

50-2022-MM-007730AMB

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

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number : 06- 22109860	
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 1. Yes 2. No	Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)			
Date of Arrest 09/17/22	Time of Arrest 0504	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A

Name (Last) Lovett		Name (First) Christopher		Name (Middle) Parke		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 09/29/1983	Height 5'11	Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) DOVE ON BACK, STARS ON SHOULDERS				Marital Status Single	Religion None	Indication of Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		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 UNEMPLOYED	
D/L Number, State L130115833490, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) HOUSTON TEXAS		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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal <input type="checkbox"/> 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 within 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 _____

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 Description Battery (Domestic)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1a)		Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense # 22109860	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				

VICTIM NOTIFICATION
REQUIRED

Marsy's Law

Location (Court, Room Number, Address)	
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
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 09/17/22	

HOLD for other Agency Name	Signature of Arresting Officer M. RUSSO	Name Verification (Printed by Arrestee) SEP 17 2022 10:42
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Arresting Officer (Print) M. RUSSO	(PRINT)
Intake Deputy	Transporting Officer J. DOUGLAS	Agency PBSO
I.D. #	ID# 39623	Agency PBSO
Pouch #	Witness here if subject signed with an "X" 1 OF 1	

0534647

2438

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile		
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06- 22109860					
	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							
DEF	Name (Last, First, Middle) Lovett Christopher Parke	Alias			Race W	Sex M	Date of Birth 09/29/1983			
	Charges Battery (Domestic) 784.03(1a1)									
VICTIM	Victim's Name (Last, First, Middle)							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. 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 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>17TH</u> day of <u>SEPTEMBER</u>, 20<u>22</u> at <u>0450</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p>										
<p><input checked="" type="checkbox"/> Marsy's Law CVI FL. Const. Art.1 § 16(b)</p> <p>On 09/17/2022 at approximately 0359hrs, I responded to [REDACTED] located in unincorporated [REDACTED] reference to a domestic incident.</p> <p>Upon arrival, I spoke with a female half [REDACTED] who advise the following she and [REDACTED] Christopher Lovett who resides together got into a verbal dispute because she has been seeing another male. She advise the argument had been going on for the past three hours during the three hours of arguing the male subject left the residence to go get cigarettes where [REDACTED] went to her bed to lay with her phone at that point Christopher returned came to the room Demanding her phone where he got on top of her and aggressively took her phone out of her hands to review her text messages. [REDACTED] then attempted to get her phone back as she was behind him and he was elbowing her to get her away in the process of her trying to retrieve her phone she scratched Christopher in a process on his arms.</p> <p>I spoke with Christopher who advised a similar statement that he discovered that [REDACTED] has been seeing someone else at which point he asked to see her phone he advise he approached her in her room stood over her and took her phone out of her hands which point he advise she began hitting him to get the phone back at which point he gave the phone back saying I saw what I needed to see both subjects and call 911 for assistance.</p> <p>based on my investigation and probable cause exist for the arrest of Christopher per Florida State statute 784.03 1a1. Due to him initiating the contact to Victoria during the argument by snatching the phone out of her hands</p>										
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH M. RUSSO (ID #) <u>21277</u> (Signature of Arresting/Investigative Officer)</p>									
	<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17th</u> day of <u>SEPTEMBER</u>, 20<u>22</u> by <u>M. RUSSO</u> <u>21277</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p>									
	<p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									

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

Name (Last, First, Middle)
Suspect: Lovett Christopher Parke **DOB: 09/29/1983** **Case #: 22109860**

Name (Last, First)
Victim: [REDACTED] **DOB: [REDACTED]** **Race: [REDACTED]** **Sex: [REDACTED]**

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:** (Last) _____ (First) _____ (Middle) _____

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

Injuries: Yes No **Description:** _____

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 #:** _____

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: _____

HE TOOK MY PHONE

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

First words Victim said when you responded to scene: SHE SCATCH ME

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) _____ (first) _____

Local Address: _____

Phone: _____

Employer: (Name) _____ (Employer Address) _____

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

Address: _____

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

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

1. Incident Report #: 22109860 Agency: PBSO
Offense: Battery (Domestic)
Suspect/Offender: Name (Last) Lovett (First) Christopher (Middle) Parke
D.O.B. 09/29/1983 Race: W Sex: M

2. Warrant # (s): _____

3.a. Victim's name: Name (Last, First) D.O.B. Race: Sex:
Address: _____
City: _____
Home #:

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)

Deputy's Name: M. RUSSO I.D.# 21277 Date: 11/10/19
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records
PBSO 00029A REV. 4199

SUSPECT/OFFENDER: Lovett
Christopher
Parke
COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)

NOT A CERTIFIED COPY

PLEASE TEAR HERE

PALM BEACH COUNTY SHERIFF'S OFFICE
STATE OF FLORIDA COUNTY OF PALM BEACH

On 09/17/22, 2022, I, [REDACTED] (DATE) (PRINT VICTIM'S NAME)

have received a copy of the VICTIM'S RIGHTS BROCHURE PBSO CASE NUMBER 22-109860

[REDACTED] Signature of victim

[Signature] I.D. Number #39627

- Yes - As a victim of harassment (FSS 784.048(2)), sexual battery, aggravated child abuse, domestic violence, aggravated stalking (FSS 784.048 (3)(4)), or aggravated battery (FSS 784.045), I do hereby request that my home and employment telephone number, home and employment address, and personal assets be redacted from my records requested pursuant to public records request for a period of five (5) years from the date noted on this form.
- Yes - I request Confidentiality pursuant to Marsy's Law, FL Constitution, Article 1, §16(b) as provided below:
As a victim, I have the right under the Florida Constitution to prevent the disclosure of certain information or records that could be used to locate or harass me or my family, or which could disclose confidential or privileged information about me. I do hereby request that the email address, phone number, and work and business addresses of me and my family be redacted from my records, if my records are requested pursuant to a public records request.

2022 SEP 18 AM 6:44

FILED



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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 checked="" type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S)	1-6
	<input checked="" type="checkbox"/>	119.071(2)(j)	Other: The Victim's address in a Domestic Violence action on petitioner's request.	1-5

REVIEW COMPLETED BY

Booking Number: 2022024402	Date: 9/18/2022
	Specialist Name/ID: M. Tooks #8557