritated with the fact she will have to move out of her parents house when the home is sold. While _____ was talking to _____ in the area of the pool deck between the main house and mother-in-law-suite, _____ became enraged. _____ pushed _____ down to the ground. _____ tried to intervene, but _____ also attacked her. _____ cratched _____ and put her in a "headlock." Eventually _____ older sister, _____ was able to separate _____ and _____. _____ did not want to make a statement or get involved.

I interviewed _____ a little later away from _____ statement was identical to _____. _____ had no visible injuries and both _____ and _____ refused EMS. _____ and _____ requested not to complete a sworn statement after they discovered their daughter _____ would be going to jail. It should be noted per FSS 825.101(3) _____ is considered a "Disabled adult." _____ suffers from a condition of physical incapacitation due to a developmental disability and has physical limitations that restrict his ability to perform the normal activities of daily living.

Post Miranda, _____ declined to make a sworn written or verbal statement. _____ had no visible injuries and refused EMS. DART deputy R. Jaques #23160 took photographs of _____ injuries. The photos were later downloaded to the domestic violence website.

After conducting my investigation and speaking with all parties involved, I determined that _____ is the primary aggressor and did in fact strike the victims, _____ and _____ against their will, which is a violation of F.S.S. 825.102(1)(A) and 784.03. (1)(a)(1). _____ was transported to the county jail for booking and processing. This case is cleared by arrest.

The foregoing instrument was sworn to and affirmed before me this **23rd** day of **DEC** 20 **20**, by:

D/S G. MASTICS #30987 **D/S M. LUBINSKI** **8235**
 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) Name of Arresting/Investigating Officer

[Signature] *[Signature]*
 Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) Signature of Arresting/Investigating Officer

Page **1** of **1**

PROBABLE CAUSE AFFIDAVIT

1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Copies 1 Juvenile

OBTS Number	PROBABLE CAUSE AFFIDAVIT	Agency Report Number 06	20139580
Agency ORI Number FLO 5 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		
Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes	
Defendant Name (Last, First, Middle) [REDACTED]		Race W	Sex F
Charge SIMPLE BATTERY (DOMESTIC)		Charge	
Victim Name (Last, First, Middle) [REDACTED]		Race W	Sex F
Local Address (Street, Apt. Number) [REDACTED]	City [REDACTED]	State FL	Zip [REDACTED]
Business Address (Street, Apt. Number) [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Address Source PALMS		Occupation BUSINESS OWNER	

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...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to admitting to the below facts. was found to have committed the below acts, resulting from (described) investigation.

On the **23RD** day of **DEC** 20 **20** at **0800** AM PM

On above date and time 35 year old W/F [REDACTED] called 911 and reported her parents were trying to change to door locks to her bedroom door (mother-in-law-suite). [REDACTED] parents were later identified as W/M [REDACTED] and W/F [REDACTED]. While [REDACTED] was on the phone with 911 operators they heard a struggle on the line and I responded code 3 (lights and siren).

Upon my arrival I met with [REDACTED] and [REDACTED] who are both in their early 60s. [REDACTED] had several lacerations to her right forearm and appeared to be breathing heavily. [REDACTED] who has terminal brain cancer and uses a walker while walking or standing because the cancer has spread to his spinal cord, was also out of breath. [REDACTED] made the following statement: Early this morning [REDACTED] and [REDACTED] were attempting to change the door lock to the mother-in-law-suite, which is where [REDACTED] and her 6 year old daughter [REDACTED] live. The door locks were being changed because [REDACTED] and [REDACTED] are listing their home for sale because [REDACTED] only has six months to live. [REDACTED] became enraged over the fact her door lock was being replaced and she has become irritated with the fact she will have to move out of her parents house when the home is sold. While [REDACTED] was talking to [REDACTED] in the area of the pool deck between the main house and mother-in-law-suite, [REDACTED] became enraged. [REDACTED] pushed [REDACTED] down to the ground. [REDACTED] tried to intervene, but [REDACTED] also attacked her. [REDACTED] cratched [REDACTED] and put her in a "headlock." Eventually [REDACTED] sister, [REDACTED] was able to separate [REDACTED] and [REDACTED]. [REDACTED] did not want to make a statement or get involved.

I interviewed [REDACTED] a little later away from [REDACTED]. [REDACTED] statement was identical to [REDACTED]. [REDACTED] had no visible injuries and both [REDACTED] and [REDACTED] refused EMS. [REDACTED] and [REDACTED] requested not to complete a sworn statement after they discovered their daughter [REDACTED] would be going to jail. It should be noted per FSS 825.101(3) [REDACTED] is considered a "Disabled adult." [REDACTED] suffers from a condition of physical incapacitation due to a developmental disability and has physical limitations that restrict his ability to perform the normal activities of daily living.

Post Miranda, Dina declined to make a sworn written or verbal statement. [REDACTED] had no visible injuries and refused EMS. DART deputy R. Jaques #23160 took photographs of [REDACTED] injuries. The photos were later downloaded to the domestic violence website.

After conducting my investigation and speaking with all parties involved, I determined that [REDACTED] is the primary aggressor and did in fact strike the victims, [REDACTED] and [REDACTED] against their will, which is a violation of F.S.S. 825.102(1)(A) and 784.03. (1)(a)(1). Dina was transported to the county jail for booking and processing. This case is cleared by arrest.

The foregoing instrument was sworn to and affirmed before me this 23rd day of DEC 20 20, by:

<p>D/S G. MASTICS #30987 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)</p> <p><i>[Signature]</i> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)</p>	<p>D/S M. ROBINSKI 8235 Name of Arresting/Investigating Officer</p> <p><i>[Signature]</i> Signature of Arresting/Investigating Officer</p>
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Page **1** of **1**

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

Defendant: _____ DOB: _____ Case #: **20139580**

Victim: _____ DOB: _____ Race: **W** Sex: **M**

Relationship between Victim and Defendant: **DAUGHTER VS FATHER**

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____ **AND _____ BOTH VICTIMS**

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

Injuries: Yes No Description: **SEE P.C.**

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: _____ 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: **SEE P.C.**

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

First words Victim said when you responded to scene: **SEE P.C.**

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: _____ **FL** _____

Phone: Home: _____ 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 #: 20139580 Agency: Palm Beach County Sheriff's Office
Offense: Abuse of a disabled adult (DOMESTIC)
Suspect/Offender: [REDACTED] Race: W Sex: F
DOB: [REDACTED]

2. Warrant #(s): _____

3.a. Victim's Name: [REDACTED] DOB: [REDACTED] Race: W Sex: M
Address: [REDACTED] State: FL Zip: [REDACTED]
City: [REDACTED] Other #: _____
Home #: [REDACTED] Work #: _____

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 M. LUBINSKI ID #: 8235 Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER

- 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 #: 20139580 Agency: Palm Beach County Sheriff's Office
Offense: Abuse of a disabled adult (DOMESTIC)
Suspect/Offender: [REDACTED]
DOB: [REDACTED] Race: W Sex: F

2. Warrant #(s): [REDACTED]

3.a. Victim's Name: [REDACTED] DOB: [REDACTED] Race: W Sex: M

Address: [REDACTED]
City: [REDACTED] State: FL Zip: [REDACTED]
Home #: [REDACTED] Work #: [REDACTED] Other #: [REDACTED]

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.
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Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Deputy's Name: D/S M. LUBINSKI ID #: 8235 Date: _____

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

COURT CASE/WARRANT #
(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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 checked="" type="checkbox"/>	. 415.107(1), F.S	Other: Vulnerable adult abuse records and reports	1-7
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020030042	Date: 12/24/2020
	Specialist Name/ID: T Howard/7185