

0519872

20NM-0224

1657

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1  
N  
Juvenile

|  |  |   |  |   |   |                     |
|--|--|---|--|---|---|---------------------|
| OBTS Number  | Agency ORI Number<br><b>FLO 500000</b>   |   | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>   |   | Agency Report Number (N.T.A.'s only)<br><b>06-20-130893</b> |                     |
| Charge Type<br>Check as many as apply  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                             | Weapon Seized / Type<br>2 1. Yes<br>2. No N/A | Multiple Clearance Indicator<br>01                          |                     |
| Location of Arrest (Including Name of Business)<br><b>8860 Sandy Crest La, Boynton Beach, FL 33473</b> |  |   | Location of Offense (Business Name, Address)<br><b>8860 SANDY CREST LN #/, BOYNTON BEACH, FL 33473</b> |   |   |                     |
| Date of Arrest<br><b>11/27/2020</b>  | Time of Arrest<br><b>0232</b>  | Booking Date  | Booking Time   | Jail Date                                     | Jail Time   | Location of Vehicle |

|   |                  |                                      |                                  |                           |   |                                |  |                       |
|---|------------------|--------------------------------------|----------------------------------|---------------------------|---|--------------------------------|--|-----------------------|
| Name (Last, First, Middle)<br><b>Kaplan, Natalie, Tania</b>   |                  | Alias (Name, DOB, Soc. Sec. #, Etc.) |                                  |                           |   |                                |  |                       |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian   | Sex<br><b>F</b>  | Date of Birth<br><b>4/25/1980</b>    | Height<br><b>5'07</b>            | Weight<br><b>125</b>      | Eye Color<br><b>BROWN</b>                           | Hair Color<br><b>BROWN</b>     | Complexion<br><b>light</b>   | Build<br><b>small</b> |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>TATOO OF BUTERFLY BELOW BELLY BUTTON &amp; BIRD ON BACK</b> |                  |                                      | Marital Status<br><b>Married</b> | Religion<br><b>JEWISH</b> |   |                                | Indication of Alcohol Influence Drug Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> |                       |
| Local Address (Street, Apt. Number)<br><b>8860 Sandy Crest La, Boynton Beach, FL 33473</b>  |                  |                                      | City<br><b>( )</b>               | State<br><b>( )</b>       | Zip<br><b>( )</b>                                   | Phone<br><b>(561) 601-6231</b> | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>2</b>   |                       |
| Permanent Address (Street, Apt. Number)   |                  |                                      | City                             | State                     | Zip   | Phone                          | Address Source<br><b>FL DL</b>   |                       |
| Business Address (Name, Street)   |                  |                                      | City                             | State                     | Zip   | Phone                          | Occupation<br><b>CLIENT MANAGER</b>  |                       |
| DL Number, State<br><b>K145638806450, FL</b>  | Soc. Sec. Number |                                      | INS Number                       |                           | Place of Birth (City, State)<br><b>NEW YORK, NY</b> |                                | Citizenship<br><b>US</b>   |                       |

|   |             |         |               |  |   |
|---|-------------|---------|---------------|--|---|
| Co-Defendant Name (Last, First, Middle)   | Race        | Sex     | Date of Birth | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| Co-Defendant Name (Last, First, Middle)   | Race        | Sex     | Date of Birth | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other | Name (Last) | (First) | (Middle)      | Relationship   |   |
| Address (Street, Apt. Number)   |             |         | City          | State  | Zip   |
| Notified by: (Name)   |             |         | Date          | Time   | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>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 366-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason) |  |  | School Attended         |  |                   | Grade |
| Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |  | Description of Property |  | Value of Property |       |

|  |                                 |                                    |   |  |          |                                       |   |                                 |  |                        |
|--|---------------------------------|------------------------------------|---|--|----------|---------------------------------------|---|---------------------------------|--|------------------------|
| Drug Activity<br>N. N/A<br>P. Possess                | S. Sell<br>B. Buy<br>T. Traffic | R. Smuggle<br>D. Deliver<br>E. Use | K. Dispense/<br>Distribute  | M. Manufacture/<br>Produce/<br>Cultivate           | Z. Other | Drug Type<br>N. N/A<br>A. Amphetamine | B. Barbiturate<br>C. Cocaine<br>E. Heroin | M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other |
| Charge Description<br><b>DOMESTIC SIMPLE BATTERY</b> |                                 | Counts<br><b>1</b>                 | Domestic Violence<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number<br><b>784.03(1)(a)(1)</b> |          | Violation of ORD #                    |   |                                 |  |                        |
| Drug Activity<br><b>N</b>                            | Drug Type<br><b>N</b>           | Amount / Unit                      | Offense #<br><b>20-130893</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                                  |   |                                 |  |                        |
| Charge Description                                   |                                 | Counts                             | Domestic Violence   | 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<br>Month <b>11</b> Day <b>27</b> Year <b>2020</b> Time <b>AM</b>  |  |  |  |                                  |  |
| 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<br><b>11/27/2020</b> |  |

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| HOLD for other Agency Name:   |   | Signature of Arresting Officer<br><b>D/S R. Gonzalez</b>    |  | Name Verification (Printed by Arrestee)<br><b>NOV 27 2020</b> |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suidical | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other: | Name of Arresting Officer (Print)<br><b>D/S R. Gonzalez</b> |  | (PRINT)   |  |
| Pouch #   |   | Transporting Officer ID #<br><b>D/S R. Gonzalez 31774</b>   |  | Agency<br><b>PBSO</b>   |  |
| Witness here if subject signed with an                                  |   |   |  |   |  |



# 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 #: 20-130893 Agency: Palm Beach County Sheriff's Office  
Offense: DOMESTIC SIMPLE BATTERY  
Suspect/Offender: Kaplan, Natalie, Tania  
D.O.B. 4/25/1980 Race: W Sex: F

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

3.a. Victim's name: Kaplan, Jason, Corey D.O.B. 04/25/1979 Race: W Sex: M  
Address: 8860 Sandy Crest Ln  
City: Boynton Beach, FL 33473  
Home #- (631) 664-8705 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: Kaplan, Jason, Corey

Deputy's Name: D/S R. Gonzalez I.D.# 31774 Date: 11/27/2020

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

SUSPECT/OFFENDER:

**Kaplan, Natalie, Tania**

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#.

SCANNED  
NOV 27 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: Kaplan, Natalie, Tania DOB: 4/25/1980 Case #: 20-130893

Victim: Kaplan, Jason, Corey DOB: 04/25/1979 Race: W Sex: M

Relationship between Victim and Defendant: Spouse

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: Kaplan, Jason, Corey

Weapon Used:  Yes  No Type: \_\_\_\_\_

Witness:  Yes  No Name: \_\_\_\_\_

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

Injuries:  Yes  No Description: small cut on face

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: Kaplan, Matthew, DOB: 3/17/2071

Name: Kaplan, Taylor, DOB: 12/17/2014

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: I just want this documented because we are going through a divorce

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

First words Victim said when you responded to scene: I had been drinking today because its a holiday

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: 8860 Sandy Crest Ln, Boynton Beach, FL 33473

Phone: Home (631) 664-8705 Work ( ) - \_\_\_\_\_ Cell ( ) - \_\_\_\_\_

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

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

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

SCANNED  
NOV 27 2020



**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),<br>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),<br>(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),<br>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"/>            | 539.001(B)(1), 539.003                  | Other: Pawn Broker Information.  |   |
|   | <input type="checkbox"/>            | 119.071(2)(j)                           | Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).  |   |

**REVIEW COMPLETED BY**

|                            |                                    |
|----------------------------|------------------------------------|
| Booking Number: 2020027802 | Date: 11/27/2020                   |
|                            | Specialist Name/ID: M. Tooks #8557 |

**SCANNED  
NOV 27 2020**