☒ Marsy's Law CVI FL. Const. Art 1 § 16(b)

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ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number | | 1 | Juvenile n

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency ORI Number: FLO 500000

Agency Report Number: 06- 22-077633

ADMINISTRATIVE

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony ☒ 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/14/22	2139					

DEFENDANT

Name (Last): Nolan (First): Catherine (Middle): A

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	f	11/25/1991	5'8	130	brown	blonde	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): Tattos on back, arms and chest

Marital Status: Married | Religion: None

Indication of: Alcohol Influence Y ☐ N ☒ Unk ☐ | Drug Influence Y ☐ N ☒ Unk ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): [redacted]

Phone: 561-232-8050

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone:

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation: Bartender

D/L Number, State: N450121919250, FL

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): Dayton, Ohio

Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal ☐ Other: (Last) (First) (Middle) Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone

Notified by: (Name) Date Time

Juvenile Disposition: 1. Handled/ processed w/in Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

Property Crime? ☐ Yes ☐ No Description of Property Value of Property

CODE

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 O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description: Violation of DV Injunction | Counts: 1 | Domestic Violence ☒ Y ☐ N | Statute Violation Number: 741.31(4a) | Violation of ORD #

Drug Activity: n | Drug Type: n | Amount / Unit: 0.00 | Offense #: 22-077633 | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐ Y ☐ N | Statute Violation Number | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐ Y ☐ N | Statute Violation Number | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

CHARGE

Charge Description | Counts | Domestic Violence ☐ Y ☐ N | Statute Violation Number | Violation of ORD #

Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)

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: 06/14/22

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X 35917

Arresting Officer (Print): D/S J. Ciraolo I.D. #: 35917

Transporting Officer: Orozco ID #: 8657 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

JUN 15 AM 12:52

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #0148 REV. 04/22

PROBABLE CAUSE AFFIDAVIT

OBTS Number

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-077633

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [ ] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Nolan Catherine A		w	f	11/25/1991

CHARGES

Violation of DV Injunction 741.31(4a)	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	w	m	[redacted]

Local Address (Street, Apt. Number) (City) (State) (zip) Phone: [redacted] — Address Source: VERBAL

Business Address (Name, Street) (City) (State) (zip) Phone: — Occupation: Horse Trainer

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

- [ ] committed the below acts in my presence.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [X] was found to have commited the below acts, resulting from my (described) investigation.

On the 14 day of June 2022 at 2012 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

[X] Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On 06/14/2022 at approximately 2012 hours, I was dispatched to [redacted] in reference to a domestic dispute.

Upon my arrival, I found the following case facts:

Catherine Nolen and [redacted] got into a verbal argument over [redacted] Nolen did not want [redacted] to take their shared vehicle and leave the residence due to his license being suspended. There was a struggle over Nolen trying to take the keys away from [redacted] Nolen while reaching for the keys, she hit her right forearm on her turtle tank; causing a small abrasion. Due to Nolen not being able to take possession of the keys, she called the Palm Beach County Sheriff's Office so [redacted] wouldn't be able to take the car.

During my investigation, I found that [redacted] has an active Domestic Violence injunction that protects him from Nolen (Entered on 01/24/2021, NIC# H682763806, case# F20013708), by Miami Dade Police Department. The injunction was confirmed through PBSO Teletype. Nolen and [redacted] both advised that they closed that case approximately 2 years ago. They went on to state that they have [redacted] the injunction in 2020. [redacted] nor Nolen were able to supply me with any documentation that proves that the injunction was lifted and no longer valid.

Based on my investigation, there is probable cause to charge Nolen with Violation of a Domestic Violence Injunction fss. 741.31(4a).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S J. Ciraolo (ID #) 35917
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of June 20 22 by D/S J. Ciraolo 35917
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Agent [redacted]
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE OF 1

PBSO #0004 REV. 04/22 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: Nolan (Name (Last, First, Middle)) Catherine A DOB: 11/25/1991 Case #: 22-077633

Victim: [redacted] (Name (Last, First)) DOB: [redacted] Race: w Sex: m

Relationship between Victim and Defendant:

Photographs: Scene Yes ×No Victim Yes ×No Defendant Yes ×No

911 Call: Yes No Caller: Nolan Catherine A

Weapon Used: Yes ×No Type: none

Witness: Yes ×No Name: (Last) (First) (Middle)

Victim Pregnant: Yes ×No If yes, weeks months

Injuries: ×Yes No Description: Abrasion/Bruise

Medical Treatment: Yes ×No

At Scene: Yes ×No Paramedics:

At Hospital: Yes ×No Hospital: Doctor:

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

Name: DOB:

Name: DOB:

Name: DOB:

Injunction ×Yes No Case #: F20013708

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: We got into an argument

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

First words Victim said when you responded to scene: We got into an argument of me leaving the house

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: (Last) [redacted] (first) [redacted]

Local Address: [redacted]

Phone: [redacted]

Employer: (Name) [redacted] (Employer Address)

Name of Relative: (Last) (First) Phone:

Address:

PBSO #0004A REV. 05/11

VICTIM NOTIFICATION FORM

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

- **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**

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

SUSPECT/OFFENDER: Nolan Catherine A COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)

1. Incident Report #: **22-077633** Agency: **PBSO**
   Offense: **Violation of DV Injunction**
   Suspect/Offender: Name (Last) **Nolan** (First) **Catherine** (Middle) **A**
   D.O.B. **11/25/1991** Race: **w** Sex: **f**

2. Warrant # (s): _____

3.a. Victim's name: Name (Last, First) [redacted] D.O.B. [redacted] Race: w Sex: m
   Address: [redacted]
   City: [redacted]
   Home #: [redacted]

   b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   Address: _____
   City: _____
   Home #: _____

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: Name (Last, First) [redacted]

Deputy's Name: **D/S J. Ciraolo** I.D.# **35917** Date: **11/10/19**

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

PBSO 00029A REV. 4199

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☒	119.071(4)(c)	Undercover personnel.	3
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☒	Art.I s.16 (b)(5)	Other: Marsy's Law	1-5
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022015390	**Date:** 6/15/2022
	Specialist Name/ID: Chantel Daniels/30347