

J# 50-2021-MM-001021-AMB 3831 p# 3836
 0521278

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
OBTS Number		1		N
Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-21-033067		
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Multiple Clearance Indicator		
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)		
Date of Arrest 02/07/2021	Time of Arrest 0428 Hrs	Booking Date 02/07/2021	Booking Time	Jail Date Jail Time Location of Vehicle
Name (Last, First, Middle) Jeronimo Juan, Teresa Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 03/30/1987	Height 5'00	Weight 150
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Married	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone (561) 352 6143	Residence Type 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)		Phone	Address Source Florida DL	
Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	
D/L Number, State J655800876100, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Guatemala	Citizenship Guatemala
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent Legal Custodian <input type="checkbox"/> Other	Address (Street, Apt. Number) (City) (State) (Zip)			Residence Phone Business Phone
Notified by (Name)	Date	Time	JUVENILE DISPOSITION WITHIN 15 DAYS OF DEPT. AND RELEASED.	
Released To (Name)	Relationship	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 355-2526) 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		
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
Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description Simple Battery (Domestic)	Counts 1	Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a1)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21-033067	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)				
Court Date and Time Month Day Year Time AM PM 02/07/2021				
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 FULLY 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 02/07/2021	
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Signature of Arresting Officer DS Chan		Name Verification (Printed by Arrestee) FEB 7 AM 6:35	
Initials Deputy CP Nonchal/Trano	Name of Arresting Officer (Print) DS Chan	ID # 32529	(PRINT)	
Transporting Officer D/S M. Kysor	ID # 14498	Agency PBSO	PAGE 1 OF 1	
Witness here if subject signed with an "X"				

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Jvenile	N
OBTS Number						
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-21-033067			
	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	Special Notes:			
DEF	Name (Last, First, Middle) Jeronimo Juan, Teresa.		Alias	Race H	Sex F	Date of Birth 03/30/1987
CHARGES	Charge Description Simple Battery (Domestic) 784.03(1a1)		Charge Description			
	Charge Description		Charge Description			
VICTIM	Victim's Name (Last, First, Middle) De Leon Zacarias, Jacobo, Juan		Race H	Sex M	Date of Birth 04/20/1979	
	Local Address (Street, Apt. Number) (City) (State) (zip) Phone		Address Source			
	Business Address (Name, Street) (City) (State) (zip) Phone		Occupation			
PROBABLE CAUSE STATEMENT	<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. The Person taken into custody</p> <p><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.</p> <p><input checked="" type="checkbox"/> confessed to Striking and biting 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 7th day of February 2021 at 0453 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 02/07/2021 at approximately 0350 hours, I, DS Chan, ID 32529, responded to [REDACTED] Palm Beach County, Florida [REDACTED] in reference to a domestic dispute.</p> <p>Upon my arrival, I met H/M Jacobo De Leon Zacarias, DOB 04/20/1979, who advised, he and wife, H/F Teresa Jeronimo Juan, DOB 03/30/1987 was out at a club on Military Trail and Cherry Road, on 02/07/2021 at approximately 0030 hours, when Jacobo decided to dance with an unknown female. Jacobo stated, Teresa got upset as she was drinking heavily and asked to leave the club. A short time, later both parties left that location in the same vehicle and returned to the above mentioned address where they reside.</p> <p>Once they arrived at their residence, Teresa started arguing with Jacobo, about dancing with the unknown female. At some point, as both parties was now standing in the master bedroom, Teresa removed her Apple watch from her left arm and threw it at Jacobo's head, striking him, in the left temple area, leaving a noticeable, red swollen, bruise just below his hair line.</p> <p>Jacob stated, Teresa then ran up to him, as he attempted to push her away, she bit him on his upper left chest area, leaving teeth marking in his skin. At this point, Jacobo was able to push Teresa away from him.</p> <p>Shortly after this occurred, I arrived on scene and disrupted this dispute. I observed, Jacobo temple area with several bruises and swelling, with a small amount of blood coming from the area. I also noticed a distinct bit mark on his upper left chest area.</p> <p>Based on my investigation, sworn witness statement and physical evidence, Teresa is in violation of Florida statue 784.03 (1a1) Domestic Battery, for unlawfully touching by striking her husband, with an object and biting him.</p> <p>Tersea was arrested on scene, placed in hand restraints behind her back which I checked for tightness and double locked and transported to PBSO district 8 located at 14000 Greenbriar Blvd, Wellington, Florida 33414 for processing.</p> <p>Tersea was later transported to the Palm Beach County Detention Center where she was booked in.</p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		DS Chan			
	(Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of February 20 21 by DS Chan					
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____					
	D/S M. kysor 14498					
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)					
						PAGE 1 OF 1

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

Suspect: Jeronimo Juan, Teresa, DOB: 03/30/1987 Case #: 21-033067

Victim: De Leon Zacarias, Jacobo, Juan DOB: 04/20/1979 Race: H Sex: M

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: UK

Weapon Used: Yes No Type: Apple Watch

Witness: Yes No Name: _____

Victim Pregnant: Yes No If yes, _____ weeks _____ months

Injuries: Yes No Description: Bruising to left temple and left chest area

Medical Treatment: Yes No

At Scene: Yes No Paramedics: Refused

At Hospital: Yes No Hospital: _____ Physician: _____

Are Children Living in Home? Yes No DCF Notified? Yes No

Name: _____ DOB: / /

Name: _____ DOB: / /

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: Crying and sobbing

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

First words Victim said when you responded to scene: Its okay, don't worry

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: _____

Phone: Home _____ Work () _____ - _____ Cell () _____ - _____

Employer: _____

Name of Relative: _____ Phone () _____ - _____

Address: _____

VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **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.)

**Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.**

1. Incident Report #: 21-033067 Agency: PBSO
Offense: Simple Battery (Domestic)
Suspect/Offender: Jeronimo Juan, Teresa,
D.O.B. 03/30/1987 Race: H Sex: F

2. Warrant # (s): _____

3.a. Victim's name: De Leon Zacarias, Jacobo, Juan D.O.B. 04/20/1979 Race: H Sex: M
Address: _____
City: _____
Home #: _____ 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: De Leon Zacarias, Jacobo, Juan

Deputy's Name: DS Chan I.D.# 32529 Date: 02/07/2021

White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: Jeronimo Juan, Teresa, COURT CASE/WARRANT# _____
(FOR WARRANTS USE ONLY)



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 checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<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: 2021003143	Date: 02/08/2021
	Specialist Name/ID: T Howard/7185