

0520264

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695

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>			1. Arrest		3. Request for Warrant		1		Juvenile		N										
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06- 20-137548</b>																		
Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony		<input checked="" type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized / Type		Multiple Clearance Indicator		01											
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		2		1. Yes 2. No N															
Location of Arrest (Including Name of Business) <b>17878 Monte Vista Dr Boca Raton, FL 33496</b>					Location of Offense (Business Name, Address) <b>17878 Monte Vista Dr Boca Raton, FL 33496</b>																		
Date of Arrest <b>12/17/20</b>		Time of Arrest <b>0040</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>NONE</b>											
Name (Last, First, Middle) <b>Silverman Joshua</b>					Alias (Name, DOB, Soc. Sec. #, Etc.) <b>Joseph</b>																		
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>03/17/1999</b>		Height <b>6'00</b>		Weight <b>150</b>		Eye Color <b>BROWN</b>		Hair Color <b>BLACK</b>		Complexion <b>MEDIUM</b>		Build <b>MEDIUM</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>					Marital Status <b>Single</b>		Religion <b>Atheism</b>		Indication of: Alcohol Influence		Y <input type="checkbox"/> N <input type="checkbox"/>		Unk. <input type="checkbox"/>										
Local Address (Street, Apt. Number) <b>17878 Monte Vista Dr Boca Raton, FL 33496</b>					Phone <b>( ) 732-320-7250</b>		Residence Type:		1. City		3. Florida		2										
Permanent Address (Street, Apt. Number) <b>Same</b>					Phone <b>( )</b>		Address Source <b>FL DL</b>		2. County		4. Out of State												
Business Address (Name, Street) <b>( )</b>					Phone <b>( )</b>		Occupation <b>Banker</b>																
D/L Number, State <b>S416430990970, FL</b>					INS Number		Place of Birth (City, State) <b>Hamilton, New Jersey</b>		Citizenship <b>U.S</b>														
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested		<input type="checkbox"/> 3. Felony										
Co-Defendant Name (Last, First, Middle)					Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large		<input type="checkbox"/> 4. Misdemeanor										
Parent Legal Custodian Other:					Name (Last)		(First)		(Middle)		Residence Phone <b>( )</b>												
Address (Street, Apt. Number)					(City)		(State)		(Zip)		Business Phone <b>( )</b>												
Notified by: (Name)					Date		Time		Juvenile Disposition		1. Handed/ processed within Dept. and Released.		2. TOT HRS / DYS										
Released To: (Name)					Relationship		Date		Time		3. Incarcerated												
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents					The child and / or parent was told					School Attended		Grade											
<input type="checkbox"/> Yes, by: (Name)					<input type="checkbox"/> No. (Reason)																		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					Description of Property					Value of Property													
Drug Activity		S. Sell		R. Smuggle		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		N. N/A		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/ Equipment		U. Unknown	
N. N/A		B. Buy		D. Deliver		E. Use						A. Amphetamine		C. Cocaine		E. Heroin		M. Marijuana		O. Opium/Deriv.		S. Synthetics	
P. Possess		T. Traffic																					
Charge Description <b>Battery (domestic)</b>					Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1a1)</b>		Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense # <b>20-137548</b>		Warrant / Capias Number		Bond <b>NONE</b>													
Charge Description					Counts		Domestic Violence		Statute Violation Number		Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense # <b>20-137548</b>		Warrant / Capias Number		Bond													
Charge Description					Counts		Domestic Violence		Statute Violation Number		Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense # <b>20-137548</b>		Warrant / Capias Number		Bond													
Charge Description					Counts		Domestic Violence		Statute Violation Number		Violation of ORD #												
Drug Activity		Drug Type		Amount / Unit		Offense # <b>20-137548</b>		Warrant / Capias Number		Bond													
Location (Court, Room Number, Address) <b>Criminal Justice Complex - 3228 Gun Club Road, West Palm Beach FL. 33406</b>													Court Date and Time Month <b>12</b> Day <b>17</b> Year <b>20</b> Time <b>AM</b> <b>PM</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													12/17/20										
Signature of Defendant (or Juvenile and Parent /Custodian)													Date Signed										
HOLD for other Agency Name:					Signature of Arresting Officer					Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:					Name of Arresting Officer (Print) <b>D/S R. Crispin Fuentes</b>					I.D. # <b>34263</b>													
Pouch #					Transporting Officer <b>D/S R. Crispin Fuentes</b>					ID # <b>34263</b>													
					Agency <b>PBSO</b>					Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>													

VICTIM NOTIFICATION REQUIRED

NOTICE TO APPEAR

NONE

Bond

Bond

Bond

<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-20-137548</b>
ADMIN	Charge Type: Check as many as apply.		Special Notes:		
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance		
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		
DEF	Name (Last, First, Middle) <b>Silverman Joshua Joseph</b>		Alias	Race <b>W</b>	Sex <b>M</b>
	Date of Birth <b>03/17/1999</b>				
CHARGES	Charge Description <b>Battery (domestic)</b>		784.03(1a1)		
	Charge Description		Charge Description		
	Victim's Name (Last, First, Middle) <b>Morselli Gina M</b>		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>01/29/1968</b>
VICTIM	Local Address (Street, Apt. Number) <b>17878 Monte Vista Dr</b>		(City) <b>Boca Raton, FL 33496</b>	(State) (zip)	Phone <b>609-744-5024</b>
	Business Address (Name, Street)		(City) (State) (zip)	Phone	Address Source <b>FL DL</b>
					Occupation <b>UNK</b>
<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 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17th</u> day of <u>December</u> 20<u>20</u> at <u>0001</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On December 17th, 2020, at 0001 hours, I responded to 17878 Monte Vista Dr in Boca Raton, Palm Beach County, Florida 33496, in reference to a Domestic Dispute.</b></p> <p><b>Upon my arrival, I met with Gina M Morselli, who was actively bleeding from above her right eye. I immediately saw that she was crying, and she said I need help, please help me. I asked Morselli to tell me how I could help, and she told me her boyfriend, Joshua J Silverman, had beaten her up. I asked Morselli how she obtained the cut above her eye, and if she needed medical attention. Morselli told me she did not require medical attention and that the cut above her right eye was from a punch she received from Silverman. Morselli further informs me that she was drinking inside the house having a good time when Silverman got angry and, for no apparent reason, punched her in her face. Morselli is not sure with which hand Silverman hit her or in the manner that he hit her, but she noticed that she immediately began to bleed from her eye. Morselli said she then ran upstairs and told her son Lorenzo A Morselli to call the police.</b></p> <p><b>I then spoke to Silverman, who told me he was sleeping on the couch when Morselli woke him up, and he noticed she was very intoxicated. Silverman said he got up from the sofa and went into one of the residents' rooms to get away from Morselli. Silverman further explained that a few minutes later, Morselli went to his room, bleeding from her eye and screaming. Silverman told me he doesn't know how she received that cut above her eye. Silverman said he then saw Morselli call the police, which is, in fact, a lie because her Son Lorenzo is the 911 caller.</b></p> <p><b>I then spoke with Lorenzo, who told me he heard his mother screaming, and she ran to his bedroom and asked him to please call the police. Lorenzo told me that his mother's bruise under her left eye is from injections but that the cut that was actively bleeding was new from tonight.</b></p> <p><b>Based on the above facts and information, I find Probable cause to charge the defendant, Joshua J Silverman, with one count of Domestic battery pursuant to F.S.S. 784.03(1a1).</b></p> <p><b>Joshua J Silverman was handcuffed to the rear. I checked the cuff for proper fit and double locked them. Joshua J Silverman was transported and TOT PBCJ without incident.</b></p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S R. Crispin Fues</b>		
	(Signature of Arresting/Investigative Officer)				
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17</u> day of <u>December</u> 20 <u>20</u> by <u>D/S R. Crispin Fuentes</u>				
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>				
	<b>D/S Giglio ID # 35623</b> <i>D/S J 35623</i>				
	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**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause affidavit)

Suspect: Silverman Joshua Joseph DOB: 03/17/1999 Case #: 20-137548

Victim: Morselli Gina M DOB: 01/29/1968 Race: W Sex: F

Relationship between Victim and Defendant: Boyfriend / Girlfriend

Photographs: Scene Yes  No  Victim  Yes  No  Defendant  Yes  No

911 Call:  Yes  No  Caller: Morselli Gina M

Weapon Used: Yes  No  Type: \_\_\_\_\_

Witness: Yes  No  Name: \_\_\_\_\_

Victim Pregnant: Yes  No  If yes, \_\_\_\_\_ weeks \_\_\_\_\_ months

Injuries:  Yes  No  Description: cut above right eye

Medical Treatment: Yes  No

At Scene: Yes  No  Paramedics: \_\_\_\_\_

At Hospital: Yes  No  Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are Children Living in Home?  Yes  No  DCF Notified?  Yes  No

Name: Lorenzo A Morselli DOB: 07/11/2008

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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: I didn't do nothing

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

First words Victim said when you responded to scene: I need help

Did the Victim contact anyone other than 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: \_\_\_\_\_

17878 Monte Vista Dr, Boca Raton, FL 33496

Phone: Home (\_\_\_\_) 609-744-5024 Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: UNK

Name of Relative: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

# 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**

**Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 20-137548 Agency: PBSO  
Offense: Battery (domestic)  
Suspect/Offender: Silverman Joshua Joseph  
D.O.B. 03/17/1999 Race: W Sex: M

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

3.a. Victim's name: Morselli Gina M D.O.B. 01/29/1968 Race: W Sex: F  
Address: 17878 Monte Vista Dr  
City: Boca Raton, FL 33496  
Home #- 609-744-5024 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
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: Morselli Gina M

Deputy's Name: D/S R. Crispin Fuentes I.D.# 34263 Date: 12/17/20

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records  
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: **Silverman Joshua Joseph** COURT CASE/WARRANT#:  
(FOR WARRANTS USE ONLY)



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
I/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: 2020029464

Date: 12/17/2020

Specialist Name/ID: B Evans / 23649