

0521565

50-2021-MM-001398-AMB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile

<b>OBTS Number</b>	<b>Agency ORI Number</b> FLO 5 0 0 0 0 0			<b>Agency Name</b> PALM BEACH COUNTY SHERIFFS OFFICE			<b>Agency Report Number (N.T.A.'s only)</b> 0 6 1 2 1 1 - 0 3 9 0 3 1 1 1 1																		
<b>ADMINISTRATIVE</b>	<b>Charge Type:</b> 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		<b>Weapon Seized</b> Enter Type		<b>Multiple Clearance Indicator</b>														
	<b>Location of Arrest (including Name of Business)</b>						<b>Location of Offense (Business Name, Address)</b>																		
<b>Date of Arrest</b> 0 2 / 2 2 / 2 1		<b>Time of Arrest</b> 0 8 : 0 2		<b>Booking Date</b>		<b>Booking Time</b>		<b>Jail Date</b>		<b>Jail Time</b>		<b>Location of Vehicle</b>													
<b>Name (Last, First, Middle)</b> Prata, James										<b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>															
<b>Race</b> W - White B - Black		<b>Sex</b> M		<b>Date of Birth</b> 0 8 / 1 5 / 6 3		<b>Height</b> 5 8 "		<b>Weight</b> 1 7 0		<b>Eye Color</b> BRO		<b>Hair Color</b> BRN		<b>Complexion</b> Light		<b>Build</b> Med									
<b>Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)</b> Left Ankle Eagle, left hip unicorn, Tiger Right/Left										<b>Marital Status</b> SIN		<b>Religion</b> Catholic		<b>Indication of Alcohol Influence Drug Influence</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk <input type="checkbox"/>											
<b>Local Address (Street, Apt. Number)</b> [REDACTED]						<b>City</b> [REDACTED]		<b>State</b> [REDACTED]		<b>Phone</b> 401 338 6155		<b>Residence Type:</b> 1. City 2. County 3. Florida 4. Out of State FL DL 12													
<b>Address Source</b>						<b>Phone</b> ( )		<b>Phone</b> ( )		<b>Phone</b> ( )		<b>Occupation</b> Marine Sales													
<b>D/L Number, State</b> PG304506329501FL				<b>INS Number</b>				<b>Place of Birth (City, State)</b> Wauwatic Wis/USA				<b>Citizenship</b> U.S.													
<b>Co-Defendant (Last, First, Middle)</b>				<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<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													
<b>Co-Defendant (Last, First, Middle)</b>				<b>Race</b>		<b>Sex</b>		<b>Date of Birth</b>		<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													
<b>Parent</b> <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other										<b>Name (Last)</b>				<b>(First)</b>				<b>(Middle)</b>				<b>Residence Phone</b> ( )			
<b>Address (Street, Apt. Number)</b>										<b>(City)</b>				<b>(State)</b>				<b>(Zip)</b>				<b>Business Phone</b> ( )			
<b>Notified by: (Name)</b>										<b>Date</b>				<b>Relationship</b>				<b>Date</b>				<b>Time</b>			
<b>Released To: (Name)</b>										<b>Relationship</b>				<b>Date</b>				<b>Time</b>							
<b>The above address was provided by</b> <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) 355-6511) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)										<b>School Attended</b>				<b>Grade</b>											
<b>Property Crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										<b>Description of Property</b>				<b>Value of Property</b>											
<b>Drug Activity</b> N. N/A P. Possess		<b>S. Sell</b> B. Buy T. Traffic		<b>R. Smuggle</b> D. Deliver E. Use		<b>K. Dispense/ Distribute</b>		<b>M. Manufacture/ Produce/ Cultivate</b>		<b>Z. Other</b>		<b>Drug Type</b> N. N/A A. Amphetamine		<b>B. Barbiturate</b> C. Cocaine E. Heroin		<b>H. Hallucinogen</b> M. Marijuana O. Opium/ Deriv.		<b>P. Paraphernalia/ Equipment</b> S. Synthetic		<b>U. Unknown</b> Z. Other					
<b>Charge Description</b> Simple Battery (Domestic)										<b>Counts</b> 1		<b>Domestic Violence</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Statute Violation Number</b> 7 8 4 1 0 3 1 1 1 1				<b>Violation of ORD #</b>							
<b>Drug Activity</b>		<b>Drug Type</b>		<b>Amount / Unit</b>		<b>Offense #</b> 21-038031		<b>Warrant / Capias Number</b>				<b>Bond</b>													
<b>Charge Description</b>										<b>Counts</b>		<b>Domestic Violence</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Statute Violation Number</b>				<b>Violation of ORD #</b>							
<b>Drug Activity</b>		<b>Drug Type</b>		<b>Amount / Unit</b>		<b>Offense #</b>		<b>Warrant / Capias Number</b>				<b>Bond</b>													
<b>Charge Description</b>										<b>Counts</b>		<b>Domestic Violence</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Statute Violation Number</b>				<b>Violation of ORD #</b>							
<b>Drug Activity</b>		<b>Drug Type</b>		<b>Amount / Unit</b>		<b>Offense #</b>		<b>Warrant / Capias Number</b>				<b>Bond</b>													
<b>Charge Description</b>										<b>Counts</b>		<b>Domestic Violence</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Statute Violation Number</b>				<b>Violation of ORD #</b>							
<b>Drug Activity</b>		<b>Drug Type</b>		<b>Amount / Unit</b>		<b>Offense #</b>		<b>Warrant / Capias Number</b>				<b>Bond</b>													
<b>Location (Court, Room Number, Address)</b>										<b>Court Date and Time</b>															
<b>Month</b>		<b>Day</b>		<b>Year</b>		<b>Time</b>		<b>A.M.</b>		<b>P.M.</b>															
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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED																									
<b>Signature of Defendant (or Juvenile and Parent/Custodian)</b>										<b>Date Signed</b>															
<b>HOLD for other agency</b>										<b>Signature of Arresting Officer</b> [Signature]					<b>Name Verification (Printed by Arrestee)</b> [Name]										
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other										<b>Name of Arresting Officer (Print)</b> T. Hudson 3B00					<b>(PRINT)</b>										
<b>Intake Officer</b> [Signature]										<b>I.D. #</b> 3B00					<b>PAGE</b> 1 of 1										
<b>Transporting Officer</b> [Signature]										<b>I.D. #</b> 3B00					<b>Agency</b> PB30										
Witness here if subject signed with an "X"																									

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capias	1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 600000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06</b>		<b>21038031</b>	
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								
Defendant Name (Last, First, Middle) <b>Prata James</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>08/15/1963</b>		
Charge <b>Simple Battery (Domestic)</b>				Charge				
Victim Name (Last, First, Middle) <b>Prata Laura</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/25/1968</b>		
Local Address (Street, Apt. Number) [REDACTED]		City [REDACTED]	State <b>FL</b>	Zip <b>N/A</b>	Phone [REDACTED]	Address Source <b>Victim</b>		
Business Address (Street, Apt. Number) <b>N/A</b>		City <b>N/A</b>	State <b>FL</b>	Zip <b>N/A</b>	Phone <b>N/A</b>	Occupation <b>Unemployed</b>		
The undersigned 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 checked="" 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 <b>22</b> day of <b>February</b> 20 <b>21</b> at <b>06:48</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On 02/22/2021 at approximately 06:50hrs I was dispatched to [REDACTED] in reference to a domestic dispute. While En route PBSO dispatch advised that the complainant stated her husband grabbed her arm and pushed her. PBSO dispatch also advised that deputies had been called to the home earlier in the morning for a similar incident.

Upon arrival, I met with the complainant Laura Prata. Laura stated that she and her ex-husband James Prata moved into apartment [REDACTED] approximately 6 months ago. Since then they have decided to separate but still live within the same apartment. On todays date she stated she went into James room to get her items out of a dresser that they share. While she was attempting to gather her items James attempted to stop her by grabbing her right bicep. Laura stated he squeezed her arm and it scared her by the look in his eye. She stated if she had not stopped right then she felt that he was really going to hurt her. Laura stated to me "I just want him out of the home and to never come back."

After speaking with Laura, D/S DeAngelo and I made contact with James inside his home. I asked James what happened. James stated he and his ex-wife are separating again but are sharing the apartment. James stated he has his room and she has hers but Laura keeps coming into his room and taking and or adding items stating that all the furniture is hers within the home. On todays date she came into his room attempting to take items out of the dresser. James told me he reached over to take the draw out and she pushed it closed. James then reacher over and grabbed her right bicep in order to stop her. According to James Laura then stated you battered me I'm calling the police and I'm selling all of your items.

Based on the statements made by both parties I find probable cause to arrest James Prata for violating Florida State Statute 784.(1)(A)(1) Simple Battery Domestic.

The foregoing instrument was sworn to and affirmed before me this <b>22</b> day of <b>February</b> 20 <b>21</b> by:	
<b>D/S J. DeAngelo I.D#31296</b>	<b>Taylor Hudson 31300</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page <b>1</b> of <b>1</b>	

# 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 #: 21038031 Agency: Palm Beach County Sheriff's Office  
Offense: Simple Battery (Domestic)  
Suspect/Offender: Prata James  
DOB: 08/15/1963 Race: W Sex: M

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: Prata Laura DOB: 12/25/1968 Race: W Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: Meghan Meholick  
Address: 713 Charlana Dr  
City: Bakersfield State: CA Zip: 93308  
Home #: 401-644-4290 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: Taylor Hudson ID #: 31300 Date: 01/14/2018

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause Affidavit)

Defendant: Prata James DOB: 08/15/1963 Case #: 21038031

Victim: Prata Laura DOB: 12/25/1968 Race: W Sex: F

Relationship between Victim and Defendant: Boyfriend and Girlfriend

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: Richard Garcia

Weapon Used:  Yes  No Type: \_\_\_\_\_

Witness:  Yes  No Name: \_\_\_\_\_

Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries:  Yes  No Description: No visible injury

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: N/A

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: James stated Laura came into his room to grab belongings of his dresser . In the process he grabbed her arm to stop her.

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

First words Victim said when you responded to scene: I'm afraid of this man I want him out of my home he grabbed me by the arm

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes  No If yes, name: \_\_\_\_\_ N/A phone \_\_\_\_\_ N/A

Observations of Victim (Physical & Emotional): No sings of physical injury, subject upset

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim contact information:

Local Address: \_\_\_\_\_ FI \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: N/A Cell: N/A

Employer: Unemployed

Name of Relative: Meghan Mehlick Phone: 401-644-4290



**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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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: 2021004427	Date: 2/23/2021
	Specialist Name/ID: J. Beck/9007