

0527789

50-2021-MM-009144-AMB

1350

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
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2021-014467	
Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other		If Weapon Seized Enter Type: UNARMED		Multiple Clearance Indication N	
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)		
Date of Arrest 12/04/2021			Time of Arrest 07:48		
Name (Last, First, Middle) FARKAS, HILDA EMOKE			Alias:		
Race W - White B - Black Q - Oriental/Asian W		Sex F	Date of Birth 01/04/1978	Height 5'02	Weight 140
Eye Color BROWN		Hair Color BLACK		Complexion LIGHT	Build Small
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion NONE	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) 867 NAFI DRIVE, BOCA RATON, FL 33487			Phone (561) 246-8778		Residence Type 1 City 3 Florida 2 County 4 Out of State 1
Permanent Address (Street, Apt. Number) 867 NAFI DRIVE, BOCA RATON, FL 33487			Phone (561) 246-8778		Address Source
Business Address (Name, Street) F622325785040 / FL			Phone		Occupation
D-I Number State F622325785040 / FL		Sec. Sec. Number	INS Number		Place of Birth (City, State) ROMANIA, Romania
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"/> 6 Zuscovite
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 <input type="checkbox"/> Legal Custodian					Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone
Notified by (Name)					Time
Relationship					Date
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
<input type="checkbox"/> Yes by <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					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
Drug Type N N/A A Amphetamine		B Barbiturate C Cocaine E Heroin	H Hallucinogen M Marijuana O Opium/Deriv	P Paraphernalia E Ecstasy S Synthetic	U Unknown Z Other
Charge Description BATTERY / DOMESTIC BATTERY				Statute Violation Number 784.03(1)	Violation of ORD # NO BOND
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
	N			1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Charge Description				Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
					<input type="checkbox"/> Y <input type="checkbox"/> N
Charge Description				Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence
					<input type="checkbox"/> Y <input type="checkbox"/> N
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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				PROPERTY - Received By	
Transported By				Released By	
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 33449	
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.				Court Date and Time	
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed	
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Requested Arrest <input type="checkbox"/> Suspect <input type="checkbox"/> Other		Name of Arresting Officer (Print) CHRISWISSER, J.		(PRINT)	
Inmate (Copy) ID #		Transporting Officer ID #		PAGE	
Hanks 6760		CHRISWISSER 784		1 OF 1	

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		1	JUVENILE
Agency ORI Number		Agency Name		Agency Report Number			
FL FL0500200		BOCA RATON POLICE DEPARTMENT		3 2 2021-014467			
Charge Type Check as many as apply.		Special Notes					
<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			
Name (Last, First, Middle)						Race	Sex
FARKAS, HILDA EMOKE						W	F
Date of Birth						01/04/1978	
Charge Description				Charge Description			
784.03(1) BATTERY / DOMESTIC BATTERY							
Charge Description				Charge Description			
<p>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</p> <p>The Person taken into custody:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <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 my (described) investigation. </div> </div> <p>On the <u>4</u> day of <u>December</u>, <u>2021</u> at <u>08:11</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 12/4/2021 at approximately 0715 hours, I responded to the area of 800 NE Orchid Bay regarding a domestic disturbance. Upon arrival, I met with W/M _____ who advised _____ W/F Hilda Farkus, bit him and struck him multiple times. I observed _____ to have a round bite shaped laceration to his right cheek, a small one inch cut above his left eye, a small cut in his lower lip and a round bite mark, actively bleeding, from his right bicep. _____ appeared disheveled and his hair was unkempt and his pants were undone.</p> <p>_____ advised he and Farkus went out last night, 12/3/2021 in Delray Beach, FL. and they both began verbally arguing after drinking alcohol. _____ stated Farkus left in an Uber to go to their home at _____ while he stayed at his condo in Delray Beach. _____ arrived at their shared residence this morning around 0700 hours. _____ was using the restroom when Farkus began to bang on the door while yelling at him to get out of the bathroom. _____ advised Farkus "bust" the door open and began to get in his face while pushing and yelling at him. _____ stated Farkus struck him in the face with her closed fist and then began to bite him, once on the right cheek and once on the right bicep. _____ stated he then left the residence, fearing for his safety and called 911. _____ refused medical attention. _____ injuries are consistent with his story. Pictures were taken and _____ signed a domestic violence pamphlet and the Marcy's Law, all were placed into evidence</p> <p>I then arrived at _____ and spoke with Farkus. I observed Farkus to have bloodshot eyes and a runny nose, as if she had been crying. Farkus stated _____ came home around 0630 this morning and she demanded to know where he had been all night. Farkus stated she was in the bathroom doorway yelling at him to get out when _____ lunged at her and pushed her to the ground. Farkus stated she bit him, and they both got up only for him to push her again in the bedroom. Farkus had a small 1/4 inch abrasion on her right palm and her right index nail had broken off, pictures were taken and placed</p>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;">MAZER, DEREK B.</p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p style="text-align: center;"><u>12/04/2021</u></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;">CHRISWISSER, JACLYN (788)</p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><u>12/04/2021</u></p> <p style="text-align: center;">DATE</p> </div> </div>							

CBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-014467			
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			
Name (Last, First, Middle) FARKAS, HILDA EMOKE				Race W	Sex F	Date of Birth 01/04/1978	
<p>into evidence. I observed no marks or bruises on her back that would be consistent with falling on tile and carpet. Due to the severity of [REDACTED] injuries, I concluded Farkus was the primary aggressor, and she was placed under arrest for Domestic Battery, pursuant to FSS 784.03(1). Farkus was transported to County Jail without incident.</p>							
NOT A CERTIFIED COPY							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;">MAZER, DEREK B</p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT OFFICER (F.S. 117.10)</p> <p style="text-align: center;">12/04/2021</p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;">CHRISWISSER, JACLYN (788)</p> <p style="text-align: center;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;">12/04/2021</p> <p style="text-align: center;">DATE</p> </div> </div>							
						PAGE 2 OF 2	

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)
- 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 #: 2021-014467 Agency: BUDA RATON
Offense: DOMESTIC BATTERY
Suspect/Offender: FARKAS, HILDA
D.O.B. 1/4/78 Race: W Sex: F

2. Warrant #(s): _____

3.a. _____

b. Victim's next of kin, friend or neighbor: N/A
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: CHRISTINA I.D. # 782 Date: 12/4/21

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021030486	Date: 12/5/2021
	Specialist Name/ID: M. Tookes #8557