

50-2020-MM-009998-ASB
 0498785
 3583

ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

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

Agency ORI Number: **FLO 500000**
 Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE**
 Agency Report Number (N.T.A.'s only): **06-20-141335**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other
 Weapon Seized / Type: **2** 1. Yes 2. No
 Multiple Clearance Indicator: **1**

Location of Arrest (Including Name of Business): **309 S. Palmway #1, Lake Worth, FL 33460**
 Location of Offense (Business Name, Address): **309 S. Palmway #1, Lake Worth Beach, FL 33460**

Date of Arrest: **12/29/2020** Time of Arrest: **00:20**
 Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **Valentine, Jocelyn, Rose**
 Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: **W - White** American Indian Black Oriental/Asian Sex: **W** **F** Date of Birth: **3/17/1994** Height: **5'04** Weight: **110** Eye Color: **Brown** Hair Color: **Brown** Complexion: **Light** Build: **Small**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):
 Marital Status: **Single** Religion: **CHRISTIAN** Indication of Alcohol Influence Drug Influence: Y N Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone: **309 S Palmway #1, Lake Worth, FL 33460**
 Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone: Address Source:
 Business Address (Name, Street) (City) (State) (Zip) Phone: Occupation:

D/L Number, State: **V453436945970, FL** Soc. Sec. Number: INS Number: Place of Birth (City, State): **San Antonio, TX** Citizenship: **US**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth: 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Name (Last) (First) (Middle) Residence Phone:
 Legal Custodian: **J. O'S**
 Other:
 Address (Street, Apt. Number) (City) (State) (Zip) Business Phone:

Notified by (Name) Date Time Juvenile Disposition: **J. O'S**
 1. Handled/Processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released to (Name) Relationship Date Time
 The above address provided by defendant and / or defendant's parents. The child and / or parent was told to keep the juvenile court clerk (Phone 355-2528) informed of any change of address.
 Yes, by (Name) No (Reason):
 School Attended: Grade:

Property Crime? Yes No Description of Property: Value of Property:

Drug Activity: S. Sell N. N/A P. Possess R. Smuggle B. Buy T. Traffic 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: **Simple Battery** Counts: **1** Domestic Violence: Y N Statute Violation Number: **784.03(1)(a)(1)** Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: **20-141335** Warrant / Capias Number: Bond:

Charge Description: **Resisting Arrest W/ out Violence** Counts: **1** Domestic Violence: Y N Statute Violation Number: **843.02** Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #:

Drug Activity: Drug Type: Amount / Unit: Offense #: Warrant / Capias Number: Bond:

Location (Court, Room Number, Address): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

Court Date and Time: **Month February Day 3rd Year 2021 Time 0830 AM X PM**



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): **12/29/2020** Date Signed:

HOLD for other Agency Name: Signature of Arresting Officer: Name Verification (Printed by Arrestee): **DEC 29 AM 1:43**

Intake Deputy: Name of Arresting Officer (Print) ID # **29248** Agency **PBSO**
 D/S D. Hall
 Transporting Officer ID # **29248** Agency **PBSO**
 D/S D. Hall
 Witness here if subject signed with an 'X': **cb of**

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

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile	
OBTS Number								1	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-20-141335					
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Special Notes:	
		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		6. Other <input type="checkbox"/>			
Name (Last, First, Middle) Valentine, Jocelyn, Rose		Alias		Race W		Sex F		Date of Birth 3/17/1994	
Charge Description Simple Battery		784.03(1)(a)(1)		Charge Description Resisting Arrest W/ out Violence		843.02			
Charge Description				Charge Description					
Victim's Name (Last, First, Middle) Cuzzola, Autumn, Noel				Race W		Sex F		Date of Birth 01/03/1993	
Local Address (Street, Apt. Number) 630 Se 4th Ave, Delray Beach, FL 33483		(City) (State) (zip)		Phone (814) 722-0421		Address Source In Person			
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. 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 29 day of December 2020 at 0015 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On Tuesday, December 29th, 2020 at approximately 0015 hours, while I, D/S D. Hall (ID#: 29248) was on scene of a civil dispute stand-by where the victim, Autumn N. Cuzzola was gathering her personal belongings from the aforementioned address where she resided with the subject, Jocelyn R. Valentin, Valentin did intentionally strike and kick the victim while she was gathering her belongings from the bedroom. When I attempted to intervene to Jocelyn did resist arrest by falling to the ground and not following commands to produce her hands/wrists so she could be taken into custody.</p> <p>Cuzzola did want to pursue criminal charges and a sworn statement was obtained.</p> <p>Valentin was eventually taken into custody and transported to Palm Beach County Jail.</p> <p>This case is cleared by arrest.</p>									
STATE OF FLORIDA COUNTY OF PALM BEACH				D/S D. Hall					
(Signature of Arresting/Investigative Officer)									
The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of December 20 20 by D/S D. Hall									
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced				Known Law Enforcement Officer					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									
				PAGE 1 OF 1					



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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020030352	Date: 12/29/2020
	Specialist Name/ID: M. Tooks #8557