

J#034479

20mm3178

#1102

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20057846		
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" 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		If Weapon Seized Enter Type		Multiple Clearance Indicator 0 1				
Location of Arrest (Including Name of Business) 0425 Little Mustang Way Lake Worth, FL 33467				Location of Offense (Including Name of Business) 0425 Little Mustang Way, Lake Worth, FL 33467				
Date of Arrest Apr 12, 2020	Time of Arrest 2350	Booking Date Apr 12, 2020	Booking Time	Jail Date Apr 12, 2020	Jail Time	Location of Vehicle N/A		
Name (Last, First, Middle) Zurita Giovanni						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth 08/19/91	Height 5'04"	Weight 150	Eye Color Brown	Hair Color brown	Complexion Medium	Build Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE OBSERVED				Marital Status SINGLE		Religion CHRISTIAN		
Local Address (Street, Apt. Number) 0425 Little Mustang Way		City Lake Worth		State FL		Zip 33467		
Permanent Address (Street, Apt. Number) 0425 Little Mustang Way		City Lake Worth		State FL		Zip 33467		
Business Address (Street, Apt. Number)		City		State		Zip		
Dfl. Number, State Z630281912990		Social Security Number		INS Number		Place of Birth WEST PALM BEACH, FL		
Citizenship US		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		
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 2526) 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 S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Products Cultivate		
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana		
P. Paraphernalia/ Equipment		U. Unknown Z. Other		Charge Description BATTERY (Domestic Related)		Counts 1		
Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 784.011, 03 1A1		Violation or ORD. # JD				
Drug Activity		Drug Type		Amount/Unit		Offense # 20057846		
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		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. #				
Location (Court, Address, Room Number)								
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 WILL FULLY 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 checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer J. DORY		ID # 7784		
Intake Pouch Dunnery 682		ID # Pouch #		Transporting Officer J. DORY		Agency 7784		
Witness here if subject signed with an "X"		Page 1 of 1		SCANNED		APR 12 2020		

OBTs Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		20057846		
Charge Type Check as many as apply		Special Notes			Race		Sex		
<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 _____					W		M		
Defendant Name (Last, First, Middle) Zurita Giovanni				Race		Sex		Date of Birth	
				W		M		08/19/91	
Charge BATTERY (Domestic Related)				Charge					
				Charge					
Victim Name (Last, First, Middle) Ramirez Beatrice				Race		Sex		Date of Birth	
				N		B		F	
Local Address (Street, Apt. Number) 0425 Little Mustang Way		City Lake Worth		State FL		Zip 33467		Phone 561-340-9488	
Business Address (Street, Apt. Number)		City N		State N		Zip N		Address Source DHSMV	
								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"/> confessed to admitting to the below facts.									
<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.									
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.									
On the 12TH day of April 20 20 at 1145 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On the above date and time, I responded to 0425 Little Mustang Way, Lake Worth, FL in reference to a domestic dispute in progress. Upon arrival, myself and deputies Davis ID# 31812 and McCoy ID# 33108 observed a crowd of approximately six individual involved in a physical altercation. We then ran towards the crowd. As we got closer a male, it appeared that the group was trying to subdue a male subject, later identified as the defendant, Giovanni Zurita. He came forward with his hands up. We instructed him to get on the ground and to place his hands behind his back. He complied. While I was placing handcuffs on him an unidentified white male approached us in an aggressive manner and was yelling obscenities. He was moved to the side to prevent any further issues.

I met with a female identified as Beatrice Ramirez. She stated that she was the mother of Giovanni. She stated that Giovanni had been drinking alcohol all day and had been punching the walls in her home and broke some furniture. She added that Giovanni pushed her during his rage and she fell to the ground. Beatrice went on to say that Giovanni was diagnosed with bipolar disorder, depression, and had not been taking his medication.

I placed Giovanni under arrest for battery on Beatrice and also completed a [REDACTED] I then transported him to the Palm Beach County Jail for booking.

Based on the above stated information I have reason to believe and do believe the defendant, Giovanni Zurita violated F.S.S. 784.011; Battery (Domestic Related).

03(i)(a)(c)

The foregoing instrument was sworn to and affirmed before me this _____ day of February 20 20 , by:	
D/S Davis ID# 31812	J. DORY
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
D/S Davis ID# 31812	SCANNED
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	APR 12 2007
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Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: Zurita Giovanni DOB: 08/19/91 Case #: 20057846

Victim: Ramirez Beatrice DOB: 08/30/68 Race: W Sex: F

Relationship between Victim and Defendant: MOTHER AND SON

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Beatrice Ramirez

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: none

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: I have nothing to say to you.

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

First words Victim said when you responded to scene: My son had been drinking and pushed me

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): none

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information:

Local Address: 0425 Little Mustang Way

Lake Worth FL 33467

Phone: Home: 561-340-9488 Work: _____ Cell: _____

Employer: _____

Name of Relative: _____

SCANNED
 Phone:
 APR 12 2005

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 #: 20057846 Agency: Palm Beach County Sheriff's Office
Offense: BATTERY (Domestic Related)
Suspect/Offender: Zurita Giovanni
DOB: 08/19/91 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: Ramirez Beatrice DOB: 08/30/68 Race: W Sex: F
Address: 0425 Little Mustang Way
City: Lake Worth State: FL Zip: 33467
Home #: 561-340-9488 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: J. DORY ID #: 7784 Date: Aug 23, 2019

APR 12 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 checked="" type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	3
	<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: 2020010327	Date: 4/12/2020
	Specialist Name/ID: B Evans / 23649

SCANNED
 APR 12 2020