JH 02694277 50-2022-MM-002427-AMB #3287

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06 22049987

Charge Type: Check as many as apply — 1. Felony; 2. Traffic Felony; [X] 3. Misdemeanor; 4. Traffic Misdemeanor; 5. Ordinance; 6. Other
If Weapon Seized — Enter Type
Multiple Clearance Indicator: 0 | 1

Location of Arrest (Including Name of Business)		Location of Offense (Including Name of Business)	
2607 ROYAL PALM CIR APT 2	WPB, FL 33409	MILITARY TRAIL / WESTGATE AVE	WEST PALM BEACH, FL 33[illegible]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/27/202222	2206					

Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)
LOPEZ	HEATHER	PATRICIA	

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	08/31/1975	506	170	BROWN	BLONDE	LIGHT	MEDIUM

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of Alcohol Influence / Drug Influence: Y / N / Unk
UNK	SINGLE	UNK	Alcohol: N; Drug: Unk

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
2607 ROYAL PALM CIR APT 2	WEST PALM BEACH	FL	33409		2

Permanent Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
SAME AS LOCAL					SON

Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
					ADMIN SECRETARY

D/L Number, State	Social Security Number	INS Number	Place of Birth	Citizenship
L120335758110, FL	[redacted]		MIAMI, FL	USA

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large; 3. Felony 4. Misdemeanor 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large; 3. Felony 4. Misdemeanor 5. Juvenile

Parent / Legal Guardian / Other — Name (Last, First, Middle): (-No Bond — Phone

Address (Street, Apt. No.) — City — State — Zip — Business Phone

VICTIM NOTIFICATION REQUIRED

Notified By (Name) — Date — Time — Juvenile Disposition: 1. Handled/Processed within Dept. and Released; 2. TOT ARREST/S

Released To (Name) — Relationship — Date — Time

The above address was provided by [ ] defendant and/or [ ] 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 [ ] Yes, by: (Name) [ ] No: (Reason)

School Attended — Grade

Property Crime? [ ] Yes [ ] 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. 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; P. Paraphernalia/Equipment; U. Unknown; Z. Other

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
SIMPLE BATTERY (DOMESTIC)	1	[redacted] N	784.03 (1)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
			22049987		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		Y [ ] N [X]		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		Y [ ] N [ ]		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation or ORD. #
		Y [ ] N [ ]		

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond

Location (Court, Address, Room Number)

Court Date and Time

Month — Day — Year — Time — AM [ ] — PM [ ]

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 HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

HOLD for Other Agency — Name

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other

Intake Deputy — ID # — Pouch #

Signature of Arresting Officer 39038

Name of Arresting Officer: D/S SHEA FINK — ID #: 39038

Transporting Officer: Shea Fink — ID #: 39038 — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

Page 1 of 1

OBTS Number	PROBABLE CAUSE AFFIDAVIT	1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias	1	Juvenile	N

Agency ORI Number	Agency Name	Agency Report Number	
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERRIF'S OFFICE	06	22049987

Charge Type: Check as many as apply — [ ] 1. Felony [ ] 2. Traffic Felony [x] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth
LOPEZ	HEATHER	PATRICIA	W	F	08/31/1975

Charge	Charge
SIMPLE BATTERY (DOMESTIC)	

Victim Name (Last, First, Middle)	Race	Sex	[redacted]
[redacted]		[redacted]	

Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
[redacted]					

Business Address (Street, Apt. Number)	City	State	Zip	Phone	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...

- [ ] 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.
- [x] was found to have committed the below acts, resulting from (described) investigation.

On the 25 day of MARCH 20 22 at 10:38 [ ] AM [x] PM

On March 25, 2022 at approximately 10:30 P.M., I, D/S Shea Fink, responded to a domestic incident at the address of [redacted] in unincorporated Palm Beach County, FL 33409.

Upon arrival, I made contact with the complainant/victim, [redacted] reported that he got into a verbal argument with his [redacted] (Heather Lopez, D.O.B. 08/31/1075) in reference to him moving out of the residence when their lease was up. It was at this point that Heather got angry with [redacted] and began yelling at him. The argument escalated and resulted in Heather punching [redacted] in the the left side of his mouth with a closed fist while the two were inside Heather's vehicle at the intersection of Military Trail and Westgate Avenue. [redacted] was sitting in the front passenger's seat and his [redacted] was in the driver's seat. There was no other occupants inside the vehicle.

The punch resulted in a cut to [redacted] chin and trauma to the interior of [redacted] upper lip. The injuries were observed, documented and photographed. [redacted] reported that his [redacted] is often verbally and physically abusive. He stated multiple times that something needed to be done and that she needed to be held responsible otherwise she will continue with the same behavior. [redacted] completed a victim statement, was provided a domestic victim rights brochure in addition to a victim notification form.

Based on my investigation, I determined probable cause exits to charge Heather Lopez with one count of Simple Domestic Battery pursuant to FSS 784.03 1A1.

The foregoing instrument was sworn to and affirmed before me this 25 day of March 20 22, by:

CPL. OWERS #15789
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S SHEA FINK 39038
Name of Arresting/Investigating Officer

39055
Signature of Arresting/Investigating Officer

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause Affidavit)

Defendant: LOPEZ HEATHER PATRICIA DOB: 08/31/1975 Case #: 22049987

Victim: [redacted] DOB: [redacted] Race: [redacted] Sex: [redacted]

Relationship between Victim and Defendant: SON

Photographs: Scene ☑Yes ☐No Victim ☑Yes ☐No Defendant ☐Yes ☑No

911 Call: ☐Yes ☑No Caller: [redacted]

Weapon Used: ☐Yes ☑No Type:

Witness: ☐Yes ☑No Name:

Victim Pregnant: ☐Yes ☑No If yes, _____Weeks _____Months

Injuries: ☑Yes ☐No Description: Mouth and chin wounds

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:

Vicitm's statements ☑Yes ☐No If yes, ☑written ☐recorded ☑oral

First words Victim said when you responded to scene: My [redacted] punched me in the face

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: [redacted]

Phone: Home: [redacted] Work: Cell:

Employer: UNEMPLOYEED

Name of Relative: UNK 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 #: 22049987 Agency: Palm Beach County Sheriff's Office
   Offense: SIMPLE BATTERY (DOMESTIC)
   Suspect/Offender: LOPEZ HEATHER PATRICIA
   DOB: 08/31/1975 Race: W Sex: F

2. Warrant #(s):

3.a. Victim's Name: [redacted] DOB: [redacted] Race: [redacted] Sex: [redacted]
   Address: [redacted]
   City: [redacted] State: [redacted] Zip: [redacted]
   Home #: [redacted] Work #: Other #:

b. Victim's next of kin, friend or neighbor: NA
   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 SHEA FINK ID #: 39038 Date: Nov 7, 2015

White = Corrections or State Attorney (Warrant Application) Yellow = Warrants Section Pink = Central Records

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT #

PLEASE TEAR HERE

PALM BEACH COUNTY SHERIFF'S OFFICE
STATE OF FLORIDA COUNTY OF PALM BEACH

On 03-25-, 2022, I, [redacted]
(DATE) (PRINT VICTIM'S NAME)

have received a copy of the VICTIM'S RIGHTS BROCHURE PBSO CASE NUMBER 22-049987

Signat[redacted] D/S Signature 39058 I.D. Number

1. ☐ Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, aggravated stalking (FSS 784.048 (3)(4)), or aggravated battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.

2. ☐ Yes - I request Confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:

As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records, if my records are requested pursuant to a public records request.

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022007940	**Date:** 3/28/2022
	Specialist Name/ID: Pinkneya/7796