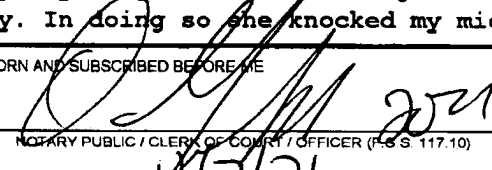
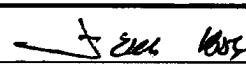


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OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		T	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2021-0017286				
	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:		
D E F E N D A N T	Name (Last, First, Middle) STOCKTON, JAYNE CLAIRE				Race W		Sex F		Date of Birth 08/14/1964
	Charge Description 810.09(2B) TRESPASS-FAIL TO LEAVE PROPERTY UPON ORDER BY				Charge Description 843.02 RESIST OFFICER WITHOUT VIOLENCE				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle)				Race		Sex		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
<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> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7</u> day of <u>December</u>, <u>2021</u> at <u>10:59</u> (Specifically include facts constituting cause for arrest.)</p> <p>On December 7th, 2021 at approximately 0935 hours I was working the overtime detail at St. Marys hospital (901 45th St, West Palm Beach) assigned to the Adult Emergency Room.</p> <p>As I was sitting at the nurses desk in the emergency room when I heard nurse Le'na Longo (w/f 1/16/1990) yell PD we need you in room 10. As I approached room 10 I noticed a white female, later identified as Jayne Stockton (w/f 8-14-1964), wearing a grey sweater, red shirt, and grey pants arguing with nursing staff. Nurse Longo advised she was causing a disturbance in the room and she needed to leave. It should be noted the room we were in is one large room with numerous beds contained therein. There were approximately 6 other patients in the room while this was going on. Stockton continued arguing with multiple nurses while I was present. I politely asked Stockton to leave and she refused, stating that she needed to stay right here (next to her husband in bed 10). I explained to Stockton that she was no longer allowed in the emergency room due to her behavior. Nurse Longo also explained to her why she was being removed. I again asked her to leave the emergency room, again she refused. I explained that if she did not leave the emergency room, I would be arresting her for trespassing. Stockton continued to argue and I told her to gather her belongings because she was leaving.</p> <p>Stockton grabbed her two bags and we began to walk out into the lobby. Stockton stopped at the nursing station and stated she wanted her husband discharged. I instructed her to walk into the lobby and we can take care of that out there. I told her it was up to the doctor and not up to her. Stockton spun around and stated "I am the authority" and attempted to walk back to the nursing desk. I grabbed her by the right arm and escorted her toward the lobby doors. She pulled away from me stating, "dont touch me". I again instructed her to leave, if she refused she would be escorted off the property. I grabbed her arm again and she began slapping my arms attempting to get away. In doing so she knocked my microphone to my police radio off my police vest,</p>									
S W O R N A N D S U B S C R I B E D B E F O R E M E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) DATE <u>12/7/21</u>				 FICK, JACOB (01856) NAME OF OFFICER (PLEASE PRINT) DATE <u>12/07/2021</u>				
<div style="float: right;">PAGE 1 OF 2</div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBT3 Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		T	JUVENILE
Agency ORI Number FL 0500800		Agency Name WEST PALM BEACH POLICE		Agency Report Number 9 4 2021-0017286					
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) STOCKTON, JAYNE CLAIRE		Alias		Race W		Sex F		Date of Birth 08/14/1964	
<p>switched the radio channel, and turned off my body worn camera. I grabbed Stockton by the back of her head and pushed her onto the ground. I told her to place her hands behind her back because she was under arrest. Stockton continued to resist and roll over onto her stomach, and clinching her arms, preventing me from placing her in handcuffs. After a short struggle and assistance from a male nurse, I was able to place her in handcuffs. Stockton was escorted to a marked West Palm Beach Police Vehicle and secured inside. The handcuffs were double locked and checked for fit.</p> <p>Based on the above facts and statements I find probable cause to charge Jayne Stockton (w/f 8-14-1964) under Florida State Statute 810.09(2B) for trespassing, Florida State Statute 843.02 for resisting without violence. She was later transported to the County Jail without further incident.</p>									
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; opacity: 0.1; font-size: 100px; transform: rotate(-30deg); pointer-events: none;"> NOT A CERTIFIED COPY </div> </div>									
SWORN AND SUBSCRIBED BEFORE ME NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) DATE 12/7/21				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER EICK, JACOB (01856) NAME OF OFFICER (PLEASE PRINT) 12/07/2021 DATE					
				PAGE 2 OF 2					



**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: 2021030769	Date: 12/08/2021
	Specialist Name/ID: T Howard/7185