

J# 0523644

21mm 3907 mrs

P# 162

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 21070841							
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 880 Summit Lake Dr, West Palm Beach FL 33415				Location of Offense (Business Name, Address) 880 Summit Lake Dr, West Palm Beach FL 33415							
Date of Arrest 05/30/2021		Time of Arrest 1339		Booking Date		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) Leonor, Margaret,											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black O - Oriental/Asian		Sex F		Date of Birth 3/28/1994		Height 502		Weight 120		Eye Color Brown	
								Hair Color Black		Complexion Light	
										Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single		Religion CHRISTIAN		Indication of Alcohol Influence <input type="checkbox"/> Yes <input type="checkbox"/> No		Indication of Drug Influence <input type="checkbox"/> Yes <input type="checkbox"/> No	
Local Address (Street, Apt. Number) 757 NW Placid Ave, Port St Lucie, FL 34983				(City)		(State)		(Zip)		Phone (561) 909-5538	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Residence Type 1. City 2. County 3. Florida 4. Out of State 2	
Business Address (Name, Street)				(City)		(State)		(Zip)		Address Source Verbal/Spoken	
D/L Number, State				Soc. Sec. Number		INS Number		Place of Birth (City, State) Santa Domingo, Dominican Republic		Citizenship U.S.	
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other				Name (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. <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 Simple Battery (Domestic)				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 # 21070841		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	
Location (Court, Room Number, Address)											
Court Date and Time Month May Day 30 Year 2021 Time AM											
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 / Guardian)								Date Signed 05/30/2021			
HOLD for other Agency Name:				Signature of Arresting Officer C. Connor				Name Verification (Printed by Arrestee) C. Connor			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)			
Intake Deputy 015 J. [Signature]				Transporting Officer C. Connor				ID # 31766			
Pouch #				Agency PBSO				Witness here if subject signed with an "X"			

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 21070841						
	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		
DEE	Name (Last, First, Middle) Leonor, Margaret,				Race W		Sex F		Date of Birth 3/28/1994		
	Charge Description Simple Battery (Domestic)				784.03 (1a1)		Charge Description				
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) Allen, Marlon,				Race B		Sex M		Date of Birth 6/4/1989		
	Local Address (Street, Apt. Number) (City) (State) (zip) 880 Summit Lake Dr, West Palm Beach FL 33415				Phone (561) 720-5598		Address Source Verbal/Spoken				
	Business Address (Name, Street) (City) (State) (zip)				Phone ()		Occupation X-Ray technician				
<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> <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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 30th day of May 2021 at 1339 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p> <p>On Sunday 5/30/2021 at approximately 1255 hours I was dispatched to 880 Summit Lake Dr in reference to a loud disturbance. While en-route, PBSO dispatch advised a female half of the disturbance recently left the area in a white Toyota Corolla. Backup deputies also responding to the scene located this vehicle at Summit Blvd and S Military Trail and a traffic stop was conducted. While backup deputies conducted their traffic stop, I arrived at the residence to investigate further.</p> <p>As I walked up to the residence I made contact with the complainant, Marlon Allen, who told me the female who left in the white vehicle was his ex-girlfriend. Allen identified the female as Margaret Leonor and told me they have been separated for 2-3 months. I was also told they lived together for five months prior to breaking up. Allen explained to me that today he was spending time with another woman and Leonor knocked on the back door of the residence. Allen told me he answered the door and Leonor came inside. Allen further advised once Leonor was inside he told her there was another woman at the house and she had to leave. This upset Leonor and she began pushing and punching Allen in his mid section in an effort to get up the stairs of the residence. Allen denied hitting Leonor, but did tell me "I had to push back in defense when she was hitting me".</p> <p>I visually inspected Allen and saw a scratch on the upper left portion of his rib cage, and another on the front of his right shoulder. There were also several other red marks on his body but these two appeared the most serious.</p> <p>The other female who was also on scene was identified as Ronnie Jenkins. Jenkins and Allen both completed PBSO witness statements. It should be noted Jenkins did not see anything because through the duration of the incident she was inside of the bathroom.</p> <p>Prior to leaving the residence I provided Allen with a case information sheet, his copy of the witness statement and a domestic violence victims rights brochure.</p> <p>I left the residence and made contact with deputies on scene of the traffic stop and took custody of Leonor who was already placed in handcuffs. I double checked these handcuffs for proper spacing and double locked them per PBSO policy. Leonor had red marks on her left arm and right shoulder. Photographs of both Allen and Leonor were later uploaded into the PBSO domestic violence website. In addition, a level two domestic notification was completed.</p> <p>Based on my above described investigation probable cause exists to arrest Margaret Leonor with domestic simple battery in violation of FSS 784.03 (1a1). Leonor was subsequently transported to the Palm Beach County Jail without incident.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH				C. Connor						
	(Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____, 20____ by _____										
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced				Known LEO						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)											
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: Leonor, Margaret, DOB: 3/28/1994 Case #: 21070841

Victim: Allen, Marlon, DOB: 6/4/1989 Race: B Sex: M

Relationship between Victim and Defendant: _____

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

911 Call: ☒ Yes ☐ No Caller: _____

Weapon Used: ☐ Yes ☐ No Type: Hands

Witness: ☒ Yes ☐ No Name: Ronnie Jenkins

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

Injuries: ☒ Yes ☐ No Description: Abrasions

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: _____

See PC

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

First words Victim said when you responded to scene: _____

See statement

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: 880 Summit Lake Dr, West Palm Beach FL 33415

Phone: Home (561) 720-5598 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)
- 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 #: 21070841 Agency: PBSO
Offense: Simple Battery (Domestic)
Suspect/Offender: Leonor, Margaret,
D.O.B. 3/28/1994 Race: W Sex: F
2. Warrant # (s): _____
3. a. Victim's name: Allen, Marlon, D.O.B. 6/4/1989 Race: B Sex: M
Address: 880 Summit Lake Dr
City: West Palm Beach FL 33415
Home #- (561) 720-5598 Work #: 0 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: Allen, Marlon,

Deputy's Name: C. Corne I.D.# 31766 Date: 05/30/2021

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

SUSPECT/OFFENDER: **Leonor, Margaret,**
(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 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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013181	Date: 05/31/2021
	Specialist Name/ID: T Howard/7185