
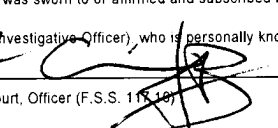


2021mm003932144MD

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		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- 21-059135</b>					
	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input 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		Weapon Seized / Type 1. Yes 2. No <b>2</b>		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) <b>7455 San Clemente Pl Boca Raton, FL 33433</b>				Location of Offense (Business Name, Address) <b>7455 San Clemente Pl., Boca Raton, FL 33433</b>							
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
DEFENDANT	Name (Last, First, Middle) <b>Mortman, Laurie, Mara</b>							Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/27/1971</b>	Height <b>5'00</b>	Weight <b>100</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>	Build <b>Small</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>				Marital Status <b>Married</b>	Religion <b>JEWISH</b>	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
	Local Address (Street, Apt. Number) <b>2079 Yarmouth D, Boca Raton, FL 33434</b>			(City)	(State)	(Zip)	Phone <b>(561) 460-4842</b>	Residence Type 1. City 2. County 3. Florida 4. Out of State <b>3</b>				
	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone ( )	Address Source <b>FL DL</b>				
	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone ( )	Occupation				
	D/L Number, State <b>M635533719670, FL</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State)	Citizenship				
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
	CO-DEF	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone ( )		Business Phone ( )				
Address (Street, Apt. Number)		(City)	(State)	(Zip)								
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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade						
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	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other	
Charge Description <b>Battery Domestic (Over 65)</b>		Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.08(2c)</b>		Violation of ORD #						
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-059135</b>	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of 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 of 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 of ORD #						
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>											
	Court Date and Time Month Day Year Time AM <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</b>											
ADMIN	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) I.D. #				(PRINT)					
	Intake Deputy I.D. # Pouch #		Transporting Officer ID # Agency		Witness here if subject signed with an "X"				PAGE <b>1</b> OF <b>1</b>			

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-059135</b>						
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input 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:		
DEF	Name (Last, First, Middle) <b>Mortman, Laurie, Mara</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/27/1971</b>		
	Charge Description <b>Battery Domestic (Over 65)</b>				784.08(2c)						
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) <b>Rosner, Civie, R</b>				Race <b>W</b>		Sex <b>F</b>	Date of Birth <b>12/10/1949</b>			
	Local Address (Street, Apt. Number) <b>7455 San Clemente Pl., Boca Raton, FL 33433</b>				(City)	(State)	(zip)	Phone <b>( 917 ) 685-6735</b>		Address Source	
	Business Address (Name, Street)				(City)	(State)	(zip)	Phone <b>( )</b>		Occupation	
					(City)	(State)	(zip)				
PROBABLE CAUSE STATEMENT	<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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____            admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____            that he/she saw the arrested person commit the below acts.  <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the _____ day of _____ 20____ at _____ <input type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On April 25, 2021 at 23:26 hours I responded to 7455 San Clemente Pl. Boca Raton, FL 33433 in reference to a domestic issue. Upon my arrival I met and spoke with the complainant Laurie Mortman who stated her mother in law Civie Rosner slapped her on the right arm.</b></p> <p><b>Upon review of Laurie's arm I did not see any marks, bruises or redness to the area she stated she was slapped. Laurie stated for no reason Civie slapped her arm so she ran outside and called 911. At this time I went in the home to make contact with Civie who was standing in the kitchen doing dishes. When I asked Civie what occurred she stated Laurie was screaming in her ear about an unknown incident. (It should be noted this was the third time PBSO was dispatched to the home, and personally my second time.) Civie stated she became unbalanced while Laurie was screaming at her and fell forward and when she fell forward Laurie scratched her left arm. Upon review of Civie's arm I did not notice any redness or scratch marks where she stated she was scratched.</b></p> <p><b>I went back out and spoke with Laurie again and I inquired about the incident that occurred. Laurie stated she was screaming in the ear of Civie and she went to pull an earring that Civie was wearing and when she put her hand up towards her Civie slapped her arm away. Laurie said she was shocked that Civie slapped her arm away so she ran outside and called 911. I asked if she every scratched Civie's arm and she stated she did not ever scratch her at any point.</b></p> <p><b>D/S T. Drake (5310) provided Civie with a sworn statement and see his supplement in regards to additional information.</b></p> <p><b>Based on the information stated above I have decided to file Domestic battery (over 65) 784.08(2) (c) charges on Laurie Mortman due to the conflicting statements and lack of physical evidence.</b></p>										
	STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by <b>Michael D'Avanzo</b>										
	(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____										
	Notary Public, Clerk of Court, Officer (F.S.S. 119.18)										
											
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