

0177273

20NM-1569

294

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 500000** Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number: **06 20-039297**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): **12701 S GARDENS DR APT 104 PALM BEACH GARDENS** Location of Offense (Including Name of Business): **230 COLUMBIA DRIVE LAKE WORTH FL**

Date of Arrest: **2/17/2020** Time of Arrest: **2329** Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): **ANYZESKI LISA M** Alias (Name, DOB, Soc. Sec. # Etc.): _____

Race: **W** Sex: **F** Date of Birth: **4/17/69** Height: **5'4** Weight: **120** Eye Color: **BROWN** Hair Color: **BLONDE** Complexion: **LIGHT** Build: **SLENDER**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **NONE** Marital Status: **SINGLE** Religion: **NONE** Inclusion of Alcohol/Drug Influence: Y N Unk

Local Address (Street, Apt. Number): **12701 S GARDENS DR APT 104 PALM BEACH GARDENS FL 33410** Phone: **561 222 3490**

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

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

DL Number, State: **A522 533 69 6370** Social Security Number: _____ INS Number: _____ Place of Birth: **NEW ORLEANS, LA** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____

Parent Legal Guardian: Parent Other Name (Last, First, Middle): _____ Phone: _____

Address (Street, Apt. No.): _____ City: _____ State: _____ Zip: _____ Business Phone: _____

Notified By (Name): _____ Date: _____ Time: _____

Released To (Name): _____ Relationship: _____ Juvenile Disposition: 1. Handed/Processed within Dept. and Released 2. TOT HRS/DAYS 3. Incarcerated

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-365-2629) informed of any address change. Yes by (Name): _____ No (Present)

School Attended: _____ Grade: _____

Property Crime? Yes No Description of Property: _____ Value of Property: _____

Drug Activity: N/A S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other

Charge Description: **SIMPLE BATTERY 784.03(1A1)** Counts: **1** Domestic Violence: Y N Statute Violation Number: **784.03(1A1)** Warrant/Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Warrant/Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Warrant/Capias Number: _____ Bond: _____

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Warrant/Capias Number: _____ Bond: _____

Location (Court, Address, Room Number): **North County Courthouse 3188 Plat Blvd**

Court Date and Time: **3** Day **11** Year **2020** Time **530** AM PM

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: **D/S C CAMERON** ID #: **30045** Name Verification (Printed by Arrestee): _____

Name: _____ Dangerous: Resisted Arrest: Suisidal: Other: Name of Arresting Officer: **D/S C CAMERON** ID #: **30045** (PRINT) _____

Transporting Officer: **D/S C CAMERON** ID #: _____ Agency: **PBSO** Page: **1 of 1**

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FEB 18 2020

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3. Request For Warrant	1	Juvenile	
Agency ORI Number FLO 5 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		2. N.T.A.	4. Request For Copies			
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		Agency Report Number 06		Special Notes				20-039297
Defendant Name (Last, First, Middle) ANYZESKI LISA								
Race M		Sex F		Date of Birth 4/17/69				
Charge SIMPLE BATTERY 784.03(1A1)								
Victim Name (Last, First, Middle)								
Local Address (Street, Apt. Number)		City		State		Zip		
Business Address (Street, Apt. Number)		City		State		Zip		
<p>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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>17</u> day of <u>FEBRUARY</u> 20 <u>20</u> at <u>2329</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

On 2/17/2020 at approximately 2200 hrs I responded to the above address in reference to a battery.

Upon arrival I made contact with Katherine Hamilton who advised earlier in the evening Lisa Anyzeski arrived at the above address and began arguing with Katherine and her friend Mia Sabol on the patio. Hamilton and Sabol stated Anyzeski became irate and during the confrontation which continued into the front yard, followed Sabol into the house as she returned from retrieving something from her vehicle. Upon entering the residence, Hamilton and Sabol stated Anyzeski approached Hamilton who began to back up, grabbed her by the wrist, leaving a scratch, then proceeded to pushed and slap Hamilton with an open palm while forcing her into the southwest corner of the kitchen. Hamilton stated Anyzeski then grabbed her by the ponytail and slammed her to the ground, which Sabol also witnessed. Hamilton and Sabol advised Anyzeski crouched over the top of Hamilton who was on the ground facing upwards and proceeded to grab Hamilton by the hair and neck, leaving scratches on Hamilton's neck. Hamilton stated she was able to place her knee between her and Anyzeski and push herself away. Hamilton and Sabol then left the residence in Sabol's vehicle.

Both Sabol and Hamilton provided sworn statements reference the above allegations. Due to the evidence observed on scene and the sworn statements provided I find that probable cause exists to charge Lisa Anyzeski with simple battery in accordance with Florida state statute 784.03(1A1)

The foregoing instrument was sworn to and affirmed before me this _____ day of _____ 20____, by:	
D/S PHIPPS 33643	D/S C CAMERON
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
30045	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
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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)(f)	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: 2020005424	Date: 2/18/2020
	Specialist Name/ID: T Howard/7185

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FEB 18 2020