

0513698 201111080008 ^{ANS} 1628

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19-154534					
	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 1. Yes 2. No		Multiple Clearance Indicator							
	Location of Arrest (Including Name of Business) 2385 Edgewater Drive, Palm Beach Gardens, FL 33410				Location of Offense (Business Name, Address) 2385 Edgewater Drive, Palm Beach Gardens, FL 33410							
DEFENDANT	Date of Arrest 12/31/2019	Time of Arrest 10:45 pm	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) Sanchez, Miria, Jessica						Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 08/15/1977	Height 5'05	Weight 130	Eye Color Black	Hair Color Black	Complexion Light	Build Small			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Religion none	Indication of Alcohol/Drug Influence <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State					
	Local Address (Street, Apt. Number) 4521 Pga Blvd Ste 428, Palm Beach Gardens, FL 33418				Phone (561) 727-0192	Residence Type: 1. City 2. County 3. Florida 4. Out of State						
	Permanent Address (Street, Apt. Number)				Phone	Address Source						
	Business Address (Name, Street)				Phone	Occupation						
	DL Number, State S522550777950, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Dominican		Citizenship			
	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			
CO-DEF	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence 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 <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 355-2928) 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/ Product/ 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. Synthetic	U. Unknown Z. Other
	Charge Description Trespassing After Warning		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 810.09(2)(a)		Violation of ORD #					
	Drug Activity N	Drug Type N	Amount / Unit	Offense # 19-154534	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					
	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) North County											
	Court Date and Time Month January Day 29th Year 2020 Time 08:30 AM PM											
	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 12/31/2019											
	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed							
HOLD for other Agency Name:		Signature of Arresting Officer		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) S. Horace		I.D. # 35652						
Intake Deputy Jhann 810		I.D. #		Pouch #		Transporting Officer S. Horace						
				I.D. #		Agency 1950						
Witness here if subject signed with an -X						PAGE 1 Of 1						

DISTRIBUTION: 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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-19-154534	
Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
<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				H		F	
Name (Last, First, Middle) Sanchez, Mirla, Jessica		Alias		Date of Birth 08/15/1977			
Charge Description Trespassing After Warning		Charge Description 810.09(2)(a)					
Victim's Name (Last, First, Middle) Lieberman, Glenn, Richard		Race W		Sex M		Date of Birth 09/21/1965	
Local Address (Street, Apt. Number) 2385 Edgewater Drive, Palm Beach Gardens, FL 33410		Phone (561) 401-1026		Address Source			
Business Address (Name, Street)		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 **31st** day of **December** 20 **19** at **10:45** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On December 31, 2019, at approximately 2230 hours, I responded to 2385 Edgewater Drive, Palm Beach Gardens, FL 33410 in reference to a disturbance that might be a domestic dispute. Upon my arrival, I met with Glenn Lieberman, W/M DOB 09/21/1965. Lieberman informed me his ex-girlfriend Mirla Sanchez was yelling and causing a disturbance at his residence. Lieberman said he wanted Sanchez trespassed from his residence.

I met with Sanchez who was screaming and yelling at Lieberman. She kept saying she was not leaving and she wanted me to take her to jail. I informed Sanchez Lieberman wanted her to leave his residence and if she refused she would be arrested. Sanchez said she "I did not care, take me to jail, I'm not going anywhere".

Based on Sanchez not wanting to leave Lieberman's property and was informed several times to leave she was placed under arrest for trespassing after warning per Florida Statute 810.09(2)(a).

STATE OF FLORIDA
COUNTY OF PALM BEACH
[Signature]
S. Horace
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **31st** day of **December** 20 **19** by **D/S S. Horace**
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

NOT A CERTIFIED COPY



**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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020000003	Date: 01/01/2020
	Specialist Name/ID: M. Tooks #8557