☒ Marsy's Law CVI FL. Const. Art.1 § 16(b) 0536101 22mm9489 MB 848

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-131028

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): [redacted]

Location of Offense (Business Name, Address): [redacted]

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/9/22	0829					

DEFENDANT

Name (Last): Miller | (First): Katelyn | (Middle): Marie | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	12/28/1986	506	120	BROWN	BROWN	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Married | Religion:

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

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

Phone: 561-601-0288

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

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

Phone: 561-601-0288

Address Source: FL DL

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

Phone:

Occupation:

D/L Number, State: M460-513-86-968-1, FL | Soc. Sec. Number: [redacted] | INS Number:

Place of Birth (City, State): FLORIDA WPB | Citizenship: USA

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 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): 1- NO Bond | 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

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)	1	☒ Y ☐ N	784.03(1a1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		22-131028		

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

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

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 | 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

ADMIN

HOLD for other Agency Name | Signature of Arresting Officer: x M. Metz A 17618

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Arresting Officer (Print): M. Metz | I.D. #: 17618

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: Knight 9382 I.D. # | Pouch # | Transporting Officer: C Medina | ID #: 40907 | Agency: PBSO

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

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 22-131028

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
Miller Katelyn Marie		W	F	12/28/1986

CHARGES

Battery (Domestic)	784.03(1a1)

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	Address Source
[redacted]	[redacted]	FL DL

Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation

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 18 day of November 2022 at 2350 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On 11/18/2022 at approx. 2350 hrs., I and other PBSO deputies were dispatched to [redacted] [unincorporated] [redacted] in reference to a domestic dispute. That location is a single family residence. At that time, I was assigned to PBSO Road Patrol. Per PBSO Communications, the male complainant advised [redacted] was intoxicated and belligerent, and also [battered] him. The male advised he would be waiting outside his residence in the roadway.

Upon arrival on [redacted] I observed a white male walking in the roadway near the incident location; he waived at me and confirmed he had contacted [PBSO]. I exited my vehicle and the male identified himself as [redacted]. I asked [redacted] what happened, and he briefly told me the following: [redacted] said he and [redacted] Katelyn Miller went to a party earlier in the evening, and she became very intoxicated. [redacted] said Katelyn then became upset regarding an incident involving [redacted] the previous day. [redacted] said when they arrived back home from the party, Katelyn continued to yell and scream at him. [redacted] said at that time, [redacted] [redacted] was at his home because she was babysitting [redacted] while he and Katelyn went to the party. [redacted] said Katelyn continued to yell at him while [redacted] was getting ready to leave. [redacted] said Katelyn punched him in his back as he was walking [redacted] outside, [redacted] said he did not sustain any injuries.

I began to prepare [redacted] to provide me with a detailed sworn/recorded statement, but he refused to do so.

[redacted] did, however, provide contact information for [redacted] [redacted] Deputy Germano (# 29007) met with [redacted] at a gas station near Blue Heron Blvd. and I-95. [redacted] told Deputy Germano that she observed Katelyn punch [redacted] in his stomach (per her recollection).

While on scene, I issued [redacted] a PBSO Victim/Witness Rights and Case Information form, as well as a PBSO Victim's Rights Brochure which was explained to him. [redacted] invoked his rights under Marsy's Law. Additionally, [redacted] meets the criteria for domestic violence and invoked his rights.

Based on my investigation, I found the following: Katelyn Miller did actually and intentionally strike [redacted] against the will of [redacted] and [redacted] was a family or household member of Katelyn Miller contrary to Florida Statute 784.03(1), 741.28 and 741.283 (1 DEG MISD).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
M. Metz MM #17618 (ID #) 17618
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of November 2022 by M. Metz 17618
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN D/S Jaques # 23160

D/S R Jaques 23160
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE 1 OF 1

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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: Miller Katelyn Marie **DOB:** 12/28/1986 **Case #:** 22-131028

Name (Last, First)

Victim: [redacted] **DOB:** [redacted] **Race:** W **Sex:** M

Relationship between Victim and Defendant: [redacted]

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

911 Call: × Yes No **Caller:** [redacted]

Weapon Used: Yes × No **Type:**

Witness: × Yes No **Name:** (Last) [redacted]

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: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

Name: [redacted] **DOB:** [redacted]

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:

Was unable to contact her

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

First words Victim said when you responded to scene: His was was intoxicated and punched him in the back.

Did the Victim contact anyone other than police within an hour of the incident regarding the incident?

× Yes No **If yes, name:** [redacted] **phone:** [redacted]

Observations of Victim (Physical & Emotional) He was nervous and guilty about calling police.

_ Upset Crying Fearful Hysterical Afraid × Calm × Nervous

Complained of pain Other

Victim Contact Information: (Last) [redacted]

Local Address: [redacted]

Phone: [redacted]

Employer: (Name) (Employer Address)

Name of Relative: (Last) [redacted] **Phone:** [redacted]

Address [redacted]

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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: Miller Katelyn Marie

(FOR WARRANTS USE ONLY) COURT CASE/WARRANT#:

1. Incident Report #: 22-131028 Agency: PBSO
   Offense: Battery (Domestic)
   Suspect/Offender: Name (Last) Miller (First) Katelyn (Middle) Marie
   D.O.B. 12/28/1986 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:
   Home #: [redacted]

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

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: M. Metz I.D.# 17618 Date: ~~11/19/2020~~ 11/19/2020 CM

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

PBSO 00029A REV. 4199

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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	☒	FL Constitution, Article 1, 16(b)	Other: Marsy's Law	1-7
	☒	119.071(2)(j)	Other: The victim's address in a domestic violence action on petitioner's request	1-5

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REVIEW COMPLETED BY

Booking Number: 2022030035	**Date:** 11/20/2022
	Specialist Name/ID: T.Howard/7185