

50-2021-MM-008351-AMB

ARREST / NOTICE TO APPEAR

 1. Arrest (No Warrant) 3. Request for Warrant
 6. Arrest (Warrant) 4. Request for Capias
 2. N.T.A. 5. Juvenile Indictment

1

JUVENILE

N

AD M I N I S T R A T I O N	CHS Number Agency ORS Number 0500200 Agency Name Boca Raton Police Department Agency Report Number (N.T.A.'s only) 3 2 2021-013176	1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Indictment	1 JUVENILE N
D E F E N D A N T	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Misdemeanor <input type="checkbox"/> 3. Offense <input type="checkbox"/> 4. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other	If Weapons Seized State Type	Multiple Charge Indicator
	Location of Arrest (Including Name of Business) 731 W YAMATO RD, BOCA RATON, 731 W YAMATO RD, BOCA	Location of Offense (Business Name, Address) 731 W YAMATO RD, BOCA RATON, FL 33431	
	Date of Arrest 11/05/2021	Time of Arrest 23:07	Booking Date 11/05/2021
	Booking Time 23:17	Jail Date 11/05/2021	Jail Time 23:46
	Name (Last, First, Middle) VERA, MIGDALIA	Alias: (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White 1 - American Indian B - Black Q - Oriental/Asian Sex F Date of Birth 05/10/1997	Height 5'04	Weight 135
	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM
	Build SMALL	Marital Status D	Religion
	Local Address (Street, Apt. Number) 5851 HOLMBERG RD 413, PARKLAND, FL 33067	(City) (State) (Zip)	Phone (346) 323-1308
	Permanent Address (Street, Apt. Number) 5851 HOLMBERG RD 413, PARKLAND, FL 33067	(City) (State) (Zip)	Phone (346) 323-1308
	Business Address (Name, Street) PALM BEACH HOME HEALTH	(City) (State) (Zip)	Phone Occupation Nurse
	DL Number, State 061235208 / GA	Soc. Sec. Number	DNS Number
	Place of Birth (City, State) FLORIDA, FLORIDA	Citizenship US	
C O D E D	Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
	<input type="checkbox"/> Parent <input type="checkbox"/> Other:	Name (Last, First, Middle)	Residence Phone
	<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number) (City) (State) (Zip)	Business Phone
J U V E N I L E	Notified by: (Name)	Date	Time
	Released To: (Name)	Relationship	Date
	The above address was 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's Office (Phone 355-2526) informed of any change of address.	School Attended	Grade
	<input type="checkbox"/> Yes, by: <input type="checkbox"/> No	Property Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property
C H A R G E	Drug Activity N. N/A F. Potom	S. Sell R. Buy T. Traffic	R. Seaggle D. Deliver E. Use
	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
	Drug Type N	Amount / Unit /	Offense #
	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
	Charge Description BATTERY- DOMESTIC BATTERY (SIMPLE)	State Violation Number 784.03(LA1)	Violation of ORD #
	Charge Description	State Violation Number	Violation of ORD #
	Charge Description	State Violation Number	Violation of ORD #
	Charge Description	State Violation Number	Violation of ORD #
I N T A K E	Health / Apparent Physical Condition of Defendant GOOD	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injury	Explain:
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By OFC. BARON	Released By OFC. BARON
	Transported By OFC. BARON	Date Transported 11/05/2021	Time Transported 23:47
	Other	Released To CJ	
N O T I C E T O A P P E A R	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	Court Date and Time
	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/Custodian)	Date Signed
	HOLD for Other Agency	Signature of Arresting Officer #834	Name Verification (Printed by Arrestee) (PRINT)
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) BARON, M. A.	ID # 834
Initial Deputy	Transporting Officer OFC. BARON	ID # 834	
	Agency BRPD	Witness here if subject signed with an "X".	1

0527113

899

 2021-11-06 AM 1:00
 Photo Available
 JOSEPH A. ARIZONA, CLERK
 PALM BEACH COUNTY, FL
 GUN CLUB

FILED

OBTN Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Captive		1	JUVENILE	N	
ADMINISTRATIVE	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2021-013176						
	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:						
DEFENDANT	Name (Last, First, Middle) VERA, MIGDALIA				Race W		Sex F		Date of Birth 05/10/1997		
	Charge Description 784.03(1A1) DOMESTIC BATTERY- BATTERY (SIMPLE)				Charge Description						
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM											
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone
PROBABLE CAUSE STATEMENT	<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> <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 _____</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>5</u> day of <u>November</u>, <u>2021</u> at <u>23:27</u> (Specifically include facts constituting cause for arrest.)</p>										
	<p>On 11/05/2021 at approximately 2216 hours, within the jurisdiction of the City of Boca Raton (714 W Yamato Rd), the defendant did commit the act of domestic violence (simple battery), specifically by intentionally kicking the victim [REDACTED] while on the ground. The offender then proceeded to strike the victim [REDACTED] with an open fist multiple times subsequent to a verbal altercation. After reviewing surveillance footage and speaking with the witness, the offender was found to be in violation of F.S.S 784.03(1A1) Domestic Simple Battery.</p>										
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> <u>SHANNAHAN, TIMOTHY C</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>11/05/2021</u> DATE </div> <div> <u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>BARON, MICHAEL ALBERT (834)</u> NAME OF OFFICER (PLEASE PRINT) <u>11/05/2021</u> DATE </div> </div>										
	PAGE 1 OF 1										

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#: 2021013176 Agency: Boca Raton PD
Offense: Simple Battery (domestic)
Suspect/Offender: Migdalia vera
D.O.B. 05/10/97 Race: white Sex: Female

2. Warrant#(s): _____

3.a. 

b. Victim's next of kin, friend or neighbor: N/A
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:** Pursuant to F.S. 119.07 (3)(S)1, I request that the address and telephone number on this form be kept confidential (applicable only to sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery, or domestic violence cases).
Other confidentiality provisions of Florida State Statutes may also be applicable

Signature of person waiving notification: _____

Printed name of person waiving notification: _____

Officer's Name: Baron I.D.# 834 Date: 11/5/21
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: _____

COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)



100 NW 2ND AVENUE • BOCA RATON, FL 33432-3795
PHONE: (561) 338-1234
www.BocaPolice.com
@BocaPolice
Facebook Instagram YouTube

Victims' Right to Confidentiality Form

Marsy's Law (effective January 8, 2019), FL Constitution, Article 1, §16(b)

BRPD Case Number: 2021013176

Defendant's Name(s): Vera, Migdalia

Florida Constitution, Article 1, Section 16(b)(5): Every victim is entitled to the following right, beginning at the time of his or her victimization: "The right to prevent disclosure of information or records that could be used to locate or harass the victim or the victim's family, or which could disclose confidential or privileged information of the victim."

I, [REDACTED], as the victim, hereby invoke my right to prevent disclosure of information or records that could be used to locate or harass the victim or the victim's family, or which could disclose confidential or privileged information of the victim.

I HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPH. I HAVE BEEN INFORMED OF MY RIGHT TO NOT HAVE MY PERSONAL INFORMATION BECOME A MATTER OF PUBLIC RECORD.

Victim Signature: unable to sign due to intoxication Date: 11/5/21

(If the victim is under age 18, a parent or guardian's signature should be obtained)

Parent/Guardian Name: [REDACTED] Date: [REDACTED]

Parent/Guardian Signature: [REDACTED]

Witness (print/signature): Picciardi 817 [Signature]

I.D. # 817 (Law Enforcement Officer informing victim)



**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: 2021027904	Date: 11/6/2021
	Specialist Name/ID: M.Meek / 33849