22 MM 4537

☐ 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: 01 | Juvenile: N

OBTS Number:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22074175

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: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
6906 MITCHELL ST. JUPITER FL, 33458	6906 MITCHELL ST. JUPITER FL, 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
06/03/22	2154					

DEFENDANT

Name (Last) (First) (Middle): THEOBALD, KALYN, K | 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	11/03/1986	5'06	130	GREEN	BLONDE	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATOO ON LEFT ARM, TOP OF LEFT FOOT, AND RIB CAGE
Marital Status: SINGLE | Religion: NONE | Indication of Alcohol Influence / Drug Influence: Y N Unk

	Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	
Local Address	6906 MITCHELL ST.	JUPITER FL, 33458			906-236-9736	Residence Type (1. City 2. County 3. Florida 4. Out of State): 2
Permanent Address						Address Source: FL DL
Business Address (Name, Street)						Occupation: NONE

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
T143511869030	[redacted]		CARSON CITY, MI	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) No Bond | 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

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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Battery (Domestic)	01	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		22074175		

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

JUN 4 AM 12:37

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: 06/03/22

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: x 35378 | Name Verification (Printed by Arrestee) (PRINT)
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other: | Arresting Officer (Print): D/S J. SHACKELFORD | I.D. #: 35378
Intake Deputy: Spann 8101 | I.D. # | Pouch # | Transporting Officer: D/S J. SHACKELFORD | ID #: 35378 | Agency: PBSO | Witness here if subject signed with an -X" | PAGE 1 OF 1

SCANNED JUN 04 2022

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

PBSO #0148 REV. 04/22

0495118

3737

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	01	Juvenile	N
Agency ORI Number: FLO 500000	Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number: 06- 22074175			

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
THEOBALD KALYN K		W	F	11/03/1986

CHARGES

Battery (Domestic)	784.03(1a1)

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
MCCLOSKEY	JOSEPH	C	W	M	02/04/1997

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
6906 MITCHELL ST.	JUPITER FL, 33458			561-714-3352	FL DL
Business Address (Name, Street)	**(City)**	**(State)**	**(Zip)**	**Phone**	**Occupation**
					UNKOWN

PROBABLE CAUSE STATEMENT

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.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 3RD day of JUNE 2022 at 2150 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

On 06/03/2022 I responded to 6906 Mitchell St. Jupiter Florida, 33458 in reference to a domestic disturbance.

Upon arrival, I made contact with the complainant verbally identified as, Joseph Mccloskey, who told me he and his girlfriend Kalyn Theobald were in an argument when she broke his phone and Xbox and then attacked him. He told me they have been on and off for about 5 years and have a 2-year-old son together. He said she scratched him all over and ripped his shirt. Mccloskey had visible scratches on the right side of his neck and chest which were bleeding. His dark blue shirt was ripped on the right sleeve and side. Mccloskey appeared to be nervous and upset. I asked him if he made any physical contact with Theobald and he stated he grabbed her wrists to try and stop her from attacking him.

I spoke to Kalyn Theobald who verbally identified herself, she stated she and Mccloskey were in a verbal argument and she had to defend herself because Mccloskey was putting the phone in her face and yelling at her. She said she broke the phone after he put it in her face. I asked Theobald if Mccloskey made any physical contact with her and she stated he grabbed her wrists very hard. I asked her if she made any physical contact with him and she said no she was just defending herself. She stated he had been yelling at her all night and being aggressive but did not specify how. During my encounter with Theobald, she appeared to be upset and nervous as well.

Mccloskey showed me a video on his phone which was in fact cracked. The video showed them in a verbal argument over something about dinner for their son. Their son in the video was crying and screaming. Mccloskey appeared calm in the video and was being yelled at by Theobald who was enraged. At the end of the video, Theobald comes from the back of the house to the kitchen where Mccloskey was and starts screaming in his face. She then grabs the phone and it appears the phone slams on the ground and then the video stops. This video showed a different story from what Theobald was telling me.

I conducted a post-Miranda Warnings audio and video recorded interview with Theobald. When I asked her what happen she said Mccloskey was yelling at her and being aggressive towards her all day because she no longer wants a sexual relationship with him and he does not understand that. I asked Theobald if she made any physical contact with Mccloskey and she stated all she did was defend herself. I asked her about the bloody scratches on the right side of his neck and chest and his ripped shirt, she stated she was just defending herself and if that happen she did not mean to. She then mentioned she had "girl nails" so it could have happened. She also stated Mccloskey told her he was going to go put on a ripped-up shirt for when the cops got there. I told Theobald that Mccloskey showed me a video of the begging of the argument and she said she was angry and wanted to get his phone out of her face. When I asked Theobald if there was anything she wanted to add before I concluded the interview she stated she has been a victim for years now and has called the police before on him and he has been arrested but nothing has ever happen.

Based on my investigation and the above facts I developed probable cause to arrest and charge Kalyn Theobald with Domestic Battery, pursuant to Florida State Statute, 784.03(1a1).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J. SHACKELFORD (ID #) 35378
(Signature of Arresting/Investigative Officer)

SCANNED JUN 07 2022

The foregoing statement was sworn to or affirmed and subscribed before me this _____ day of _____ 20____ by D/S J. SHACKELFORD 35378
(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, Officer (F.S.S. 117.10)

PAGE 1 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)

Name (Last, First, Middle)

Suspect: THEOBALD KALYN K **DOB:** 11/03/1986 **Case #:** 22074175

Name (Last, First)

Victim: MCCLOSKEY JOSEPH **DOB:** 02/04/1997 **Race:** W **Sex:** M

Relationship between Victim and Defendant: Boyfriend / Girlfriend

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

911 Call: × Yes No **Caller:** JOSEPH MCCLOSKEY

Weapon Used: Yes × No **Type:**

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

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:** **Doctor:**

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

Name: GRIFFIN MCCLOSKEY **DOB:** 11/05/2019

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: I WAS DEFENDING MY SELF

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

First words Victim said when you responded to scene: HIM AND HIS GIRLFRIEND WERE IN AN ARGUMENT AND SHE SCRATCHED HIM AND RIPPED HIS SHIRT.

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) HAD SCRATCHES ON HIS NECK AND CHEST AND SEEMED UPSET

× Upset Crying Fearful Hysterical Afraid Calm ×Nervous

Complained of pain Other

Victim Contact Information: (Last) MCCLOSKEY (first) JOSEPH

Local Address: 6906 MITCHELL ST. JUPITER FL 33458,

Phone: 561-714-3352

Employer: (Name) UNKOWN (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)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **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 #: **22074175** Agency: **PBSO**
   Offense: **Battery (Domestic)**
   Suspect/Offender: Name (Last) **THEOBALD** (First) **KALYN** (Middle) **K**
   D.O.B. **11/03/1986** Race: **W** Sex: **F**

2. Warrant #(s): _____
   Name (Last, First)

3.a. Victim's name: **MCCLOSKEY** **JOSEPH** D.O.B. **02/04/1997** Race: **W** Sex: **M**
   Address: **6906 MITCHELL ST.**
   City: **JUPITER** State: **FL** Zip: **33458**
   Home #: **561-714-3352** Work #: _____ Other: _____

   b. Victim's next of kin, friend or neighbor: (Last) _____ (First) _____
   Address: _____
   City: _____ State: _____ Zip: _____
   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: Name (Last, First) **MCCLOSKEY** **JOSEPH**
Deputy's Name: **D/S J. SHACKELFORD** I.D. # **35378** Date: **11/10/19**

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

PBSO #0029A REV. 05/11

SUSPECT/OFFENDER **THEOBALD** **KALYN** **K** COURT CASE/WARRANT #: _____ **(FOR WARRANTS USE ONLY)**

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: 2022014444	**Date:** 6/3/2022
	Specialist Name/ID: Chantel Daniels/30347