J#0533691 22MM6612 P#2072

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 | N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 5 0 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 22-097080

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

If Weapon Seized / Enter Type:

Multiple Clearance Indicator:

Location of Arrest (including Name of Business): **3693 Moon Bay Cir Wellington FL 33414**

Location of Offense (Business Name, Address): **3693 moon bay cir , wellington fl 33414**

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/11/2022	0745					

DEFENDANT

Name (Last, First, Middle): **jordan, hailey,**

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	1/2/2002	5-8	130	Brn	Brn	LIGHT	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: Single

Religion:

Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☑ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): **3693 moon bay cir , wellington fl 33414**

Phone: ( )

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

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

Phone: ( )

Address Source:

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

Phone: ( )

Occupation: Waitress

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
,	[redacted]		Wellington FL	usa

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) 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 C. 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. Synthetic; U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Domestic Battery	1	☑ Y ☐ N	784.03 1a2	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	n		22-097080		

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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 A.M. P.M.

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) 08/11/2022 Date Signed

ADMIN

HOLD for other agency: No Holds

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: Digitally signed by Cisco, Anthony R. Date: 2022.08.11 08:13:50 -04'00'

Name of Arresting Officer (Print): I.D. #

Name Verification (Printed by Arrestee) (PRINT) AUG 11 AM 10:14

Intake Deputy I.D. # Pouch # AUG 12 2022

Transporting Officer I.D. # Agency 7837 PBSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

SCANNED

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile: N

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL0500000	PALM BEACH COUNTY SHERIFF'S OFFICE	22-097080

Charge Type (Check as many as apply): 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
jordan, hailey,		W	F	1/2/2002

CHARGES

Charge Description	Charge Description
Domestic Battery 784.03 1a2	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
jordan, jesse,	w	m	01/04/1977

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Address Source
3693 moon bay cir , wellington fl 33414	(561) 7974715	
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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.
- ☒ was found to have committed the below acts, resulting from my (described) investigation

On the 11 day of AUG 20 2022 at 0730 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

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

ON 8/11/2022 AT APPROXIMATELY 7:15 AM I RESPONDED TO 3693 MOON BAY CIR WELLINGTON THE ABOVE NAMED DEFENDANT DID COMMIT THE CRIME OF BATTERY. THE DEFENDANT CAME HOME TO HER RESIDENCE INTOXICATED AT APPROXIMATELY 4:00 AM. SHE ENGAGED IN A CONFRONTATION WITH HER FATHER JESSE JORDAN OVER HER *WANTING TO LEAVE THE RESIDENCE IN HER VEHICLE WHILE INTOXICATED.* DURING THE CONFRONTATION HAILEY CAUSED AN INJURY TO HER FATHERS HAND AND THERE WAS A VISIBLE SCRATCH THAT DREW BLOOD. JESSEE STATED THEY WRESTLED FOR THE KEYS AND HE WAS ABLE TO TAKE THEM AWAY FROM HER TO PREVENT HER FROM DRIVING WHILE INTOXICATED.

HAILEY HAD SEVERAL BRUISES ON HER ALL FROM WHICH SHE STATED WERE FROM A CONFRONTATION WITH HER SISTER IN DELRAY BEACH IN A PARKING LOT.

HAILEY WAS VERBALLY ARGUMENTATIVE INTOXICATED AND UNWILLING TO COOPERATE WITH LAW ENFORCEMENT.

BASED ON THE ABOVE INVESTIGATION PROBABLE CAUSE EXISTS TO CHARGE THE DEFENDANT WITH BATTERY PURSUANT TO FSS 784.03 1A2.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

_____
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11 day of AUG 20 22 by D/S SIENA 7837

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced

_____
Notary Public, Clerk of Court, Deputy Clerk (Circle One) 117.10)

AUG 12 2022

PAGE ____ OF ____

DISTRIBUTION: WHITE – Court Copy; GREEN – State Attorney; YELLOW – Agency; PINK – Agency

PBSO #0004 REV. 04/22

Palm Beach County Sheriff's Office

DOMESTIC VIOLENCE/DATING VIOLENCESUPPLEMENTAL PROBABLE CAUSE FORM

(Submit this form with the original Probable Cause affidavit)

Suspect: jordan, hailey, DOB: 1/2/2002 Case #: 22-097080

Victim: jordan, jesse, DOB: 01/04/1977 Race: w Sex: m

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: HANDS

Witness: ☒ Yes ☐ No Name: _____

Victim Pregnant: ☐ Yes ☒ No If yes, ___ weeks _____ months

Injuries: ☒ Yes ☐ No Description: SCRATCHES

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: _____ 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: _____

_____

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

First words Victim said when you responded to scene: _____

_____

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: 3693 moon bay cir , wellington fl 33414

_____

Phone: Home (561) 7974715 Work (___)___ -_____ Cell (___)___ -_____

Employer: _____

Name of Relative: SASHA JORDAN Phone (5615977685 -_____

Address: 3693 MOON BAY CIR , WELLINGTON FL 33414

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: **jordan, hailey,** (FOR WARRANTS USE ONLY) COURT CASE/WARRANT#

1. Incident Report #: **22-097080** Agency: _____
   Offense: **Domestic Battery**
   Suspect/Offender: **jordan, hailey,**
   D.O.B. **1/2/2002** Race: **W** Sex: **F**

2. Warrant # (s): _____

3.a. Victim's name: **jordan, jesse,** D.O.B. **01/04/1977** Race: **w** Sex: **m**
   Address: **3693 moon bay cir**
   City: **wellington fl 33414**
   Home #- **(561) 7974715** Work #: **()** Other: _____

b. Victim's next of kin, friend or neighbor: **SASHA JORDAN**
   Address: **3693 MOON BAY CIR**
   City: **WELLINGTON FL 33414**
   Home #: **5615777685** 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: **jordan, jesse,**

Deputy's Name: **D/S SIENA 7837** I.D.# Date: **08/11/2022**

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.	
	☐	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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022020776	**Date:** 08/12/2022
	Specialist Name/ID: T.Howard/7185