

2021 MM 5521
0524878 3371

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21090107	
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		Weapon Seized / Type 2. No		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business)				Location of Office (Business Name, Address)			
Date of Arrest 07/28/2021	Time of Arrest 0010	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) Greenberg, Lori				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 08/07/1970	Height 5'07"	Weight 150	Eye Color brown	Hair Color blue	Complexion fair
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status single	Religion unk	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (561) 501-8848	Residence Type 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (561) 501-8848	Address Source verbal	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation	
DL Number, State G651520707870, FL		INS Number		Place of Birth (City, State) Philadelphia, PA		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	
Parent / Legal Custodian / 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 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 Battery of Domestic Violence		Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21090107	Warrant / Capias Number		Bond None	
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	
Location (Court, Room Number, Address)							
Court Date and Time Month Day Year Time AM PM 07/28/2021							
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.				07/28/2021			
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer X		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) D/S Tim Laquerre		ID # 37291		(PRINT)	
Intake Deputy Sgt Gibson 2558 3371		Transporting Officer Tim Laquerre		ID # 37291		Agency PBSO	
Witness here if subject signed with an "X"				PAGE 1		OF 1	

7/28/2021 @ 0134

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-21090107						
	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		Special Notes:						
DEF	Name (Last, First, Middle) Greenberg, Lori				Race W		Sex F		Date of Birth 08/07/1970		
	Charge Description Battery of Domestic Violence 784.03(1a1)				Charge Description						
CHARGES	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) Greenberg, Ilyse				Race W		Sex F		Date of Birth 07/01/1998		
	Local Address (Street, Apt. Number) (City) (State) (Zip) Phone				Address Source verbal						
	Business Address (Name, Street) (City) (State) (Zip) Phone				Occupation						
<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 <u>27th</u> day of <u>July</u> 20<u>21</u> at <u>10:44</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 7/27/2021 at approximately 2244 hours I responded to [redacted] in [redacted] in reference to a domestic battery. Upon my arrival I met with the victim, Ilyse Greenberg, and witness, Jacob Montero, in the parking lot.</p> <p>Ilyse was hysterical and crying but calmed down and told me her mother, later identified as Lori Greenberg, had attacked her. Ilyse provided a recorded oral statement of the following. On 7/26/2021 Ilyse got in an argument with Lori in which Deputies responded. Ilyse said she is in the process of moving out and it was advised to Ilyse to bring either a friend or Law Enforcement to act as a mediator for future returns so that no fight escalates into a physical altercation. Ilyse said on today's date 7/27/2021 she came with her friend Jacob Montero, and began to pack her belongings in her back bedroom. Ilyse said Lori began to yell at her calling her names and following her around the house while she packed her belongings. Ilyse said after a few moments while she was in the back bedroom corner Lori said she wanted to kill Ilyse and lunged at her. Ilyse said Lori's momentum threw her into the wall and then fell to the ground with Lori on top of her. Ilyse said she tried to get Lori off her, who was punching her in the head, and eventually was able to push Lori off. Ilyse said Jacob also tried to intervene and separate them but Lori kept hitting Ilyse. Ilyse said eventually after a few moments she was able to get off the ground and away from Lori and she and Jacob called 9-1-1 and waited outside. Ilyse showed me the side of her face where she said she was punched by Lori and I could see redness. Ilyse also had a ripped jacket which she said Lori did and had pain to her hand which she said was recently injured in a separate incident but thinks it was reinjured tonight during the fight.</p> <p>I spoke to Jacob who provided a recorded oral statement of the following. He was made aware of Ilyse's situation stemming from 7/26/2021 and said he would come help her move out and act as a mediator in case Lori were to try and start a fight. Jacob said as soon as they entered the apartment Lori began to yell at Ilyse and call her names. Jacob said Ilyse was in the back bedroom gathering items to pack and Lori did a "superman" motion lunging at Ilyse over items on the ground. Jacob said when Lori attacked Ilyse it pushed her into the wall and then onto the ground where he intervened and tried to get Lori off Ilyse. Jacob said he was not hit by Lori, however, Lori continued to punch Ilyse while he was trying to separate them. Jacob said after a few moments they were able to separate themselves from Lori and called 9-1-1 and waited outside for Deputies to arrive.</p> <p>I spoke to Lori who said Ilyse entered the apartment and began to argue with her. Lori said she followed Ilyse around the apartment to make sure she grabbed all her belongings. Lori said it was Ilyse who attacked her and threw her to the ground and punched her. Lori said Ilyse then exited the room with Jacob. During my conversation with Lori I had to clarify several times where the altercation took place, where people were standing, and how she got her injuries to her elbow and head, as her story didn't add up to everything else. Lori had changed her story a few times as I asked questions.</p> <p>Based on my investigation I determined Lori Greenberg violated FSS 784.03(1a1) for lunging at Ilyse, pushing her into the wall, onto the floor, and punching her. Because Lori and Ilyse are mother and daughter who live in the same household I find Lori's violation falls under Domestic Violence enhancement. I placed Lori under arrest, handcuffed her, checked for proper fit, and double locked. Lori was later transported to the Palm Beach County West Detention Center without incident.</p> <p>Photographs were taken and submitted into evidence along with the recorded statements. I completed domestic violence paperwork and explained it to Ilyse. This case is cleared by arrest.</p>											
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;">D/S Tim Laquerre</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>July</u> 20<u>21</u> by <u>D/S Tim Laquerre</u> known <u>LEO</u></p> <p>(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced</p> <p><u>D/S Tim Laquerre 7759</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>											
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)

Suspect: Greenberg, Lori DOB: 06 / 07 / 1970 Case #: 21090107

Victim: Greenberg, Lyse DOB: 07 / 01 / 1998 Race: W Sex: F

Relationship between Victim and Defendant: Child/Mother

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

911 Call: ☒ Yes ☐ No Caller: Jacob I Montero

Weapon Used: ☐ Yes ☒ No Type: _____

Witness: ☒ Yes ☐ No Name: Jacob I Montero

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

Injuries: ☒ Yes ☐ No Description: Red mark to side of face of victim

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: _____ DOB: / /

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: _____

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): _____

☒ Upset ☒ Crying Fearful ☒ Hysterical Afraid Calm Nervous

☒ Complained of pain Other _____

Victim Contact Information: _____

Local Address: _____

Phone: Home () _____ - _____ Work () _____ - _____ Cell _____

Employer: _____

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)

- Sexual Offense (Ch. 794)

- Attempted Murder

- Attempted Sexual Offense

- 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.)

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

1. Incident Report #: 21090107 Agency: PBSO
Offense: Battery of Domestic Violence
Suspect/Offender: Greenberg, Lori
D.O.B. 08/07/1970 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: Greenberg, Ilyse D.O.B. 07/01/1998 Race: W Sex: F
Address: _____
City: _____ State: FL Zip: 33412
Home # _____ Work #: _____ Other: _____

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 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: [Signature] F-g

Printed name of person waiving notification: ✓

Deputy's Name: D/S Tim Laquerre I.D.# 37291 Date: 7/27/2021

White/Corrections or State Attorney (Warrant Application)
PBSO 00029A REV. 4109

Yellow/Warrants Section

Pink/Central Records

SUSPECT/OFFENDER:

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#



**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	<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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021018640 WDC

Date: 7/28/2021

Specialist Name/ID: T Howard/7185