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(NA)

50-2020-MM-005283-~~XXX~~-MB  
2433

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20083484</b>					
	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		Weapon Seized / Type <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) <b>2425 2nd Ave N #9 Lake Worth, FL 33460</b>				Location of Offense (Business Name, Address) <b>Leasing office Oakwood Apartments</b>							
DEFENDANT	Date of Arrest <b>07/01/2020</b>	Time of Arrest <b>1509</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) <b>Denis, Jessica</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/16/1977</b>	Height <b>5'5</b>	Weight <b>220</b>	Eye Color <b>brown</b>	Hair Color <b>brown</b>	Complexion <b>fair</b>	Build <b>Lean</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>left arm and left calf tattoos</b>				Martial Status <b>single</b>	Religion	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) <b>2425 2nd Ave N #9 Lake Worth Florida 33460</b>		(City) (State) (Zip)		Phone <b>(561) 452-2645</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>					
	Permanent Address (Street, Apt. Number) <b>2425 2nd Ave N #9 Lake Worth Florida 33460</b>		(City) (State) (Zip)		Phone		Address Source <b>Drivers License</b>					
	Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation <b>Admissions Coordinator</b>					
	D/L Number, State <b>D520420779560</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Brooklyn, NY</b>		Citizenship <b>US</b>			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
JUVENILE	Parent Name (Last) (First) (Middle)		Residence Phone		Legal Custodian		Address (Street, Apt. Number) (City) (State) (Zip) Business Phone					
	Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Notified by: (Name) Date Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
	Released To: (Name) Relationship				Date	Time						
	The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade					
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver 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. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
	Charge Description <b>Battery</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1a1)</b>		Violation of ORD #					
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>20083484</b>	Warrant / Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
NOTICE TO APPEAR	Location (Court, Room Number, Address)											
	Court Date and Time Month Day Year Time AM PM <b>07/01/2020</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											
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed								
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <b>x</b>		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Sex Offender <input type="checkbox"/> Inmate		Name of Arresting Officer (Print) <b>D/S E. Uruski</b>		I.D. # <b>36196</b>		(PRINT)					
	Transporting Officer <b>D/S E. Uruski</b>		ID # <b>36196</b>		Agency <b>PBSO</b>		PAGE					
	Pouch #		Witness here if subject signed with an "X"		1		OF 1					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

OBTs Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 20083484</b>					
	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:			
DEF	Name (Last, First, Middle) <b>Denis, Jessica</b>			Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/16/1977</b>	
	Charge Description <b>Battery</b>		784.03(1a1)		Charge Description			
CHARGES	Charge Description		Charge Description					
	Charge Description		Charge Description					
	Victim's Name (Last, First, Middle) <b>Manocchio, Felicia</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>10/23/1980</b>			
	Local Address (Street, Apt. Number) <b>2425 2nd Ave N</b>		(City) <b>Lake Worth</b>	(State) <b>FL</b>	(zip) <b>33460</b>	Phone <b>(561) 582-9100</b>		Address Source <b>Verbal</b>
Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation <b>Property Manager</b>	
VICTIM	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. The Person taken into custody							
	<input 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.					
<input type="checkbox"/> confessed to _____ admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.						
On the <u>1</u> day of <u>July</u> 20 <u>20</u> at <u>1509</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
<p><b>On 7/1/2020 I responded to the Property Leasing Office at 2425 2nd Ave N, Lake Worth, FL 33460 in reference to a disturbance. While in route dispatched updates showed that the complainant who was on the line updated that her property manager the victim, Felicia Manocchio stated she had been hit. Once I arrived on scene Felicia Manocchio provided a written statement that stated she was in the process of a civil issue giving the suspect, Jessica Denis a concession for her rent when Jessica Denis decided to not take the concession and sign a release from the property management. Felicia Manocchio stated she took the paperwork back as she was not able to release a copy of it when she states Jessica Denis lunged at her and struck her in her upper chest. Felicia Manocchio stated that when she yelled that she had been hit and started to back away Felicia Manocchio stated Jessica Denis kept coming in her direction and yelling at her. Felicia Manocchio stated the touching was against her own will and not wanted. Felicia Manocchio stated she does want to prosecute.</b></p> <p><b>Upon speaking to the complainant and witness Erica Rodriguez she confirmed the incident and stated she had to get in the middle of the two because she was concerned for Felicia Manocchio's safety. Erica Rodriguez also provided a written statement.</b></p> <p><b>I attempted to question the suspect Jessica Denis who stated she did not want to answer any questions as she had already spoke to her lawyer.</b></p> <p><b>Based on the written statements consistent with the incident described I find probable cause to exist for F.S.S 784.03(1a1) Battery.</b></p>								
PROBABLE CAUSE STATEMENT	STATE OF FLORIDA COUNTY OF PALM BEACH							<b>D/S E. Uruski</b>
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>1</u> day of <u>July</u> 20 <u>20</u> by <u>D/S E. Uruski</u>							
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____							
ADMINISTRATIVE	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)						PAGE <b>1</b> OF <b>1</b>	



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

REVIEW COMPLETED BY

Booking Number: 2020016009	Date: 07/01/20
	Specialist Name/ID: J. Beck/9007