

ARREST / NOTICE TO APPEAR

21MM416 MB

- 1. Arrest (No Warrant)
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1 JUVENILE

Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3, 2 2021-000635
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: Hands, Feet, Fist, Teeth
Location of Arrest (Including Name of Business) 19 ROYAL PALM WAY BOCA RATON, FL 33432, 19 ROYAL PALM		Location of Offense (Business Name, Address) 19 ROYAL PALM WAY 204, BOCA RATON, FL 33432
Date of Arrest 01/16/2021	Time of Arrest 21:33	Booking Date, Booking Time, Jail Date, Jail Time, Location of Vehicle
Name (Last, First, Middle) DEPOORTER, FRANCOISE JACQUELINE		Alias (Name, DOB, Soc. Sec. #, Etc.)
Race W - White B - Black	Sex M - Male F - Female	Date of Birth 09/22/1961
Height 5'07	Weight 140	Eye Color BROWN
Hair Color BLONDE	Complexion LIGHT	Build Small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M
Local Address (Street, Apt. Number) 19 ROYAL PALM WAY 204, BOCA RATON, FL 33432		Phone (858) 531-6321
Permanent Address (Street, Apt. Number) 19 ROYAL PALM WAY 204, BOCA RATON, FL 33432		Phone (858) 531-6321
Business Address (Name, Street) _____		Occupation
D/L Number, State D163250618420 / FL	Soc. Sec. Number _____	DNS Number, Place of Birth (City, State) BELGIUM
Co-Defendant Name (Last, First, Middle)		Race, Sex, Date of Birth
Co-Defendant Name (Last, First, Middle)		Race, Sex, Date of Birth
Parent / Legal Custodian		Residence Phone, Business Phone
Address (Street, Apt. Number)		(City) (State) (Zip)
Notified by: (Name)		Date, Time, JUVENILE DISPOSITION
Released To: (Name)		Relationship, Date, Time, JUVENILE DISPOSITION
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
Property Crime? <input type="checkbox"/> Yes <input checked="" 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
K. Disperse/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. Synthetic	U. Unknown Z. Other	
Charge Description BATTERY / DOMESTIC BATTERY		Statute Violation Number 784.01(1A)
Drug Activity	Drug Type N	Amount / Unit, Offense #, Counts, Domestic Violence, Warrant / Capias Number, Bond
Charge Description		Statute Violation Number, Violation of ORD #
Drug Activity	Drug Type	Amount / Unit, Offense #, Counts, Domestic Violence, Warrant / Capias Number, Bond
Charge Description		Statute Violation Number, Violation of ORD #
Drug Activity	Drug Type	Amount / Unit, Offense #, Counts, Domestic Violence, Warrant / Capias Number, Bond
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
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By, Released By, Released To
Transported By		Date Transported, Time Transported, Other
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444
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.		Court Date and Time
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed
Signature of Arresting Officer ROSARIO, J. G.		Name Verification (Printed by Arrestee)
Intake Deputy LD. #, Pouch #		Witness here if subject signed with an "X".

FILED
JAN 17 2021
JOSEPH ABRUZZO, CLERK
PALM BEACH COUNTY, FL

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-000635	
	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			Special Notes:

D E F	Name (Last, First, Middle) DEPOORTER, FRANCOISE JACQUELINE	Alias	Race W	Sex F	Date of Birth 09/22/1961
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C H A R G E S	Charge Description 784.03(1A) BATTERY / DOMESTIC BATTERY	Charge Description
	Charge Description	Charge Description

V I C T I M	Victim's Name (Last, First, Middle) GREGORY, JACK CHARLES J	Race W	Sex M	Date of Birth 06/06/1951
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Local Address (Street, Apt. Number) 19 ROYAL PALM WAY 204, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (858) 603-1173	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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The undersigned certifies and 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 my (described) investigation.

On the **16** day of **January**, **2021** at **21:47** (Specifically include facts constituting cause for arrest.)

On 01-16-2021 at approximately 2037 hours I arrived at 19 Royal Palm Way in reference to a domestic disturbance.

PBSO dispatchers transferred a call to BRPD dispatch from a male saying "stop, you are hurting me" and advising that he had been slapped five times.

Upon arrival we made contact with the complainant, Jack Gregory. I observed that Jack had multiple lacerations to both sides of his neck that looked like obvious scratch marks with dried blood in the center of his neck. When asked what happened, he explained that he and his wife Francoise Depoorter had gotten into an argument about their finances. He stated that during the argument Francoise was swinging her hands around but denied her being physical with him or scratching him. He claimed that the lacerations to the side of his neck were accidentally self-inflicted. I checked Jack's hands and found no evidence of blood on his fingernails or hands. Jack informed us that prior to the argument, both he and Francoise had consumed a bottle of wine together. Jack refused treatment from BRPD.

I then spoke to Francoise who advised that she was standing on their balcony on the phone with her son who lives in Belgium. She explained that while on the phone with her son, Jack approached her stating that he scratched himself. She denied scratching him or being physical with him in any way. She informed us that she had been drinking wine and that she was upset with Jack due to financial troubles. I observed what appeared to be dried blood on her left palm and her fingernails.

Based on the totality of my investigation, I believe that the lacerations on Jack's neck were caused by Francoise during the argument.

Photos of Jack's injuries and Francoise's hands were submitted accordingly into

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
	MCINNIS, BRYAN MICHAEL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	ROSARIO, JONATHAN GLENN (862) NAME OF OFFICER (PLEASE PRINT)
	01/16/2021 DATE	01/16/2021 DATE
		PAGE 1 OF 2

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:

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
- 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 #: 2021-000635 Agency: BRPD
 Offense: BATTERY / DOMESTIC BATTERY
 Suspect/Offender: FRANCOISE DEPOORTE
 D.O.B. 09/22/1961 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: JACK GREGORY D.O.B. 06/06/1957 Race: W Sex: M
 Address: 19 ROYAL PALM WAY
 City: BOCA RATON State: FL Zip: 33432
 Home #: 858 603 1173 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 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: _____
 Deputy's Name: ROSARIO I.D. # 862 Date: 01/16/2024