

DS10303

2020CF003856 AMB

P# 3003

NH

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 20-001621	
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	If Weapon Seized Enter Type VEHICLE		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 225 MURCIA DR JUPITER, FL 33458			Location of Offense (Business Name, Address) 225 MURCIA DR, JUPITER, FL 33458			
Date of Arrest 05/06/2020	Time of Arrest 02:14	Booking Date 05/06/2020	Booking Time 02:24	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) ORLANDO, JENNIFER		Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex W	Date of Birth 05/06/1983	Height 5'07	Weight 140	Eye Color GREEN	Hair Color BLONDE /	Complexion FAIR	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion CHRISTIAN	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 1825 DAKOTA DR, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (857) 389-0821		Residence Type: 1. City 2. County 3. Florida 4. Out of State		
Permanent Address (Street, Apt. Number) 1825 DAKOTA DR, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (857) 389-0821		Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
D/L Number, State 0645420836660 / FL		INS Number	Place of Birth (City, State) STONEWOOD, MA,		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
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<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
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			Business Phone
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION UNIT (JAC) 1. Handled/Processed in Department 2. Released	
Released To: (Name)	Relationship	Date	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
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No		Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property

VICTIM NOTIFICATION REQUIRED

Drug Activity	S. Sell	R. Smuggle	K. Disperse/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown
N. N/A	B. Buy	D. Deliver				N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
P. Possess	T. Traffic	E. Use				A. Amphetamine	E. Heroin	O. Opium/Deriv.		
Charge Description ASSAULT - AGGRAVATED W/ DEADLY WEAPON W/O INTENT TO KILL						Statute Violation Number 784.021(1)(A)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
	N			1	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
Charge Description BATTERY-SIMPLE (TOUCH OR STRIKE)						Statute Violation Number 784.03(1)(A)(1)		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
	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	Warrant / Capias Number	Bond			
					<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				PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported	
Transported By				Date Transported		Time Transported	

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.			
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	

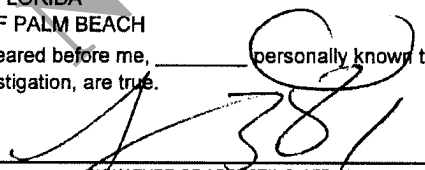

No Photo Available (NR)

HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print)		(PRINT)	
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other	KITCHENS, GUY WILLIAM		1156	
Intake Deputy	I.D. #	Transporting Officer	I.D. #	Agency	PAGE
Spanu B...		KITCHENS	381	JUPITE	1 OF 1
Witness here if subject signed with an "X".					

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	<small>Date / Time</small> 05/06/2020 02:05	AFFIDAVIT		
	<small>Agency ORI Number</small> FL 0501700	<small>Agency Name</small> JUPITER POLICE DEPARTMENT	<small>Agency Report Number</small> 5 4 20-001621	
D E F	<small>Name (Last, First, Middle)</small> ORLANDO, JENNIFER	<small>Alias</small>	<small>Race</small> W	<small>Sex</small> F
				<small>Date of Birth</small> 05/06/1983
C H R G	<small>Charge Description</small> 784.021(1)(A) ASSAULT - AGGRAVATED W/ DEADLY WEAPON W/O INTENT TO KILL			
	<small>Victim's Name (Last, First, Middle)</small> ORLANDO, JUSTIN RAYMOND			
V I C T I M	<small>Local Address (Street, Apt. Number)</small> 849 UNIVERSITY BLVD 303, JUPITER, FL 33458	<small>(City)</small>	<small>(State)</small>	<small>(Zip)</small>
	<small>Phone</small> (561) 406-3319			<small>Address Source</small>
	<small>Business Address (Name, Street)</small> 849 UNIVERSITY BLVD 303, JUPITER, FL 33458			<small>Phone</small> (561) 406-3319
			<small>Occupation</small>	
<small>DEFENDANT'S STATEMENTS:</small> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input type="checkbox"/> <small>VICTIM'S STATEMENTS:</small> Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>			<small>OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):</small> <p style="text-align:center;">UPSET</p>	
<small>RELATIONSHIP BETWEEN VICTIM & SUSPECT</small> SPOUSE				
A D D I T I O N A L I N F O R M A T I O N	<small>PHOTOGRAPHS:</small>	<small>Scene:</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		<small>Victim:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		<small>911 CALL:</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<small>CALLER:</small> VICTIM	
		<small>WEAPON USED:</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<small>TYPE:</small> VEHICLE	
		<small>WITNESSES:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<small>(If YES, attach witness list)</small>	
		<small>INJURIES:</small> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		<small>MEDICAL TREATMENT:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		<small>AT: Scene:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<small>PARAMEDICS:</small>	
		<small>Hospital:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<small>PHYSICIAN(S) / HOSPITAL:</small>	
		<small>ACT COMMITTED IN PRESENCE OF MINOR(S):</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<small>NAMES/AGES:</small>	
		<small>H. R. S. NOTIFIED:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		<small>VICTIM PREGNANT:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		<small>VIOLATION OF RESTRAINING ORDER:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<small>CASE #:</small>	
		<small>PRIOR HISTORY OF DOMESTIC VIOLENCE:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		<small>ALCOHOL OR DRUGS INVOLVED:</small> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
N A R R	<p>On 5/6/20 at 0030 hours I responded to 849 University Drive in reference to a reported aggravated assault. Upon arrival I came in contact with caller Justin Orlando (W/M 2-3-82) who was standing in the parking lot next to his black 2019 Ford truck bearing FL tag: KFGP27 and a bicycle. The vehicle appeared to have recent damage to the rear end of the truck. The beach cruiser style bicycle also appeared to have been damaged.</p>			
	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p>Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p style="text-align:center;"> _____ SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>6</u> day of <u>May</u>, 2020.</p> <p style="text-align:center;"> _____ NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>			

CERTIFIED COPY

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- Homicide (Ch. 782)
- Sexual Offense (Ch. 794)
- Attempted Murder
- Attempted Sexual Offense
- 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.)

Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-001621 Agency: Jupiter
Offense: Aggravated Battery
Suspect/Offender: Jennifer Orlando
D.O.B. 5-6-83 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: Justin Orlando D.O.B. 2/3/82 Race: W Sex: M
Address: 849 University Blvd #303
City: Jupiter State: FL Zip: 33488
Home #: _____ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
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: Off. Kitchens I.D.# 311 Date: 5/6/20

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

REVIEW COMPLETED BY

Booking Number: 2020012012	Date: 05/06/2020
	Specialist Name/ID: T Howard/7185