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#1125

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20088087				
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 2 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		Multiple Clearance Indicator 01						
Location of Arrest (Including Name of Business) Same				Location of Offense (Business Name, Address) 2451 BELLAROSA CIRCLE, ROYAL PALM BEACH, FL, 33411						
Date of Arrest 7/16/20	Time of Arrest 1645	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) WILLIAMS, TORI, N				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 02/06/1996	Height 5'8"	Weight 165	Eye Color BRN	Hair Color BRN	Complexion 10/19/20			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status	Religion NONE	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N				
Local Address (Street, Apt. Number) 2451 BELLAROSA CIRCLE, ROYAL PALM BEACH, FL, 33411		(City)	(State)	(Zip)	Phone	Residence Type: 1. City <input type="checkbox"/> 3. Florida 2. County <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source VERBAL				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation NONE				
D/L Number, State W452814965460		INS Number		Place of Birth (City, State) Kirkcville MD		Citizenship USA				
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"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)	(Middle)	Residence Phone				
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone					
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 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 355-2528) 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	Z. Other	Drug Type N. N/A A. Amphetamines	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description BATTERY (DOMESTIC)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)(A)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 20088087	Warrant / Capias Number None		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) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600										
Court Date and Time		Month	Day	Year	Time	AM	PM			
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 Name		Signature of Arresting Officer LASON TOOKER		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) LASON TOOKER		I.D. # 8074				
Intake Date		I.D. #	Pouch #	Transporting Officer Same		ID # Agency				
Witness here if subject signed with an "X"						PAGE 1 OF 1				

NOT A CRIMINAL RECORD

JUL 16 PM 6:34

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

Suspect: WILLIAMS, TORI, N DOB: 02/06/1996 Case #: 20088087

Victim: HANEY, PAULA, DOB: 03/06/72 Race: W Sex: F

Relationship between Victim and Defendant: _____

Photographs: Scene Yes No Victim Yes No Defendant Yes No

911 Call: Yes No Caller: _____

Weapon Used: Yes No Type: _____

Witness: Yes No Name: _____

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

Injuries: Yes No Description: scratches on hands and R elbow

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: Amiyah Santiago DOB: 02/24/2020

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: _____

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

First words Victim said when you responded to scene: Her daughter attacked her

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: 2451 BELLAROSA CIRCLE, ROYAL PALM BEACH, FL, 33411

Phone: Home (561) 633-7215 Work () - Cell () -

Employer: _____

Name of Relative: _____ Phone () -

Address: _____

02/17/2020

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

WILLIAMS, TORI, N

(FOR WARRANTS USE ONLY)

COURT CASE/WARRANT#

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)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- **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 #: 20088087 Agency: _____
Offense: BATTERY (DOMESTIC)
Suspect/Offender: WILLIAMS, TORI, N
D.O.B. 02/06/1996 Race: W Sex: F

2. Warrant # (s): _____

3.a. Victim's name: HANEY, PAULA, D.O.B. 03/06/72 Race: W Sex: F
Address: 2451 BELLAROSA CIRCLE
City: ROYAL PALM BEACH, FL, 33411
Home #- (561) 633-7215 Work #: 0 Other: _____

b. Victim's next of kin, friend or neighbor: _____
Address: _____
City: _____
Home #: _____ Work #: _____ Other: _____

NOTE: PURSUANT TO P.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: HANEY, PAULA,

Deputy's Name: D/S Jason Tooker 8074 I.D.# 8074 Date: _____

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

SEARCHED
SERIALIZED
INDEXED
FILED



**PALM BEACH COUNTY
SHERIFF'S OFFICE**

Florida State Statute Exemption Sheet

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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020017097	Date: 7/17/2020
	Specialist Name/ID: B Evans / 23649

NOT A CERTIFIED COPY