

21mm 2229 NB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMI NIST RATI ON	OBTS Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 21-001055		Multiple Clearance Indicator		
	Charge Type: Check as many <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Enter Type NONE						
	Location of Arrest (Including Name of Business) 251 S US HIGHWAY 1, JUPITER, FL						Location of Offense (Business Name, Address) 251 S US HIGHWAY 1, JUPITER, FL 33477				
	Date of Arrest 03/26/2021	Time of Arrest 00:13	Booking Date 03/26/2021	Booking Time 00:23	Jail Date // : :	Jail Time	Location of Vehicle				
	Name (Last, First, Middle) GRAVER, STEPHANIE HOPE										
	Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race W - White	Sex F	Date of Birth 09/06/1984	Height 5'04	Weight 140	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Medium		
	Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 12623 SE OLD CYPRESS DR, HOBE SOUND, FL 33455										
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source 12623 SE OLD CYPRESS DR, HOBE SOUND, FL 33455 VERBAL										
	Business Address (Name, Street) (City) (State) (Zip) Phone Occupation										
	D/L Number, State G616788848260 / FL		INS Number		Place of Birth (City, State) BOYNTON BEACH, FL		Citizenship US				
	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					
	Name (Last, First, Middle) <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian										
	Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone Business Phone										
	Notified by: (Name) Date Time OR JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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 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 S. Sell R. Seizure 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 O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other										
	Charge Description DISORDERLY CONDUCT - DISORDERLY INTOXICATION						Statute Violation Number 856.011		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
		N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
	Charge Description						Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
	Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <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"/> Released to Parent/Quarantin <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> PROPERTY - Received By <input type="checkbox"/> Released By <input type="checkbox"/> Released To						Explain:				
	Transported By						Date Transported	Time Transported	Other		
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 04/28/2021 08:30:00		
	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 COMTEMPT 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 [Signature]		Name Verification (Printed by Arresting Officer) 03/26/2021		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Substantial <input type="checkbox"/> Other						Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		I.D. # 1216		
	Pouch #						Transporting Officer S. MCGILLICUDDY		I.D. # Agency 388 JUPITE		
	Witness here if subject signed with an "X".										

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PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 21-001055	
	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	
D E F E N D A N T	Name (Last, First, Middle) GRAVER, STEPHANIE HOPE				Race W	Sex F
	Date of Birth 09/06/1984					
C H A R G E S	Charge Description 856.011 DISORDERLY CONDUCT - DISORDERLY INTOXICATION		Charge Description			
	Charge Description		Charge Description			
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race	Sex
	Date of Birth					
	Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source	
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation		
<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 checked="" 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 _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25</u> day of <u>March</u>, <u>2021</u> at <u>23:59</u> (Specifically include facts constituting cause for arrest.)</p>						
P R O B A B L E C A U S E	<p>On 3/25/2021 at approximately 2359 hrs I responded to Sunset Cigar Lounge, located at 251 US Highway 1 #3, in reference to a report of a disturbance in progress. Details of the call stated that a male and a female were having an argument in the parking lot. This call was received shortly after a separate call to dispatch was placed (EVENT #21082240), which was called in by the Sunset Cigar Lounge Manager, Brian Wojtusik (IO-1), in reference to a female refusing to leave the business. Upon my arrival to the parking lot, I was approached by Wojtusik who began to calmly explain to me that a female, now known to me as Stephanie Graver (DEFENDANT) was intoxicated and causing a scene. While speaking to Wojtusik, Graver began screaming at me from across the parking lot and rapidly advanced on my position. Once she reached me she pressed the front of her body directly into mine. I immediately advised her to back and up and to not touch me and gave her multiple instructions to back up. A male subject, later identified as her boyfriend, came up from behind her and restrainer her with his arms as he saw she was getting out of hand. I warned Wojtusik that she was going to go to jail and she said "take me to jail". During my encounter with her she had slurred speech, glassy bloodshot eyes and had a strong odor of unknown alcoholic beverage emitting from her person which intensified as she spoke.</p>					
	<p>Graver continued to cause a scene, yelling while intoxicated, causing patrons on the patio to become alarmed and distracted by her behavior. Graver repeatedly said "take me, take me" (in reference to being arrested), while trying to break her grasp from her boyfriend. She then broke free of his grasp and once again approached me and pressed the front of her body against mine before again being grappled away by her boyfriend. At this point I had developed probable cause to believe that Graver was in a state of intoxication upon a public place and was causing a disturbance, contrary to F.S.S. 856.011. Once more units arrived on scene I placed Graver under arrest for that offense.</p>					
S W O R N A N D S U B S C R I B E D B E F O R E M E	SWORN AND SUBSCRIBED BEFORE ME					
	<u>RALEIGH, ELIZABETH</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)			 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		
	<u>03/26/2021</u> DATE			<u>MCGILLICUDDY, STEVEN (1216)</u> NAME OF OFFICER (PLEASE PRINT)		
	<u>03/26/2021</u> DATE			<u>03/26/2021</u> DATE		

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-001055
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) GRAVER, STEPHANIE HOPE	Alias	Race W	Sex F	Date of Birth 09/06/1984
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I attempted to calm Graver down and advised her that I was willing to release her with a court date as long as she was willing to sign for the paperwork and take an Uber home. She repeatedly made it clear that she was not going to accept a Notice to Appear. She then became aggravated and began yelling "Fuck you, John! Fuck you! Fuck you John!" continuing to cause a public disturbance. At this point I opted to take Graver into a full custody arrest. I transported her to JPD for paperwork, where she advised me that she believes she needs an alcoholic rehabilitation program. I finished my paperwork and then booked her into the county jail. Graver was trespassed per the manager, from the property, indefinitely. BWC.

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	RALEIGH, ELIZABETH <i>Elizabeth Raleigh</i>	MCGILICUDDY, STEVEN (1216)
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	NAME OF OFFICER (PLEASE PRINT)
	03/26/2021	03/26/2021
	DATE	DATE



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"/>	(vii) 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: 2021007265	Date: 03/26/2021
	Specialist Name/ID: T Howard/7185