

0523695

21MMY006

3102


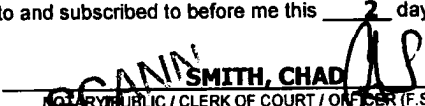
ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE	N	
	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5   4   21-001940</b>							
CHARGE	Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Exempt Type <b>UNARMED</b>		Multiple Clearance Indicator	
	Location of Arrest (Including Name of Business) <b>431 JUPITER LAKES BLVD 2119D</b>					Location of Offense (Business Name, Address) <b>431 JUPITER LAKES BLVD 2119D, JUPITER, FL 33458</b>						
DEFENDANT	Date of Arrest <b>06/02/2021</b>	Time of Arrest <b>16:43</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) <b>MAYO, JOHN LEWIS</b>											
JUVENILE	Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White B - Black O - Oriental/Asian	Sex M	Date of Birth <b>04/29/1987</b>	Height <b>6'01</b>	Weight <b>170</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Large</b>			
CHARGE	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>S</b>	Religion <b>ATHEIST</b>	Indication of Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>				
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>9465 CARMINI CT, NAPLES, FL 34114</b>					Phone <b>(330) 506-5395</b>			Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>			
CHARGE	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>9465 CARMINI CT, NAPLES, FL 34114</b>					Phone <b>(330) 506-5395</b>			Address Source			
	Business Address (Name, Street) (City) (State) (Zip)					Phone			Occupation			
CHARGE	D/L Number, State <b>M000472871490 / FL</b>		Soc. Sec. Number		DNS Number		Place of Birth (City, State) <b>YOUNGSTOWN, OH,</b>		Citizenship <b>US</b>			
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth				
CHARGE	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth				
	Name (Last, First, Middle)					Residence Phone						
CHARGE	Address (Street, Apt. Number) (City) (State) (Zip)					Business Phone						
	Notified by: (Name)					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated				
CHARGE	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		Grade				
CHARGE	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Description of Property			Value of Property			
	Drug Activity N. N/A P. Possess					S. Sell B. Buy T. Traffic	R. Scuffle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other		
CHARGE	Drug Type N. N/A A. Amphetamine					B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other			
	Charge Description <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>					Statute Violation Number <b>784.03(1)(A)(I)</b>			Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	<b>N</b>	<b>N</b>	<b>/</b>	<b>21-001940</b>	<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
CHARGE	Charge Description					Statute Violation Number			Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
CHARGE	Charge Description					Statute Violation Number			Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
CHARGE	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						
CHARGE	Check which applies: <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					Released By						
	Transported By					Date Transported	Time Transported	Other				
CHARGE	INSTRUCTION NO. 1 - Mandatory appearance in court					Location (Court, Room)			JUN 03 2021			
	INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Court Date and Time			CIRCUIT & COUNTY COURTS (CRIMINAL DIV.)			
CHARGE	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)											
CHARGE	Signature of Arresting Officer					Name Verification (Printed by Arrestee)			PAGE			
	HOLD for Other Agency					I.D. #			1 OF 1			
CHARGE	Signature of Arresting Officer (Print) <b>PANTALOUKAS, ANDREAS</b>					I.D. # <b>1214</b>			Witness here if subject signed with an "X".			
	Signature of Arresting Officer <b>Fandrey</b>					I.D. # <b>346</b>			Agency <b>JPD</b>			

SCANNED  
JUN 03 2021

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>06/02/2021 16:50</b>		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   21-001940</b>																																																																																																																								
	Name (Last, First, Middle) <b>MAYO, JOHN LEWIS</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>04/29/1987</b>																																																																																																																						
C H A R G E S	Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>																																																																																																																														
	Victim's Name (Last, First, Middle) <b>ROHATENSKY, JACQUELINE DEUPREE</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/31/1976</b>																																																																																																																						
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>17220 RANDALL TER, PBSO, FL 33477</b>				Phone		Address Source																																																																																																																								
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation																																																																																																																								
O B S E R V A T I O N S	DEFENDANT'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL):																																																																																																																											
	VICTIM'S STATEMENTS: <input type="checkbox"/> Written <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Oral			<b>UPSET</b>																																																																																																																											
R E L A T I O N S H I P	RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>LIVE IN DATING</b>																																																																																																																														
	<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene:</td> <td><input type="checkbox"/> YES</td> <td><input checked="" type="checkbox"/> NO</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CALLER:</td> <td><b>VICTIM</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>TYPE:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(If YES, attach witness list)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PARAMEDICS:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								PHOTOGRAPHS:	Scene:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO						Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	<b>VICTIM</b>				WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:					WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)					INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:					Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:					ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:					H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:					PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>						ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
PHOTOGRAPHS:	Scene:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO																																																																																																																												
	Victim:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																												
	911 CALL:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CALLER:	<b>VICTIM</b>																																																																																																																										
	WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE:																																																																																																																											
	WITNESSES:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(If YES, attach witness list)																																																																																																																											
	INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																												
	MEDICAL TREATMENT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																												
	AT: Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PARAMEDICS:																																																																																																																											
	Hospital:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:																																																																																																																											
	ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:																																																																																																																											
	H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																												
	VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																												
	VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:																																																																																																																											
	PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																												
	ALCOHOL OR DRUGS INVOLVED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																												
N A R R	On June 2nd, 2021, at 1549 hours, I responded to 431 Jupiter Lakes Blvd #2119D, in reference to a disturbance.																																																																																																																														
	Upon arrival, I was flagged down by a white female, later identified as Jacqueline D Rohatensky 12/31/76, who gave the following account; Rohatensky is in the middle of a renovation of the above listed apartment with her																																																																																																																														
S T A T E O F F L O R I D A	STATE OF FLORIDA COUNTY OF PALM BEACH																																																																																																																														
	<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> 337 SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>2</u> day of <u>June</u>, <u>2021</u></p> <p> SMITH, CHAD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																																																																																																														

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## DOMESTIC VIOLENCE PROBABLE CAUSE

## AFFIDAVIT

Palm Beach County

Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time	06/02/2021 16:50	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0501700	JUPITER POLICE DEPARTMENT	5   4   21-001940

partner, and live-in boyfriend, John L Mayo 4/29/87. The two got into a heated, verbal argument, and Rohatensky stated it escalated when she attempted to call Mayo's family to discuss his need for rehabilitation. While attempting to make the phone call, Mayo grabbed Rohatensky's necklace that was on her neck, and ripped it off (breaking it). Rohatensky stated she and Mayo have been living together, and dating for approximately six months.

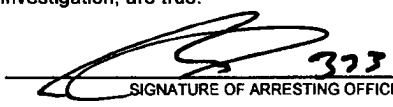
The witness, Juan Jose Delgado-Domingo 5/6/81, was interviewed separately. Domingo stated he witnessed the argument, and witnessed Mayo rip Rohatensky's necklace off her neck.

Rohatensky had no marks, or bruises on her neck, but did show me a pearl style necklace that was broken.

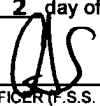
Due to the witness and victim's statements, Mayo was arrested for simple battery (domestic).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me, \_\_\_\_\_ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

  
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 2 day of June, 2021

  
SMITH, CHAD  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

## VICTIM NOTIFICATION FORM

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

- **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 #: 21-001940 Agency: Jupiter Police Department  
Offense: Simple Battery (Domestic)  
Suspect/Offender: John L Mayo  
D.O.B. 4/29/87 Race: W Sex: M

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

3a. Victim's Name: Jacqueline Rohatensky D.O.B. 12/31/76 Race: W Sex: F  
Address: 17220 Randall Ter  
City: Jupiter State: FL ZIP: 33477  
Home #: 561-517-1778 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

3b. 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: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ I.D. # \_\_\_\_\_ Date: \_\_\_\_\_



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021013433	<b>Date:</b> 6/3/2021
	<b>Specialist Name/ID:</b> M. Took #8557