0531120

50-2022-MM-003240-AMB

AGENCY 166

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22 060278

Charge Type: Check as many as apply. ☐ 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: 01

Location of Arrest (Including Name of Business): [redacted]

Location of Offense (Business Name, Address):

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/23/22	2318					

DEFENDANT

Name (Last): Green (First): Kenneth (Middle): Joseph

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	01/30/1965	5'06	153	BROWN	BALD	MEDIUM	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Married

Religion: Christianity

Indication of: Alcohol Influence ☐ Y ☐ N ☒ Unk. Drug Influence ☐ Y ☐ N ☒ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: 561-716-4788

Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: 561-716-4788

Occupation: Finance

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G650510650300, FL	[redacted]		Chicago, Illinois	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal ☐ Other: (Last) (First) (Middle) Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone

Notified by: (Name) Date Time Juvenile Disposition: 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 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

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

CODE

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 B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery (domestic)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		22060278		

CHARGE

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

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22060278		

CHARGE

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

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

VICTIM NOTIFICATION REQUIRED

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): TO BE SET

Court Date and Time: Month Day Year Time AM ☐ 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) Date Signed: 04/23/22

ADMIN

HOLD for other Agency Name

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X 30553

Arresting Officer (Print): D/S J. Carmenate I.D. # 30553

Transporting Officer: D/S J. Carmenate ID # 30553 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

APR 24 AM 1:30

Witness here if subject signed with an -X-

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22060278

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Green Kenneth Joseph		W	M	01/30/1965

CHARGES

Battery (domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Green Kerry Anne Filerino	W	F	12/02/1966

Local Address (Street, Apt. Number) (City) (State) (zip) Phone: [redacted] — Address Source: FL DL

Business Address (Name, Street) (City) (State) (zip) Phone: — Occupation: Attorney

PROBABLE CAUSE STATEMENT

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

☐ committed the below acts in my presence.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 23 day of April 2022 at 2318 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I responded to [redacted] in reference to a Domestic Incident.

Upon arrival, contact was made with complainant/victim who was crying and was later identified as Kerry Green. Mrs. Green advised the following: On today's date, just prior to calling 9-1-1, at approximately 2250 hours she and her husband, later identified as Kenneth Green, who share children in common, were involved in a verbal altercation in regards to Mr. Green arriving home intoxicated. During their argument both Mrs. Green and Mr. Green were standing in the master bedroom, and she told Mr. Green she wanted him to leave the residence as he was intoxicated and being argumentative. Mr. Green then became angry because she told him he needed therapy at which point he pushed her. Mrs. Green then slapped Mr. Green in an attempt to get him away from her. Mr. Green then pushed and struck Mrs. Green in the face (unknown if with an open or closed hand) causing her to fall to the ground. Mr. Green then left the bedroom and contacted 9-1-1. While speaking to Mrs. Green I observed a red mark (abrasion) to the right side of her face near her lips. Mrs. Green refused Emergency Medical Services (EMS), for medical evaluation.

Contact was then made with Kenneth Green. Mr. Green advised the following: He and his wife Mrs. Green were involved in an argument and during their argument their sick cat went irate and jumped on his face causing a small scratch to the left side of his face. I observed a small abrasion to the left side of Mr. Green's face. Mr. Green was re-asked if the argument ever became physical and he stated no. After Mr. Green was placed into handcuffs he recanted his statement and stated his wife had scratched him on the face but he lied not to get her in trouble.

Based on the following investigation: I found probable cause exist for the arrest of Kenneth Green for Assault (Domestic), contrary to F.S.S 784.01(1).

This case is cleared by arrest.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S J. Carmenate (ID #) 30553
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of April 20 22 by D/S J. Carmenate 30553
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Green (Name (Last, First, Middle)) ,Kenneth ,Joseph **DOB:** 01/30/1965 **Case #:** 22060278

Victim: Green (Name (Last, First)) ,Kerry **DOB:** 12/02/1966 **Race:** W **Sex:** F

Relationship between Victim and Defendant: Spouse

Photographs: Scene ☒ Yes ☐ No Victim ☒ Yes ☐ No Defendant ☒ Yes ☐ No

911 Call: ☒ Yes ☐ No **Caller:** Kerry Green

Weapon Used: ☐ Yes ☒ No **Type:**

Witness: ☐ Yes ☒ No **Name:** (Last) (First) (Middle)

Victim Pregnant: ☐ Yes ☒ No If yes, weeks months

Injuries: ☒ Yes ☐ No **Description:** Abrasion to right side of face near lips.

Medical Treatment: ☐ Yes ☒ No

At Scene: ☐ Yes ☒ No **Paramedics:** Refused

At Hospital: ☐ Yes ☒ No **Hospital:** **Doctor:**

Are Children Living in Home? ☒ Yes ☐ No **DCF Notified?** ☒ Yes ☐ No

Name: Connor Green **DOB:** 02/06/2007

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: The cat went crazy and knocked off the phone

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

First words Victim said when you responded to scene:

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) Crying, urinated herself, in pain.

☒ Upset ☒ Crying ☒ Fearful ☐ Hysterical ☒ Afraid ☐ Calm ☐ Nervous

☐ Complained of pain ☐ Other

Victim Contact Information: (Last) Green (first) Kerry

Local Address: [redacted]

Phone: [redacted]

Employer: (Name) Attorney (Employer Address)

Name of Relative: (Last) (First) **Phone:**

Address: Royal Palm Beach, FL 33411

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VICTIM NOTIFICATION FORM

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

- **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.

SUSPECT/OFFENDER: Green Kenneth Joseph COURT CASE/WARRANT#. (FOR WARRANTS USE ONLY)

1. Incident Report #: 22060278 Agency: PBSO
   Offense: Battery (domestic)
   Suspect/Offender: Name (Last) Green (First) Kenneth (Middle) Joseph
   D.O.B. 01/30/1965 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Name (Last, First) Green Kerry D.O.B. 12/02/1966 Race: W Sex: F
   Address: [redacted]
   City: [redacted]
   Home #: [redacted]

   b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   Address: _____
   City: ~~Royal Palm Beach, FL 33411~~ J.C
   Home #: _____

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: Name (Last, First) Green Kerry

Deputy's Name: D/S J. Carmenate I.D.# 30553 Date: 04/23/22

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

PBSO 00029A REV. 4199

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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)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2022010718	**Date:** 4/24/2022
	Specialist Name/ID: Chantel Daniels/30347

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