

J# 0523343 21MM13495 MB PH 726

ARREST / NOTICE TO APPEAR

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

1


JUVENILE

| | | | | | | | | | |
|---|--|-----------------------------------|---|--------------------------------|---|--|----------------------------|----------------------------|--|
| OBTS Number | Agency ORI Number 0500200 | | Agency Name Boca Raton Police Department | | Agency Report Number (N.T.A.'s only) 3, 2 2021-005851 | | | | |
| Charge Type: Check as many <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 | | | | Multiple Clearance Indicator | | | | |
| Location of Arrest (Including Name of Business) 531 N OCEAN BLVD, 531 N OCEAN BLVD, BOCA RATON, FL | | | Location of Offense (Business Name, Address) 2 E CAMINO REAL, BOCA RATON, FL 33432 | | | | | | |
| Date of Arrest 05/15/2021 | Time of Arrest 23:26 | Booking Date 05/15/2021 | Booking Time 23:36 | Jail Date 05/16/2021 | Jail Time 00:10 | Location of Vehicle | | | |
| Name (Last, First, Middle) GIARRIZZO, GILLIAN | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian W F | | | Date of Birth 07/10/1990 | Height 5'01 | Weight 160 | Eye Color HAZEL | Hair Color BROWN | Complexion LIGHT | Build Med |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | Marital Status S | Religion NONE | Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> | | | | |
| Local Address (Street, Apt. Number) 225 E 29TH CT, RIVIERA BEACH, FL 33404 | | | (City) FL | (State) FL | (Zip) 33404 | Phone (757) 621-9952 | | | Residence Type: 1. City 3. Florida 2. County 4. Out of State 1 |
| Permanent Address (Street, Apt. Number) 225 E 29TH CT, RIVIERA BEACH, FL 33404 | | | (City) FL | (State) FL | (Zip) 33404 | Phone (757) 621-9952 | | | Address Source FL DL |
| Business Address (Name, Street) ELECTRICAL COMPANY, | | | (City) FL | (State) FL | (Zip) 33404 | Phone (757) 621-9952 | | | Occupation Office Manager |
| DfL Number, State G620280907500 / FL | | | Soc. Sec. Number | INS Number | Place of Birth (City, State) SCOTTLAND, United | | | Citizenship | |
| Co-Defendant Name (Last, First, Middle) | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | | | |
| Co-Defendant Name (Last, First, Middle) | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor | | | |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) | | | Residence Phone | | | | | | |
| <input type="checkbox"/> Legal Custodian | | | Business Phone | | | | | | |
| Address (Street, Apt. Number) (City) (State) (Zip) | | | | | | | | | |
| Notified by: (Name) | | | Date | | | | | | |
| Released To: (Name) | | | Relationship | | | | | | |
| 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. | | | Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Description of Property | | | Value of Property |
| Drug Activity N. N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other P. Possess B. Buy D. Deliver E. Use | | | 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. Unknowns Z. Other | | | Statute Violation Number 784.03(1)(a) 1W | | | Violation of ORD # |
| Charge Description BATTERY / DOMESTIC BATTERY | | | Counts 1 | | | Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | | Warrant / Capias Number NO BOND. |
| Charge Description | | | Counts | | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | | Warrant / Capias Number |
| Charge Description | | | Counts | | | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | | | Warrant / Capias Number |
| Health / Apparent Physical Condition of Defendant GOOD | | | 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 checked="" type="checkbox"/> T.O.T. County Jail | | | PROPERTY - Received By WALKER | | | Released By WALKER | | | Released To |
| Transported By WALKER | | | Date Transported 05/16/2021 | | | Time Transported 00:12 | | | 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 | | | Court Date and Time | | | |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF 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. | | | Signature of Defendant (or Juvenile and Parent/Custodian) Thomas #103 | | | Date Signed MAY 16 2021 | | | Page 1 OF 1 |
| HOLD for Other Agency | | | Name of Receiving Officer (Print) WALKER, K. P. | | | ID # 861 | | | Agency BRPD |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Suicidal <input type="checkbox"/> Other | | | Transporting Officer WALKER, K | | | ID # 861 | | | Agency BRPD |
| Witness here if subject signed with an "X". | | | | | | | | | |

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

| | | | | | |
|--|---|---|--|---|-----------------|
| ADMIN | Date / Time 05/15/2021 23:40 | Agency Name BOCA RATON POLICE DEPARTMENT | | Agency Report Number 3 2 2021-005851 | |
| | Agency ORI Number FL 0500200 | Name (Last, First, Middle) GIARRIZZO, GILLIAN | | Race W | Sex F |
| DEF | Charge Description 784.03(1) BATTERY / DOMESTIC BATTERY | | | Date of Birth 07/10/1990 | |
| | Victim's Name (Last, First, Middle) DEMARINO, TAYLOR THOMAS | | | Race W | Sex M |
| VICTIM | Local Address (Street, Apt. Number) (City) (State) (Zip) 225 E 29TH CT, RIVIERA BEACH, FL 33404 | | | Phone (561) 225-9954 | |
| | Business Address (Name, Street) (City) (State) (Zip) PALM BEACH COUNTY | | | Occupation LIFE GUARD | |
| ADDITIONAL INFORMATION | DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral | | | OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): GOOD | |
| | RELATIONSHIP BETWEEN VICTIM & SUSPECT GIRLFRIEND | | | | |
| NARR | PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CALLER: BRITTANY. WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TYPE: WITNESSES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If YES, attach witness list) INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PARAMEDICS: Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NAMES/AGES: H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ALCOHOL OR DRUGS INVOLVED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| | On 05/15/2021, I responded to 2 E Camino Real in reference to a domestic disturbance. Upon arrival, I made contact with the valet staff who advised a couple had been in an altercation, but one party had left. After a canvass, I made contact with W/M Taylor Demarino who advised he and his girlfriend of 7 years were | | | | |
| STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>Robert R. Volguardson</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>15</u> day of <u>May</u> , 2021. VOLGUARDSON, ROBERT R. NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) | | | | | |

SCANNED
MAY 16 2021

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

Narrative Continuation

| | | | |
|--|--|--|--|
| A D M I N I S T R A T I V E | Date / Time 05/15/2021 23:40 | | |
| | Agency ORI Number FL 0500200 | Agency Name BOCA RATON POLICE DEPARTMENT | Agency Report Number 312 2021-005851 |
| | <p>arguing outside but cannot remember about what. Demarino stated while arguing, his girlfriend W/F Gillian Giarrizzo punched him with a closed fist twice in the back of the head. Demarino advised in effort to avoid being hit, he raised his arm to block her punch, causing her to fall to the ground. It should be noted that an independent witness saw Giarrizzo smack Demarino inside of the Addison prior to my arrival. I observed no injury to Demarino. The witness provided a statement which as captured via my department issued body camera.</p> <p>I then spoke with Giarrizzo at 531 N Ocean Blvd, advised they were arguing in the parking lot of The Addison. She stated she was looking for the hotel room key and Demarino because angry and began yelling and slamming things. Giarrizzo stated she got in Demarino's face during the argument, which is when she was pushed to the ground. I observed bruises to Giarrizzo's right and left elbow. Pictures of the injuries were taken by Officer G. Carrecia.</p> <p>Due to the the statement of the independent witness, it was determined that Giarrizzo was the primary aggressor in this incident and therefore was placed under arrest for Domestic Battery, 784.03(1a1). Giarrizzo was transported to Palm Beach County Jail.</p> | | |

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, Walker personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

[Signature]
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of May, 2021.

VOLGUARDSON, ROBERT R
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

SCANNED
MAY 16 2021

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

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 - 005851 Agency: BRPD
Offense: Domestic Battery
Suspect/Offender: Gillian Giarpizzo
D.O.B. 7/10/1990 Race: W Sex: F

2. Warrant#(s): _____

3.a. Victim's name: Taylor Demann D.O.B. 6/24/91 Race: W Sex: M
Address: 225 E 2nd St
City: Riviera Beach State: FL Zip: 33404
Home#: 561 225 9155 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:** Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: _____ I.D.# _____ Date: _____
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#: _____

SCANNED
MAY 16 2021



**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: 2021011865

Date: 5/16/21

Specialist Name/ID: A. Pinkney/7796