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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1

Juvenile

OBTS Number		Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 20-136026				
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		If Weapon Seized Enter Type		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) 30 Bella Vista Ave Lake Worth Beach, Fl 334				Location of Offense (Including Name of Business) 30 Bella Vista Ave Lake Worth Beach, Fl 334						
Date of Arrest Dec 12, 2020	Time of Arrest 1312	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) MIRAKHOR JOSEPH				Alias (Name, DOB, Soc. Sec. # Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian W M	Sex M	Date of Birth 06/05/79	Height 510	Weight 165	Eye Color Brown	Hair Color Black	Complexion light	Build med		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none				Marital Status Married	Religion Jewish	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Int <input type="checkbox"/>				
Local Address (Street, Apt. Number) 30 Bella Vista Ave		City Lake Worth Beach	State Fl	Zip 33460	Phone 917-204-7180	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source Verbal				
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation Doctor				
D/L Number, State 874322265 NY		Social Security Number		INS Number	Place of Birth Ny, Ny	Citizenship US				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)					Phone				
Address (Street, Apt. No.)		City	State	Zip	Business Phone					
Notified By (Name)		Date	Time	1. Handled/Processed within Dept. and Released		2. TOT HRS/SOYS 3. Invoiced				
Released To (Name)				Signature	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 561-355-2526) informed of any address change <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				
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Seizure 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	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description Battery		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a1)		Violation or ORD. #				
Drug Activity N	Drug Type N	Amount/Unit	Offense # 20-136026	Warrant/Capias Number		Bond NONE				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or 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 or 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 or ORD. #				
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond				
Location (Court, Address, Room Number)										
Court Date and Time Month Day Year Time AM <input type="checkbox"/> PM <input type="checkbox"/>										
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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						
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)						
Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other		Name of Arresting Officer Casteleiro, L		ID # 7860		Date DEC 12 PM 3:08				
Officer ID # 477		Transporting Officer ID # Casteleiro, 7860		Agency PBEO		Page 1 of 1				
Witness here if subject signed with an "X"										

VICTIM NOTIFICATION
REQUIRED

NOTICE
3 AM
6:01

SCANNED
DEC 13 2020

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Copies	1	Juvenile <input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERRIF'S OFFICE			Agency Report Number 06 20-136026				
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes				
Defendant Name (Last, First, Middle) MIRAKHOR JOSEPH				Race W	Sex M	Date of Birth 06/05/79		
Charge Battery		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) Mirakhor Natasha				Race W	Sex F	Date of Birth 11/17/88		
Local Address (Street, Apt. Number) 30 Bella Vista Ave		City Lake Worth Beach	State FL	Zip 33460	Phone		Address Source Verbal	
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation	
The undersign 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 checked="" type="checkbox"/> was observed by <u>1</u> who told <u>Myself</u> 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 (described) investigation.						
On the <u>12</u> day of <u>December</u> 20 <u>20</u> at <u>12:35</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								

I responded to 30 Bella Vista Ave in the City of Lake Worth Beach, Florida 33460 in reference to a domestic dispute. Prior to my arrival I was advised by PBSO dispatch that the Complainant was struck by her husband in the face.

Upon my arrival I made contact with the complainant and victim Natasha Mirakhor. She was standing outside of her resident and I could see blood from her mouth falling onto the front of her pink shirt. Natasha told me in a signed statement that she was slapped or punched in the mouth by her husband, later identified as Joseph Mirakhor. She stated that after being struck in the face she fell to the ground, were Joseph proceeded to twist her arm and threaten to break it. Natasha showed me that the slap or punch had caused her tongue to be bit by her teeth.

Based on my investigation I believe Probable Cause exist to charge Joseph Mirakhor with simple battery (domestic) violation of FSS 784.03(1)(A)(1). Mirakhor was placed in handcuffs which were checked for tightness and double locked. Then Mirakhor was transported to County Jail.

SCANNED
DEC 13 2020

The foregoing instrument was sworn to and affirmed before me this <u>12</u> day of <u>December</u> 20 <u>20</u> , by:	
D/S G. Cruz 9090	Casteleiro, L 7860
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<i>D/S G. Cruz 9090</i>	<i>[Signature]</i>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
Page 1 of 1	

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause Affidavit)

Defendant: MIRAKHOR JOSEPH DOB: 06/05/79 Case #: 20-136026

Victim: Mirakhor Natasha DOB: 11/17/88 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: Natasha Mirakhor

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ Weeks _____ Months

Injuries: Yes No Description: Bit tongue

Medical Treatment: Yes No

At Scene: Yes No Paramedics: _____

At Hospital: Yes No Hospital: _____ Physician: _____

Are children living in the home? Yes No DCF Notified? Yes No

Name: Maya Mirakhor DOB: 02/27/18

Name: Nova Mirakhor DOB: 07/03/20

Name: _____ DOB: _____

Injunction: Yes No Case #: _____

No Contact Order: Yes No Case #: _____

Alcohol or Drugs: Yes No Unknown

Prior history of Domestic/Dating Violence Yes No

Defendant's statements Yes No If yes, written recorded oral

First words Defendant said when you responded to scene: He struck me in the mouth

Victim's statements Yes No If yes, written recorded oral

First words Victim said when you responded to scene: He struck me in the mouth

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?

Yes No If yes, name: _____ phone: _____

Observations of Victim (Physical & Emotional): _____

Upset Crying Fearful Hysterical Afraid Calm Nervous

Complained of pain Other _____

Victim contact information:

Local Address: 30 Bella Vista Ave

Lake Worth Beach FL 33460

Phone: Home: _____ Work: _____ Cell: 646-400-9117

Employer: _____

Name of Relative: _____ Phone: _____

SCANNED
DEC 13 2020

VICTIM NOTIFICATION FORM

- 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 #: 20-136026 Agency: Palm Beach County Sheriff's Office
Offense: Battery
Suspect/Offender: MIRAKHOR JOSEPH
DOB: 06/05/79 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's Name: Mirakhor Natasha DOB: 11/17/88 Race: W Sex: F
Address: 30 Bella Vista Ave
City: Lake Worth Beach State: FL Zip: 33460
Home #: _____ Work #: _____ Other #: 646-400-9117

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 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: Casteleiro, L ID #: 7860 Date: Dec 12, 2020

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #

SCANNED
DEC 13 2020



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"/>			
	<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)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020029059	Date: 12/13/2020
	Specialist Name/ID: M. Tooks #8557