

0515307

20cf 2136MB 3185

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 3. Request for Warrant  
2. N.T.A. 4. Request for Capias 1 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>06-20-045160</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 2 1. Yes 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>20155 Boca West Drive Unit B402 Boca Raton, FL 33434</b>				Location of Offense (Business Name, Address)			
DEFENDANT	Date of Arrest <b>3-4-2020</b>		Time of Arrest <b>0137hrs</b>		Booking Date		Booking Time	
	Name (Last, First, Middle) <b>Krinsky, Merle, Mae</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>9/17/1945</b>		Height <b>5'07</b>	
CO-DEF	Weight <b>120</b>		Eye Color <b>Blue</b>		Hair Color <b>Blonde</b>		Complexion <b>Light</b>	
	Build <b>Small</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Married</b>		Religion <b>NONE</b>	
	Local Address (Street, Apt. Number) <b>20155 Boca West Dr Unit B402, Boca Raton, FL 33434</b>		(City) (State) (Zip)		Phone		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
JUVENILE	Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
	Business Address (Name, Street)		(City) (State) (Zip)		Phone		Address Source <b>FL DL</b>	
	D/L Number, State <b>K65253458370, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Philadelphia, PA</b>	
CHARGE	Citizenship <b>USA</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Date of Birth		Date of Birth		Date of Birth		Date of Birth	
	Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State <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		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State <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		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State <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		Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State <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	
NOTICE TO APPEAR	Parent Legal Custodian <input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last) (First) (Middle)		Residence Phone			
	Address (Street, Apt. Number)		(City) (State) (Zip)		Business Phone			
	Notified by: (Name)		Date		Relationship		Date	
ADMIN	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 365-2626) 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			
CHARGE	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	Charge Description <b>Battery-Domestic</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.08(2)(c)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20-045160</b>	
	Charge Description		Counts		Domestic Violence		Statute Violation Number	
CHARGE	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20-045160</b>	
	Charge Description <b>Abuse of an elderly or disabled person</b>		Counts <b>1</b>		Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>825.102(1)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20-045160</b>	
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number	
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20 of 2136 MB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

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>06-20-045160</b>
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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator

Location of Arrest (Including Name of Business) <b>20155 Boca West Dr Boca Raton FL 33434</b>		Location of Offense (Business Name, Address)	
Date of Arrest <b>3-4-2020</b>	Time of Arrest <b>2:37 hrs</b>	Booking Date	Booking Time
Jail Date	Jail Time	Location of Vehicle	

Name (Last, First, Middle) <b>Krinsky, Merle, Mae</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth <b>9/17/1945</b>	Height <b>5'07</b>	Weight <b>120</b>	Eye Color <b>Blue</b>	Hair Color <b>Blonde</b>	Complexion <b>Light</b>	Build <b>Small</b>				

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>Married</b>	Religion <b>NONE</b>	Indication of Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
Local Address (Street, Apt. Number) <b>20155 Boca West Dr Unit B402, Boca Raton, FL 33434</b>					Phone ( )	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)					Phone ( )	Address Source <b>FL DL</b>	
Business Address (Name, Street)					Phone ( )	Occupation <b>unemployed</b>	
D/L Number, State <b>K652553458370, FL</b>		Soc. Sec. Number		INS Number	Place of Birth (City, State) <b>Philadelphia, PA</b>	Citizenship <b>USA</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
Parent Legal Custodian Other: <input type="checkbox"/> Parent 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
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
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 <b>Simple Battery</b>		Counts <b>1</b>	Domestic Violence <input 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	Offense # <b>20-045160</b>	Warrant / Capias Number		Bond <b>OR</b>				
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				
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court, Room Number, Address) <b>200 West Atlantic Ave Delray Beach FL 33414</b>			
Court Date and Time Month <b>March</b> Day <b>26</b> Year <b>2020</b> Time <b>8:30</b> (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 FULLY 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 Name:	Signature of Arresting Officer <b>JUSTIN J</b>	Name Verification (Printed by Arrestee) (PRINT)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	NAME OF ARRESTING OFFICER (PRINT) <b>JULIA PRICE 35079</b>
Intake Deputy	I.D. #	Pouch #
Transporting Officer <b>GROZCO 8057</b>	ID # <b>PS50</b>	Agency
Witness here if subject signed with an "X"		PAGE OF

SCANNED

MAR 05 2020

WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)



PROBABLE CAUSE AFFIDAVIT

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

1 [ ] Juvenile [ N ]

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-20-045160</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	Special Notes:

Name (Last, First, Middle) <b>Krimsky, Merle, Mae</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>9/17/1945</b>
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Charge Description <b>Battery-Domestic</b>	784.08(2)(c)	Charge Description
Charge Description <b>Abuse of an elderly or disabled person</b>	825.102(1)(b)	Charge Description

Victim's Name (Last, First, Middle)	Race <b>W</b>	Sex <b>M</b>	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip) Phone	Address Source		
Business Address (Name, Street) (City) (State) (zip) Phone	Occupation		

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

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the **3rd** day of **March** 20**20** at **1155**  A. M.  P.M. (Specifically include facts constituting cause for arrest.)

On March 3rd, 2020 at approximately 2022 hours I arrived a Boca Raton Regional Hospital in reference to a battery that occurred at approximately 1616 hours on 03/03/2020.

Upon arrival, contact was made with the victim \_\_\_\_\_ who had a visible contusion above his left eye. \_\_\_\_\_ was asked what occurred on today's date that lead him in the hospital with a contusion on his forehead. He stated his wife, the defendant, Merle Krimsky, had elbowed him. I then asked him to state the sequence of events of the aforementioned incident. \_\_\_\_\_ stated that his wife had entered his apartment and was very upset and he did not know why. He continued to state that while in his apartment his wife, Merle Krimsky elbowed him above the right eye one or two times. It should be noted that \_\_\_\_\_ is in a nursing facility due to his diminishing mental state. \_\_\_\_\_ suffers from \_\_\_\_\_ and does not remember exact details of the aforementioned event but was able to tell me how he obtained his injury and who the individual was.

Contact was then made with, \_\_\_\_\_ the second victim and the witness to the battery committed by Ms. Krimsky. \_\_\_\_\_ stated that she is the daytime aid for \_\_\_\_\_ and she had returned to \_\_\_\_\_ apartment with him after a game of "Bridge". Once she returned to the apartment she heard someone at the apartment door and what sounded like a key opening the door. The door then opened and it was Ms. Krimsky. \_\_\_\_\_ told Ms. Krimsky that she could not be there and could not visit \_\_\_\_\_ due to a court ordered agreement settlement that stated she could not have visitation with \_\_\_\_\_ unless supervised and approved by his guardian, \_\_\_\_\_ daughter. Being told this angered Ms. Krimsky which lead her to push \_\_\_\_\_ in the chest with an open hand in order to get to \_\_\_\_\_ who was in a wheeled chair. Ms. Krimsky was able to gain access to \_\_\_\_\_ in the wheel chair and hit him once in the forehead above his eye with her elbow. At this time the facility director, \_\_\_\_\_ arrived and told her to get out and she was not allowed to be there. She was then escorted out of the facility. It should be noted that \_\_\_\_\_ observed that she had a facility key fob in her hand along with the apartment key. He had asked Ms. Krimsky if she had signed in as required by guest but a friend Ms. Krimsky had with her stated they went through a side door and did not sign in. \_\_\_\_\_ confiscated the keys due to Ms. Krimsky not being allowed at the facility.

I found Ms. Krimsky in violation of F.S.S 784.08(2)(c) due to intentionally and willfully striking \_\_\_\_\_ against his will. \_\_\_\_\_ is 88 years old. In addition I found Ms. Krimsky in violation of F.S.S. 825.102(1)(b) due to the intentional act, battery, on \_\_\_\_\_ who is disabled, that resulted in physical injury.

Pictures of the \_\_\_\_\_ injuries were documented and uploaded. A Domestic Violence level 2 notification was completed and DCF was contacted prior to my arrival by Tammy Leppert, \_\_\_\_\_ case manager. A written victim and witness statement was completed by \_\_\_\_\_ of the aforementioned incident.

STATE OF FLORIDA  
COUNTY OF PALM BEACH  
*Julian Price*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **4** day of **MARCH** 20**20** by **D/S Price**  
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced **ID/ Badge**

Notary Public, Clerk of Court, or Sec. F.S. 117.10  
**SCANNED**

MAR 05 2020

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

Suspect: Krimsky, Merle, Mae DOB: 9/17/1945 Case #: 20-045160

Victim: [REDACTED] DOB: [REDACTED] Race: W 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: \_\_\_\_\_

Witness:  Yes  No Name: [REDACTED]

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

Injuries:  Yes  No Description: Contusion on forehead above right eye

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: \_\_\_\_\_

At Hospital:  Yes  No Hospital: Local Regional 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: None

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 Confused

Victim Contact Information:

Local Address: [REDACTED]

Phone: Home [REDACTED] Work ( ) - \_\_\_\_\_ Cell ( ) - \_\_\_\_\_

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

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

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

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# 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
- Dating Violence

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

1. Incident Report #: 20-045160 Agency: PBSO  
Offense: Simple Battery  
Suspect/Offender: Merle Krinsky  
D.O.B. 9-17-1945 Race: W Sex: female

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

3.a. Victim's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Race: B Sex: F  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
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: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

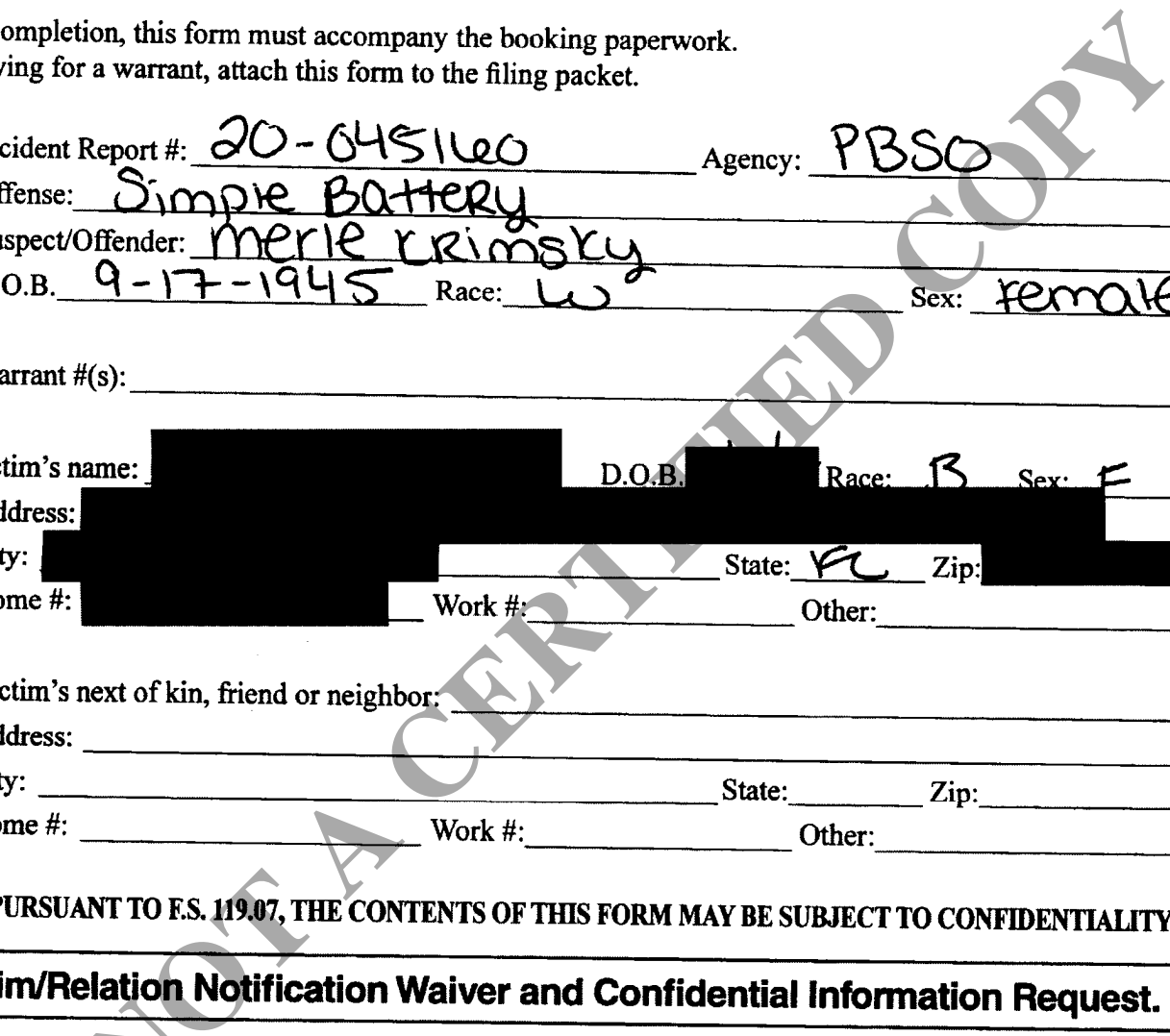
Deputy's Name: JULIA PRICE I.D. # 39278 Date: 3-3-2020

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

SUSPECT/OFFENDER

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT #:



# 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
- Dating Violence

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

1. Incident Report #: 20-045160 Agency: PBSO  
Offense: Abuse of an elderly person or disabled person 65 years of age or older / Domestic Battery of  
Suspect/Offender: Merle Krinsky  
D.O.B. 9-17-45 Race: W Sex: F

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

3.a. Victim's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Race: W Sex: M  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_  
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: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Deputy Name: SCANNED JULIA PRICE I.D. # 35078 Date: 3-3-2020

MAR 05 2020

White = Corrections or State Attorney (Warrant Application)

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)
I/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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	3,5
	<input checked="" type="checkbox"/>	394.4615(7)	Mental health information.	3,5
	<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 checked="" type="checkbox"/>	415.107(1)FS and 119.07(1)	Other: All records concerning reports of abuse, neglect or exploitation of a vulnerable adult, and the identity of the person reporting.	2-8
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020007360	Date: 03/05/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
 MAR 05 2020