

J#0430266

20 MM-4491

PH 3306

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBT Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20-073547	
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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator			
Date of Arrest 05/31/2020				Time of Arrest 00:46		Booking Date	
Name (Last, First, Middle) Anderson, Elizabeth, Ida Rose				Aliases (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 04/16/1997		Height 5'07	
Weight 190		Eye Color Brown		Hair Color Brown		Complexion Medium	
Build Medium		Marital Status Single		Religion NONE		Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) scar on back				Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source	
Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Business Address (Name, Street) (City) (State) (Zip) Phone	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Occupation Security	
DL Number, State A536229976360, FL		INS Number		Place of Birth (City, State) Grand Forest, North Dakota		Citizenship US	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Parent Legal Custodian Other: Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone		Residence Phone	
Notified by: (Name)				Date		Time	
Released To: (Name)				Relationship		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. Not Handled/Processed 3. Incorporated	
The above address 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 (Phone 365-2528) informed of any change of address. <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 M. Buy T. Traffic		R. Smuggle 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 O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description Simple Battery (domestic)				Counts 1		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Statute Violation Number 784.03 (1a1)				Violation of ORD #			
Drug Activity Drug Type Amount / Unit N N				Offense # 20-073547		Warrant / Capias Number	
Bond				Charge Description		Counts	
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number		Violation of 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 of 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 of ORD #	
Drug Activity Drug Type Amount / Unit				Offense #		Warrant / Capias Number	
Bond				Location (Court, Room Number, Address)			
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 05/31/2020							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer D/S M. Clorciari		Name Verification (Printed by Arrestee) (PRINT)			
Intake Deputy Diana Losh		I.D. # Pouch #		Name of Arresting Officer (Print) D/S M. Clorciari		I.D. # 27106	
Agency PBSO		Witness here if subject signed with an -X"		PAGE		OF	

VICTIM NOTIFICATION REQUIRED

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

MAY 31 2020

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: **Anderson, Elizabeth, Ida Rose** COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)

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 #: 20-073547 Agency: PBSO
Offense: Simple Battery (domestic)
Suspect/Offender: Anderson, Elizabeth, Ida Rose
D.O.B. 04/16/1997 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Gomez, Rafael, Enrique D.O.B. 07/10/1994 Race: H Sex: M
Address: _____
City: _____
Home #: _____ Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ 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: Gomez, Rafael, Enrique

Deputy's Name: M. Ciacciarri I.D.# 27106 Date: 05/31/2020

White/Corrections or State Attorney (Warrant Application)

Yellow/Warrants Section

Pink/Central Records



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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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: 2020013891	Date: 5/31/2020
	Specialist Name/ID: B Evans / 23649