

0513700

2037 2037-10

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		20-021019	
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		H/Weapon Seized		Enter Type		Multiple Clearance Indicator <b>0 1</b>			
Location of Arrest (Including Name of Business) <b>16935 Knightsbridge LN Delray Beach, FL 33484</b>				Location of Offense (Including Name of Business) <b>16935 Knightsbridge LN Delray Beach, FL 33484</b>					
Date of Arrest <b>01/01/2020</b>	Time of Arrest <b>0059</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
Name (Last, First, Middle) <b>Little</b>		Sara		Beth		Alias (Name, DOB, Soc. Sec. # Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W F</b>	Sex <b>F</b>	Date of Birth <b>04/08/1982</b>	Height <b>5'02</b>	Weight <b>135</b>	Eye Color <b>Brn</b>	Hair Color <b>Brn</b>	Complexion <b>Light</b>	Build <b>Medium</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>				Marital Status <b>Married</b>		Religion <b>Jewish</b>		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>16935 Knightsbridge LN</b>		City <b>Delray Beach</b>		State <b>FL</b>		Zip <b>33484</b>		Phone <b>973-879-6774</b>	
Permanent Address (Street, Apt. Number) <b>20 Sea Gull LN</b>		City <b>Port Washington</b>		State <b>NY</b>		Zip <b>11050</b>		Phone <b>973-879-6774</b>	
Business Address (Street, Apt. Number)		City		State		Zip		Phone	
D/L Number, State <b>746-821-913</b>		Social Security Number		INS Number		Place of Birth <b>Madison Town, New Jersey</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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Name (Last, First, Middle)		Address (Street, Apt. No.)		State		Zip	
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 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 561 355-2526) informed of any address change <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)				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. 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		P. Paraphernalia/Equipment U. Unknown Z. Other	
Charge Description <b>BATTERY (DOMESTIC)</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(a)</b>		Violation or ORD. #	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount/Unit		Offense # <b>20-021019</b>		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation or ORD. #	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number	
Location (Court, Address, Room Number)									
Court Date and Time Month Day Year Time AM PM									
I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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 Name <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Signature of Arresting Officer <b>35063</b> Name of Arresting Officer <b>D/S D. MALVINNI</b> ID # <b>35063</b>			Name Verification (Printed by Arrestee) (PRINT)				
Intake Deputy <b>Span 8101</b>		ID # Pouch #		Transporting Officer <b>D/S D. MALVINNI 35063</b>			ID # Agency <b>35063 PBSO</b>		Page <b>1 of 1</b>
Witness here if subject signed with an "X"									

*Noted*

**FILED**  
**JAN 01 2020**  
**CIRCUIT & COUNTY COURTS**  
**(CRIMINAL DIV)**

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request For Warrant	1	Juvenile	N
Agency ORI Number	Agency Name	Agency Report Number		2. N.T.A.	4. Request For Capias			
<b>FLO 5 0 0 0 0 0</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06</b>	<b>20-021019</b>	Special Notes				
Charge Type: Check as many as apply		Special Notes						
<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								
Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth				
<b>Little Sara Beth</b>		<b>W</b>	<b>F</b>	<b>04/08/1982</b>				
Charge		Charge						
<b>BATTERY (DOMESTIC)</b>								
Victim Name (Last, First, Middle)		Race	Sex	Date of Birth				
<b>Little Joshua R</b>		<b>W</b>	<b>M</b>	<b>01/02/1982</b>				
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
<b>16935 Knightsbridge LN</b>		<b>Delray Beach</b>	<b>FL</b>	<b>33484</b>	<b>607-227-4702</b>	<b>NY DL</b>		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersign 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...								
<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.								
<input type="checkbox"/> confessed to admitting to the below facts.								
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.								
On the <u>1</u> day of <u>January</u> 20 <u>20</u> at <u>0059</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM								

On the above date and time, I responded to 16935 Knightsbridge Ln, Delray Beach, FL, 33484 in reference to a domestic battery. Upon arrival I made contact with the victim Joshua R. Little who advised the following:

He and his wife Sara Beth Little were at a friend's house for a New Year's Eve party where Mr. Little stated Mrs. Little consumed alcohol to the point of intoxication. When they arrived home to their in-law's residence located at 16935 Knightsbridge Ln, Delray Beach, FL, 33484 both Mr. and Mrs. Little had gotten into a verbal altercation because Mr. Little did not feel comfortable with Mrs. Little picking up and carrying their children (ages 3 and 6). After their verbal argument, Mrs. Little went inside the residence and went to lay down in their bed while Mr. Little brought the kids upstairs. Upon Mr. Little getting the kids into their beds Mr. Little and Mrs. Little got into another verbal altercation where Mrs. Little got physical striking Mr. Little on the left side of his face causing redness, swelling and a scratch mark, and scratch marks on his left inner forearm and wrist.

I Made contact with Mrs. Little in their upstairs bedroom when Mrs. Little was contacted she kept stating she wanted to go back to sleep and nothing had happened.

Mr. Little Refused Taped and written statements and would not allow us to take D.A.R.T Photos.

Based on my investigation I have probable cause to arrest and charge Sara Beth Little with Battery (Domestic) FSS 784.03(1)(a)

I placed her into handcuffs which I checked for proper fit and double locked them. She was seat belted into the rear seat of the patrol car and transported to the Palm Beach County Jail's Main Detention Center where she was turned over to Correctional Deputies for booking and processing without incident.

The foregoing instrument was sworn to and affirmed before me this <u>1</u> day of <u>January</u> 20 <u>20</u> , by:	
<u>D/S T. Ferrington 6465</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S D. MALVINNI 35063</u> Name of Arresting Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature] 35063</u> Signature of Arresting Investigating Officer
Page <u>1</u> of <u>1</u>	

# 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 #: 20-021019 Agency: PBSO  
Offense: Simple Battery (Domestic)  
Suspect/Offender: Sara B. Little  
D.O.B. 4/8/82 Race: White Sex: Female

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

3.a. Victim's name: Joshua Little D.O.B. 1-2-82 Race: W Sex: M  
Address: 20 Seagull Lane  
City: Port Washington State: NP Zip: 11050  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: 607-291-4702

b. Victim's next of kin, friend or neighbor: Jeffrey Little  
Address: 21 Glenwood Lane  
City: Roslyn Heights State: NP Zip: 11577  
Home #: 516-605-5808 Work #: \_\_\_\_\_ Other: 516-698-2060

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: I. Farrington I.D. # 6465 Date: 1.1.2020

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records

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

Defendant: Little Sara Beth DOB: 04/08/1982 Case #: 20-021019

Victim: Little Joshua R DOB: 01/02/1982 Race: W Sex: M

Relationship between Victim and Defendant: Husband and Wife

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: Joshua Little

Weapon Used:  Yes  No Type: Hands

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

Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries:  Yes  No Description: redness and swelling to the left side of face with a scratch mark

Medical Treatment:  Yes  No

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

At Hospital:  Yes  No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the home?  Yes  No DCF Notified?  Yes  No

Name: Aryn Little DOB: 2/8/2013

Name: Reid Little DOB: 2/16/2016

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: She wanted to go back to sleep, nothing happened.

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

First words Victim said when you responded to scene: His wife had been drinking and had gotten physical

Did the Victim contact anyone other than the 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: 16935 Knightsbridge LN

Delray Beach FL 33484

Phone: Home: 607-227-4702 Work: \_\_\_\_\_ Cell: 607-227-4702

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

Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_



**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: 202000016	Date: 1/2/2020
	Specialist Name/ID: LaToya Rouse#6673