

P3004 20mm 7180 MB J 0518491

ARREST / NOTICE TO APPEAR

- 1. Arrest (No Warrant)
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2020-010237</b>	
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" 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
Location of Arrest (Including Name of Business) <b>501 NW 77TH ST</b>				Location of Offense (Business Name, Address) <b>501 NW 77TH ST, BOCA RATON, FL 33487</b>		
Date of Arrest <b>09/11/2020</b>	Time of Arrest <b>16:58</b>	Booking Data	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>NEVES, JORGE LUIZ PEREIRA</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Orange/Asian	Sex <b>W</b>	Date of Birth <b>11/21/1979</b>	Height <b>5'06</b>	Weight <b>170</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>M</b>	Religion <b>Christian</b>	Complexion <b>med</b>	
Local Address (Street, Apt. Number) <b>751 CYPRESS LN B, POMPANO BEACH, FL 33064</b>			(City)	(State)	(Zip)	Phone <b>(954) 471-1793</b>
Permanent Address (Street, Apt. Number) <b>751 CYPRESS LN B, POMPANO BEACH, FL 33064</b>			(City)	(State)	(Zip)	Phone <b>(954) 471-1793</b>
Business Address (Name, Street) <b>UBER DRIVER,</b>			(City)	(State)	(Zip)	Phone <b>Self</b>
D/L Number, State <b>N120432794210 / FL</b>	Sec. Sec. Number	INS Number	Place of Birth (City, State) <b>Brazi</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"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)			Residence Phone			
Legal Custodian <input type="checkbox"/>			Business Phone			
Address (Street, Apt. Number)			(City)	(State)	(Zip)	
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION	
Released To: (Name)			Relationship	Date	Time	1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
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	
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No			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. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
Charge Description <b>BATTERY</b>			Statute Violation Number <b>784.03(1A1)</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
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	Released To
Transported By			Date Transported	Time Transported	Other	
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room)		Court Date and Time	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			<b>South County 200 W Atlantic Ave Delray Beach, FL 33444</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.			No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)			Date Signed			
Name Verification (Printed by Arrestee)			(PRINT)			
Name of Arresting Officer (Print) <b>PRICE, D. X.</b>			I.D. # <b>840</b>			
Transporting Officer <b>Eichwalter</b>			I.D. # <b>848</b>			
Agency <b>BAPD</b>			Agency			
Witness here if subject signed with an "X".			PAGE 1 OF 1			


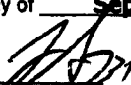
COURT STAT ATTORNEY AGENCY CENTRAL RECORDS JAIL COMM ARRESTS PHOTO DEPARTMENT

SCANNED SEP. 12 2020

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>09/11/2020 16:02</b>		Agency ORI Number <b>FL 0500200</b>			Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>			Agency Report Number <b>3   2   2020-010237</b>											
	Name (Last, First, Middle) <b>NEVES, JORGE LUIZ PEREIRA</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/21/1979</b>											
Charge Description <b>784.03(1) BATTERY / DOMESTIC BATTERY</b>																				
V I C T I M	Victim's Name (Last, First, Middle) <b>NEVES, PATRICIA</b>						Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/01/1988</b>											
	Local Address (Street, Apt. Number) <b>751 CYPRESS LANE, POMPANO BEACH, FL 33064</b>			(City)	(State)	(Zip)	Phone		Address Source											
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation											
	<table border="0"> <tr> <td>DEFENDANT'S STATEMENTS:</td> <td>Written</td> <td>Taped</td> <td>Oral</td> <td rowspan="2">OBSERVATIONS OF VICTIM (PHYSICAL &amp; EMOTIONAL): <b>DISTRAUGHT</b></td> </tr> <tr> <td>VICTIM'S STATEMENTS:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>												DEFENDANT'S STATEMENTS:	Written	Taped	Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>DISTRAUGHT</b>	VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEFENDANT'S STATEMENTS:	Written	Taped	Oral	OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>DISTRAUGHT</b>																
VICTIM'S STATEMENTS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>MARRIED</b>																				
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO														
		Victim:	<input checked="" type="checkbox"/>		<input type="checkbox"/>															
	911 CALL:		<input type="checkbox"/>				CALLER:													
	WEAPON USED:		<input type="checkbox"/>				TYPE:													
	WITNESSES:		<input type="checkbox"/>				(If YES, attach witness list)													
	INJURIES:		<input checked="" type="checkbox"/>																	
	MEDICAL TREATMENT:		<input checked="" type="checkbox"/>																	
	AT: Scene:		<input checked="" type="checkbox"/>				PARAMEDICS:													
	Hospital:		<input checked="" type="checkbox"/>				PHYSICIAN(S) / HOSPITAL:													
	ACT COMMITTED IN PRESENCE OF MINOR(S):		<input type="checkbox"/>				NAMES/AGES:													
H. R. S. NOTIFIED:		<input type="checkbox"/>																		
VICTIM PREGNANT:		<input type="checkbox"/>																		
VIOLATION OF RESTRAINING ORDER:		<input type="checkbox"/>				CASE #:														
PRIOR HISTORY OF DOMESTIC VIOLENCE:		<input type="checkbox"/>																		
ALCOHOL OR DRUGS INVOLVED:		<input type="checkbox"/>				<input checked="" type="checkbox"/>														
N A R R	On September 11, 2020 at approximately 1504 hours, I responded to 501 NW 77th street (Extended Stay America) in reference to domestic disturbance. An anonymous complainant contacted the police and stated they could hear screaming coming from room 354 and a woman screaming "Help me".																			
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 <u>11</u> day of <u>September</u> , <u>2020</u> .   <b>SHANNAHAN, TIMOTHY C.</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)																				

CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N I S T R A T I V E	Date / Time	09/11/2020 16:02	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500200	BOCA RATON POLICE DEPARTMENT	3   2   2020-010237

When I arrived on scene, contact was made with hotel Manager Shanice. Shanice advised she went to room 354 to check on the female and was greeted by an adult Hispanic male at the door. The male cracked the door, and in the back of the room she could hear a female crying and a female say, "Call the police". The male then shut the door.

Officers responded to room 354 and contact was made with the defendant (Jorge Neves) and the victim (Patricia Neves). The defendant and the victim have been married for seventeen years and are in the process of getting a divorce. The defendant and the victim have been separated for a few months and the defendant wanted to get a hotel room to speak with the victim about their marital issues.

The victim stated as she was speaking with the defendant about infidelity issues he has had in the past, the defendant became upset. The victim explained as she and the defendant were sitting on the bed the defendant grabbed her and began punching her in the face. The victim stated she was punched multiple times in the face and began to scream for help. While the victim was being punched in the face, she stated she grabbed the right side of the defendant shirt and squeeze it hard on the right side of the defendant's neck to get the defendant off her.

I then spoke to the defendant. The defendant admitted to punching the defendant in the face. The defendant stated the victim was becoming aggressive and he punched her in the face to stop her. The defendant stated that he punched the victim multiple times in the head.

I observed a knot on the victim's forehead and her skin was red and irritated on her neck area. The victim also had multiple scratches to her left arm. The defendant had a red mark on the right side of his neck which was consistent with the victim's story.

The victim was transported to Boca Regional Hospital for her injuries run#2020010237. Pictures of the defendant and victim were saved as evidence and uploaded on my MVR.

Due to the above facts the defendant was placed under arrest per Florida State Statute 784.03(1) Simple Battery.

The defendant was transported to the Police Department, then to Palm Beach County Jail.

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 11 day of September, 2020.

  
**SHANAHAN, TIMOTHY C**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

# 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#: 2020-010237 Agency: Boca Raton PD  
Offense: Domestic Battery  
Suspect/Offender: Jorge Neve  
D.O.B. 11/21/1979 Race: White Sex: male

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

3.a. Victim's name: Patricia Nevas D.O.B. 12/01/06 Race: W Sex: female  
Address: 751 Cypress Ln  
City: Pompano Beach State: FL Zip: 33064  
Home#: 561-786-4626 Work#: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home#: 561-786-4626 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:** Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).  
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Officer's Name: J. Price I.D.# 210 Date: 9/11/20  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: \_\_\_\_\_

COURT CASE/WARRANT#: \_\_\_\_\_  
(FOR WARRANTS USE ONLY)



# 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

Booking Number: 2020021547

Date: 09/12/2020

Specialist Name/ID: AM/31562