

J# 051674S 20MM4490 PH# 3867

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
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>06-20073563</b>							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>		Multiple Clearance Indicator <b>01</b>	
Location of Arrest (Including Name of Business) <b>5612 S. Rue Road, West Palm Beach, FL 33415</b>						Location of Offense (Business Name, Address) <b>624 Sea Pine Way # B1, Greenacres FL 33415</b>					
Date of Arrest <b>05/31/2020</b>		Time of Arrest <b>0241</b>		Booking Date <b>05/31/2020</b>		Booking Time <b>0241</b>		Jail Date		Jail Time	
Name (Last, First, Middle) <b>McGarrity, Marlyn, S</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>	Date of Birth <b>03/30/70</b>		Height <b>5'03</b>	Weight <b>210</b>	Eye Color <b>Green</b>	Hair Color <b>Blonde</b>	Complexion <b>Med</b>	Build <b>Thin</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Married</b>		Religion <b>BAPTIST</b>		Indication of: Alcohol Intoxication <input type="checkbox"/> Drug Intoxication <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>5612 S. Rue Road, West Palm Beach, FL 33415</b>				(City) <b>West Palm Beach</b>		(State) <b>FL</b>		(Zip) <b>33415</b>		Phone <b>(561) 657-2951</b>	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone	
DL Number, State <b>M263-557-70-610-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Cleveland, Ohio</b>		Citizenship <b>US Resident</b>			
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		Address (Street, Apt. Number) <b>1. Ave</b>								Residence Phone <b>( )</b>	
Notified by: (Name) <b>2. Ok</b>		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)</b>		Counts <b>01</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>784.03(1A1)</b>			Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>N/A</b>		Offense # <b>20073563</b>		Warrant / Capias Number		Bond		
Charge Description <b>Criminal Mischief</b>		Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>806.13(1b2)</b>			Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>N/A</b>		Offense # <b>20064740</b>		Warrant / Capias Number		Bond		
Charge Description		Counts		Domestic Violence	Statute Violation Number			Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number		Bond		
Charge Description		Counts		Domestic Violence	Statute Violation Number			Violation of ORD #			
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number		Bond		
<b>VICTIM NOTIFICATION REQUIRED</b>											
Location (Court Room Number, Address) <b>Criminal Justice Complex 3228 Gun Club Rd, WPB FL 33406</b>											
Court Date and Time Month <b>05</b> Day <b>31</b> Year <b>2020</b> Time <b>AM</b> <b>PM</b> <input checked="" type="checkbox"/>											
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>05/31/2020</b>											
Signature of Defendant (or Juvenile and Parent /Custodian)								Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>D/S. Murray</b>		I.D. # <b>24987</b>		(PRINT)			
Initials Deputy <b>...</b>		I.D. #	Pouch #	Transporting Officer <b>D/S S. Murray</b>		ID # <b>24987</b>	Agency <b>PBSO</b>		Witness here if subject signed with an <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	1	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- 20073563</b>					
	Charge Type: Check as many as apply.		Special Notes:					
CHARGES	Name (Last, First, Middle) <b>McGarrity, Marlyn, S</b>		Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/30/70</b>		
	Charge Description <b>Battery (Domestic)</b>	<b>784.03(1A1)</b>	Charge Description <b>Criminal Mischief</b>	<b>806.13(1b2)</b>				
VICTIM	Victim's Name (Last, First, Middle) <b>Mare, Joseph,</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/26/59</b>			
	Local Address (Street, Apt. Number) <b>5612 S. Rue Road, West Palm Beach, FL 33415</b>		(City)	(State)	(zip)	Phone <b>(561) 874-1856</b>	Address Source	
	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. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>31st</b> day of <b>May</b> 20<b>20</b> at <b>2:41</b> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>								
<p><b>On 05/31/2020, I was dispatched to 624 Sea Pine Way Unit B1, Greenacres, FL 33415 in reference to a domestic call. Upon arrival, contact was made with the victim Joseph Mare advised that he and his girlfriend went to a couple bars with two other friends. He stated after he then went with the two friends to 624 Sea Pine Way Unit B2. He stated a short time later his girlfriend Marlyn McGarrity arrived at the residence. He stated while inside the residence, he was attacked by McGarrity. He stated then she went outside and started hitting her vehicle with a piece of a chair. He stated that he got into her vehicle trying to prevent her from leaving and after she got out of the vehicle she rammed his vehicle with her vehicle. I was then provided a copy of a video which showed McGarrity hitting Mare with her hands while he was seated in the living room. I then went outside to view the vehicle and discovered there was a white colored paint transfer on the left rear of his vehicle. I then noticed a Chevrolet emblem on the ground under the rear bumper. This matched the vehicle Mare stated that his girlfriend drove. Mare also stated that on the previous night, he and McGarrity got into another fight and that she tried to stab him with a knife so he had to restrain her. He was asked if he reported this incident and he stated he did not. Mare stated that he and McGarrity have been in a relationship for approximately a year and a half.</b></p> <p><b>Prior to leaving the residence, I was approached by an independent witness who stated that he heard an argument outside so he looked outside the window and observed a male and female arguing and then the female intentionally strike a red vehicle with her vehicle. He also stated that the female had an unknown object in her hand the entire time. He stated the female tried to leave but the male got into the drivers seat not allowing her to leave. See written statement for complete details.</b></p> <p><b>McGarrity was later located and arrested at her residence without incident. McGarrity made several utterances stating that got into an argument inside the residence and when they went outside he hit her in the face.</b></p> <p><b>McGarrity was subsequently transported to county jail and charged with domestic battery and criminal mischief due to her intentionally striking his vehicle with her vehicle.</b></p> <p><b>I completed a level two domestic battery notification, 911 calls were requested, photos of the suspect were uploaded, and Mare was provided with a domestic battery resources pamphlet.</b></p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>D/S S. Murray</b>					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>31st</b> day of <b>May</b> 20 <b>20</b> by <b>D/S S. Murray</b>							
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced								
<b>D/S Cardec</b>		<b>D-Card #2429</b>						
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
								PAGE <b>1</b> OF <b>1</b>

MAY 31

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause affidavit)

Suspect: McGarrity, Marlyn, S DOB: 03/30/79 Case #: 20073563

Victim: Mare, Joseph, DOB: 01/26/59 Race: W Sex: M

Relationship between Victim and Defendant: Boyfriend/Girlfriend

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: Angelouise Hensey

Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ weeks \_\_\_\_\_ months

Injuries:  Yes  No Description: \_\_\_\_\_

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: She attacked me and rammed her vehicle into his vehicle

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: 5612 S. Rue Road, West Palm Beach, FL 33415

Phone: Home (561) 874-1856 Work ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

**McGarrity, Marlyn, S**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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 #: 20073563 Agency: PBSO  
Offense: Battery (Domestic)  
Suspect/Offender: McGarrity, Marlyn, S  
D.O.B. 03/30/70 Race: W Sex: F

2. Warrant # (s): \_\_\_\_\_

3.a. Victim's name: Mare, Joseph, D.O.B. 01/26/59 Race: W Sex: M  
Address: 5612 S. Rue Road  
City: West Palm Beach, FL 33415  
Home #- (561) 874-1856 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: Mare, Joseph,

Deputy's Name: D/S S. Murray I.D.# 24987 Date: 05/31/2020



**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"/>			
Other	<input type="checkbox"/>	Other:		
	<input type="checkbox"/>	Other:		

**REVIEW COMPLETED BY**

Booking Number: 2020013897	Date: 5/31/2020
	Specialist Name/ID: Gammage/5660

MAY 31 2020