

0576679 2020 mm (R) 4:39 AM #2417

ARREST NOTICE TO APPEAR

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

1 JUVENILE

Agency ORI Number <b>0500400</b>	Agency Name <b>Delray Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>4, 0 20-007494</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
Location of Arrest (Including Name of Business) <b>110 S OCEAN BLVD 203 Delray Beach, FL 33483</b>		Location of Offense (Business Name, Address) <b>110 S OCEAN BLVD 203, DELRAY BEACH, FL 33483</b>
Date of Arrest <b>05/27/2020</b>	Time of Arrest <b>18:42</b>	Booking Date <b>05/27/2020</b>
Booking Time <b>18:52</b>	Jail Date	Jail Time
Name (Last, First, Middle) <b>COX, PAUL C</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>12/19/1991</b>	Height <b>6'02</b>	Weight <b>178</b>	Eye Color <b>BR</b>	Hair Color <b>BR</b>	Complexion <b>LIGHT</b>	Build <b>MEDIUM</b>
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>370 STRASSER DR, NASHVILLE, TN 37211</b>						Phone <b>(615) 582-9448</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>370 STRASSER DR, NASHVILLE, TN 37211</b>						Phone <b>(615) 582-9448</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>	
Business Address (Name, Street) (City) (State) (Zip)						Phone		Address Source <b>TN/DL</b>	
D/L Number, State <b>111048100 / TN</b>		INS Number		Place of Birth (City, State) <b>NASHVILLE, TN,</b>		Citizenship <b>US</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 <input type="checkbox"/> Other <input type="checkbox"/>			Name (Last, First, Middle)			Residence Phone
Legal Custodian <input type="checkbox"/>			Address (Street, Apt. Number) (City) (State) (Zip)			Business Phone
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name)		Date	Time			
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
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. Disperse/ 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. Synthetic	U. Unknown Z. Other
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Charge Description <b>SIMPLE BATTERY(TOUCH OR STRIKE)</b>	Statute Violation Number <b>784.03(1A1)</b>	Violation of ORD #
Drug Activity	Drug Type <b>N</b>	Amount / Unit
Offense #	Counts <b>1</b>	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Warrant / Capias Number	Bond	

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail
Transported By	PROPERTY - Received By Released By Released To

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	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 <b>J. Mederos</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT)
Intake Deputy <b>015 Lommit 8033</b>	Name of Arresting Officer (Print) <b>TABARES MEDEROS, JESUS R</b>	I.D. # <b>1118</b>
I.D. #	Transporting Officer <b>TABARES</b>	I.D. # <b>1118</b>
Pruch #	Agency <b>DBPD</b>	Witness here if subject signed with an "X".

No Photo Available

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>05/27/2020 18:47</b>	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   20-007494</b>
	Name (Last, First, Middle) <b>COX, PAUL C</b>				Alias
D E F E N D A N T	Charge Description <b>784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)</b>				Sex <b>M</b>
	Victim's Name (Last, First, Middle) <b>Stout, Lillian B</b>				Date of Birth <b>12/19/1991</b>
C R I M I N A L	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>15180 Old Hickory Blvd, TN 37211</b>				Race <b>W</b>
	Business Address (Name, Street) (City) (State) (Zip)				Sex <b>F</b>
	Phone <b>615-830-4994</b>				Date of Birth <b>11/25/93</b>
V I C T I M	Address Source <b>TN/OL</b>				Occupation
	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>				OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>REDNESS TO THIGH</b>
VICTIM'S STATEMENTS: Written <input type="checkbox"/> Taped <input type="checkbox"/> Oral <input checked="" type="checkbox"/>					
RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>MARRY</b>					
A D D I T I O N A L I N F O R M A T I O N	PHOTOGRAPHS: Scene: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	Victim: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				
	911 CALL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	CALLER: <b>LILLIAN STOUT</b>			
	WEAPON USED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TYPE:			
	WITNESSES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	(If YES, attach witness list)			
	INJURIES: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				
	MEDICAL TREATMENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	AT: Scene: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PARAMEDICS:			
	Hospital: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL:			
	ACT COMMITTED IN PRESENCE OF MINOR(S): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAMES/AGES:			
H. R. S. NOTIFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
VICTIM PREGNANT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
VIOLATION OF RESTRAINING ORDER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CASE #:				
PRIOR HISTORY OF DOMESTIC VIOLENCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
ALCOHOL OR DRUGS INVOLVED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>					
N A R R See next page.					
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, <u>I</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  <u>I J IVE</u> SIGNATURE OF ARRESTING OFFICER  Sworn to and subscribed to before me this <u>27</u> day of <u>May</u> , <u>2020</u> .  <u>ALS</u> RUSCZYK, JONATHAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)					

PHOTOGRAPH CERTIFIED COPY

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County  
Narrative Continuation

A D M I N  N A R R A T I V E	Date / Time	05/27/2020 18:47	
	Agency ORI Number	Agency Name	Agency Report Number
	FL 0500400	DELRAY BEACH POLICE DEPARTMENT	4   0   20-007494

This incident occurred in the City of Delray Beach, Palm Beach County, Florida.

On 5/27/20, I responded to 110 S Ocean Blvd, in reference to a domestic battery. Upon arrival, I made contact with the victim, Lillian Stout, who advised me she and her husband, Paul Cox, were out eating. They got into argument over money that Cox supposedly stole from his father. They went back to their hotel room and continued to argue. Cox order a box of liquor and drank it. He then pushed her to the ground and slam her head on the ground several times. He also pushed her around the room and caused an injury to her right thigh. The injury to her thigh was red and visual. The injury to her head was not visual but Stout did advise she had a bump. I then made contact with Cox inside outside the hotel room. Cox confirmed that him and his wife went out to eat. They got into argument and went back to their hotel. At the hotel they continued to argue, and Stout threw a bottle at him. He was able to dodge the bottle and was not hit. Stout then asked took his medication and left the hotel room. Cox denied ever becoming physical with Stout. In the initial 911 call Stout stated husband attacked her.

Based on the above stated facts probable cause exist to charge the defendant Paul Cox with domestic simple battery, per. FSS. 784.03(1A1).

NOT A CERTIFIED COPY

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Appeared before me,    I    personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

   I I    *cu8*

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this    27    day of    May   ,    2020   .

   AJS    **RUSCZYK, JONATHAN N** *[Signature]*  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

**VICTIM NOTIFICATION FORM**

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Domestic Violence - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 20007494 Agency: DELRAY BEACH PD  
 Offense: Simple Battery  
 Suspect/Offender: Paul C. Cox  
 D.O.B. 12/19/1991 Race: W Sex: M
2. Warrant #(s): N/A
3. Complete one (1) of the following:
  - a. Victim's name: Lillian Stout  
 Address: 15180 Old Hickory Blvd Apt. 1503  
 City: Nashville State: TN Zip: 37211  
 Home #: 615-830-4994 Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - b. Victim's next of kin: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
  - c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_
4. Relevant identification or case numbers assigned to the case (please specify):  
18010469

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

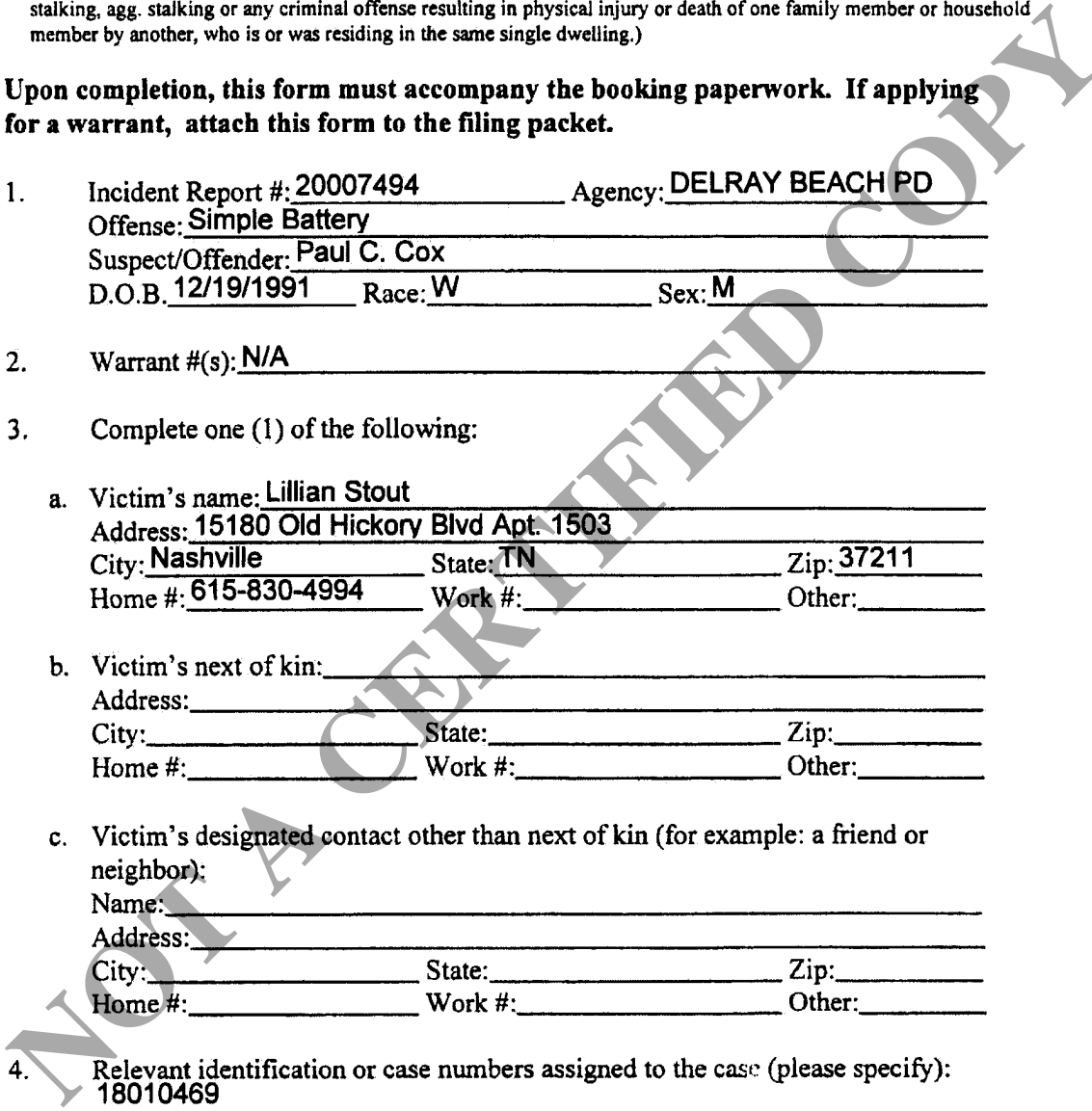
Signature of person waiving notification: \_\_\_\_\_  
Printed name of person waiving notification: \_\_\_\_\_

Officer's Name : TABARES I.D.: 1118 Date: 5/27/20

White-Warrants Division      Yellow-Corrections or State Attorney (Warrant Application)      Pink-Central Records

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

SUSPECT/OFFENDER: Paul Cox





**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 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: 2020013644	Date: 05/27/20
	Specialist Name/ID: J. Beck/9007