

50 2020-MM-007847-AMB PH 504
 J# 0518906
 ARREST / NOTICE TO APPEAR

OST# Number	Agency ORI Number 0500800		Agency Name West Palm Beach Police Department	Agency Report Number (N.T.A.'s city) 9 4 2020-0015228	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input 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	Location of Arrest (Including Name of Business) 630 S SAPODILLA AVE, WPB FL 33401		Location of Offense (Business Name, Address) 630 S SAPODILLA AVE 109, WEST PALM BEACH, FL 33401		Enter Type FIST	Multiple Clearance Indicator	
Date of Arrest 10/08/2020	Time of Arrest 01:41	Booking Date 10/08/2020	Booking Time 01:51	Jail Date 10/08/2020	Jail Time 01:44	Location of Vehicle	
Name (Last, First, Middle) EDELSTEIN, JACKLYN DONNA			Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Asian W	Sex F	Date of Birth 02/26/1977	Height 5'00	Weight 100	Eye Color BROWN	Hair Color BLACK	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion	Complexion LIGHT		
Local Address (Street, Apt. Number) 630 S SAPODILLA AVE 109, WEST PALM, FL 33401		(City)	(State)	(Zip)	Home Phone (561) 252-3408	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"/>	
Permanent Address (Street, Apt. Number) 630 S SAPODILLA AVE 109, WEST PALM, FL 33401		(City)	(State)	(Zip)	Mobile Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1	
Business Address (Name, Street)		(City)	(State)	(Zip)	Work Phone	Address Source	
DL Number, State E342424775660 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) NEW YORK, NY,		Citizenship US		
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					
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
Released To: (Name)		Relationship	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 355-2526) informed of any change of address.				School Attended	Grade		
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property			Value of Property	
Drug Activity N. N/A P. Potomac		S. Sell R. Buy	D. Distribute 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 O. Opiam/Deriv.	P. Paraphernalia/ Equipment	S. Synthetic	U. Unknown Z. Other	
Charge Description BATTERY (SIMPLE)				Statute Violation Number 784.03(1A1)	Violation of ORD #		
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond
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	Warrant / Capias Number	Bond
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	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 Explain:			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	Released By	Released To	
Transported By FISHER		Date Transported 10/08/2020	Time Transported 01:44	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)		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 SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]			
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.				Date Signed		INITIAL	
HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) [Signature]			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) FISHER, CHRISTOPHER		ID # 02125	(PRINT) [Signature]		PAGE 1 OF 1
Intake Date [Signature]	ID #	Pouch #	Transporting Officer FISHER, C	ID # 2125	Agency WPPD	Witness here if subject signed with an "X".	

No Photo Available
 2020 OCT - 8

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 10/08/2020 01:31	Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2020-0015228	
	Agency ORI Number FL 0500800				

D E F E N D A N T	Name (Last, First, Middle) EDELSTEIN, JACKLYN DONNA	Race W	Sex F	Date of Birth 02/26/1977
	Alias			

C H A R G E	Charge Description 784.03(1A1) BATTERY- BATTERY (SIMPLE)
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V I C T I M	Victim's Name (Last, First, Middle) KAPUSHY, FRANKIE J J	Race W	Sex M	Date of Birth 03/06/1980
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Local Address (Street, Apt. Number) 630 S SAPODILLA AVE 109, WEST PALM BEACH, FL 33407	(City) WEST PALM BEACH	(State) FL	(Zip) 33407	Phone (561) 540-7411	Address Source SELF
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Business Address (Name, Street) MR JINGLES CHRISTMAS TREES, 419 LAKEVIEW AVE	(City) WEST PALM BEACH	(State) FL	(Zip) 33407	Phone (561) 236-1181	Occupation
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DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): INJURY TO STOMACH
VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral	

RELATIONSHIP BETWEEN VICTIM & SUSPECT
DATING

PHOTOGRAPHS: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
911 CALL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CALLER: _____
WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TYPE: _____
WITNESSES: <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

On October 7, 2020 at 2318 hours I responded to 630 South Sapodilla Ave Apartment 109 in reference to a disturbance.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ 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 8 day of October, 2020

BLANCO, MARCOS JOAQUIN
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 217

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 10/08/2020 01:31	Agency Name WEST PALM BEACH POLICE	Agency Report Number 9 4 2020-0015228
	Agency ORI Number FL 0500800		

Upon arrival, contact was made with Jacklyn Edelstein who advised after inviting her boyfriend Frank Kapushy into the home she now wanted him to leave. It shall be noted Edelstein and Kapushy have had multiple contacts with West Palm Beach Police and specifically myself and Officer Garcia who was present today. Edelstein and Kapushy constantly argue and Kapushy is normally escorted from the property as Edelstein stated he was a guest of the property on each of the days we responded. Kapushy and Edelstein have been in an on and off relationship over the last two years.

During this incident, Kapushy was contacted in his underwear, brushing his teeth, and getting ready for bed. Kapushy was calm, not argumentative and did not appear to be under the influence of any alcohol or narcotics. Edelstein appeared to be intoxicated with a strong odor of an unknown alcoholic beverage coming from her person which intensified the closer I got and the more she spoke. Edelstein was highly agitated and had rapidly changing mood swings while speaking with her.

Kapushy stated he lives at this apartment and just wanted to go to sleep but Edelstein keeps creating a disturbance. I asked Kapushy if he could prove he established residency here at the apartment based on his statements. Kapushy produced a Department of Children and Families letter which was addressed to him with 630 South Sapodilla Ave, Apt 109 listed as his residence. Kapushy then showed me pairs of his shoes around the apartment, clothes folded near the bed and clothes inside the dresser drawer next to the bed. Additionally, Kapushy has been contacted at this location multiple times and based on the information provided, has established residency in this apartment.

I explained to Edelstein Kapushy had established residency and the West Palm Beach Police Department would not be requesting he leave the property unless he decided to leave on his own. Edelstein was told she needed to seek a proper eviction if she wanted him removed from the property. No signs of physical altercation were observed, and no injuries were observed on either Edelstein or Kapushy.

At approximately 0100 hours, I responded back to this location in reference to another disturbance. Upon arrival, contact was made with Edelstein and Kapushy again who were verbally arguing after Edelstein continued yelling at Kapushy to leave the property. During our contact, Edelstein then stated Kapushy bashed me in the head, at which time Kapushy stated "don't make me show them my stomach." At this point I now stated allegations of domestic violence were being made and I was now investigating a crime. Kapushy then lifted his shirt exposing a large red blistered bite mark on his left side which he later stated occurred after Edelstein bite him while he was lying down trying to go to sleep.

Edelstein then stated Kapushy punched or smashed her in the head area. I was able to locate a small raised area on her head which had no redness or broken skin and did not appear to be fresh. Based on Edelstein's aggressive behavior, intoxication level and Kapushy's visible injuries, it appeared Edelstein was the primary aggressor in this incident.

Based on the above information, probable cause exists to arrest and charge Edelstein with simple battery in violation of FSS 784.03(1A1). Edelstein was placed in handcuffs which were double locked and checked for proper fit. Edelstein was later transported to the county jail without incident.

Pictures of Kapushy's injuries were taken and later uploaded to evidence.com.

Sgt. Desouza was notified of the incident.

STATE OF FLORIDA
COUNTY OF PALM BEACH

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

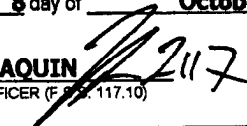


SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 8 day of October, 2020

BLANCO, MARCOS JOAQUIN

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)



VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes.

- Homicide (Ch 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #. 20-15228 Agency: WPBPD
 Offense: DV
 Suspect/Offender: FRANK EDELSTEIN, JACKLYN
 D.O.B. 2/26/77 Race: W Sex: F

2. Warrant #(s) _____

3. Complete one (1) of the following:

a. Victim's name: FRANK K KARJENY
 Address: 630 S SARDELLA
 City: WPB State: FL Zip: 32407
 Home # (904) 252 3408 Work#: _____ Other: _____

b. Victim's next of kin: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work#: _____ Other: _____

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home #: _____ Work#: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify).

WAIVER: I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: Refused
 Printed name of person waiving notification: _____

Officer's Name: FISHER I.D.: 205 Date: 10/18/20

SUSPECT/OFFENDER: _____ COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>	539.001(B)1, 539.003	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020023738	Date: 10/8/2020
	Specialist Name/ID: M. Tooks #8557