DR# 0533029 — Marsy's Law — 22MM5737MB — PR# 399

# ARREST / NOTICE TO APPEAR

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

**ADMINISTRATION**

| OBTS Number | Agency ORI Number | Agency Name | Agency Report Number (N.T.A.'s only) |
|---|---|---|---|
| | 0500400 | Delray Beach Police Department | 4 0 22-009049 |

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: Lethal Cutting — Multiple Clearance Indicator: 01

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| [redacted] | [redacted] |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 07/15/2022 | 00:41 | 07/15/2022 | 00:51 | 07/15/2022 | 00:53 | |

**DEFENDANT**

Name (Last, First, Middle): PANTZOULAS, MONICA CHRISTINA — Alias: — 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 | 01/29/1975 | 5'06 | 135 | GREEN | BROWN | MEDIUM | MEDIUM |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT UPPR ARM / SCROLL DESIGN — Marital Status: M — Religion: NOT INDICA — Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|---|---|---|
| [redacted] | | | | (407) 433-2390 | 1 |

| Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| [redacted] | | | | (407) 433-2390 | VERBAL |

| Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| | | | | | Nurse |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| / | [redacted] | | CLEVELAND, OH, | 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 ☐ Other ☐ Legal Custodian — 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 Department and Released 2. TOT JAC 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 355-2526) informed of any change of address.

School Attended — Grade

☐ Yes, by: ☐ No: — 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. Disperses/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. Oprum/Deriv., S. Synthetic, P. Paraphernalia/Equipment, U. Unknown, Z. Other

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| SIMPLE ASSAULT-INTENTIONALLY THREATEN TO DO VIOLENCE | 784.011 | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | | 1 | ☒ Y ☐ N | | |

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| SIMPLE BATTERY(TOUCH OR STRIKE) | 784.03(1A1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | | 1 | ☒ Y ☐ N | | |

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

**INTAKE**

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported — Time Transported — Other

**NOTICE TO APPEAR**

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444 — Court Date and Time

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

JUL 15 2022

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

**ADMIN**

HOLD for Other Agency — ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: [signature] 816

Name of Arresting Officer (Print): UMBRIAC, FRANK — I.D. #: 0816

Name Verification (Printed by Arrestee) (PRINT) — JUL 15 AM 3:19

Intake Deputy — I.D. # — Pouch #

Transporting Officer: UMBRIAC — I.D. #: 816 — Agency: DELRA

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County

**Marsy's Law**

**ADMIN**

| Date / Time | Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|---|
| 07/15/2022 01:07 | FL 0500400 | DELRAY BEACH POLICE DEPARTMENT | 4 0 22-009049 |

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| PANTZOULAS, MONICA CHRISTINA | | W | F | 01/29/1975 |

**CHRG**

Charge Description: 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)

**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] | |

| Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| | | | | | |

| | Written | Taped | Oral |
|---|---|---|---|
| DEFENDANT'S STATEMENTS: | ☐ | ☐ | ☒ |
| VICTIM'S STATEMENTS: | ☐ | ☐ | ☒ |

OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): **SLIGHTLY UPSET**

RELATIONSHIP BETWEEN VICTIM & SUSPECT: [redacted]

**ADDITIONAL INFORMATION**

| | YES | NO | |
|---|---|---|---|
| PHOTOGRAPHS: Scene: | ☒ | ☐ | |
| Victim: | ☐ | ☒ | |
| 911 CALL: | ☒ | ☐ | CALLER: **VICTIM** [redacted] |
| WEAPON USED: | ☒ | ☐ | TYPE: **KNIFE** |
| WITNESSES: | ☐ | ☒ | (If YES, attach witness list) |
| INJURIES: | ☐ | ☒ | |
| MEDICAL TREATMENT: | ☒ | ☐ | |
| AT: Scene: | ☒ | ☐ | PARAMEDICS: **DBFD** |
| Hospital: | ☒ | ☐ | PHYSICIAN(S) / HOSPITAL: **BETHESDA** |
| ACT COMMITTED IN PRESENCE OF MINOR(S): | ☒ | ☐ | NAMES/AGES: **JONATHAN PANTZOULAS/10** |
| H. R. S. NOTIFIED: | ☒ | ☐ | |
| VICTIM PREGNANT: | ☐ | ☒ | |
| VIOLATION OF RESTRAINING ORDER: | ☐ | ☒ | CASE #: |
| PRIOR HISTORY OF DOMESTIC VIOLENCE: | ☐ | ☒ | |
| ALCOHOL OR DRUGS INVOLVED: | ☒ | ☐ | |

**NARR**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

V. Lolo16
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of JULY, 2022

[signature]
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE
AFFIDAVIT
Palm Beach County
Narrative Continuation

Marsy's Law

ADMIN

| Date / Time | | |
|---|---|---|
| 07/15/2022 01:07 | | |
| Agency ORI Number | Agency Name | Agency Report Number |
| FL 0500400 | DELRAY BEACH POLICE DEPARTMENT | 4 0 22-009049 |

NARRATIVE

The following incident occurred at [redacted] in the City of Delray Bch, Palm Beach County FL: Officers responded to the listed address, in reference to the victim/ [redacted] stating that his [redacted] defendant (Monica Pantzoulas) tried to stab him, and that she then cut herself (on her forearm) with a knife. Upon arrival, several officers made contact with the victim and his [redacted] in their parking lot, while other officers made contact with the intoxicated defendant, in the interior hallway outside of their condo. The victim stated that he and his [redacted] defendant had been arguing over separating/ getting a divorce, when the defendant pushed him face first into a picture on the wall, causing the glass on the picture to break, in turn, causing a minor cut to his finger. The victim also stated that the defendant grabbed a knife (8"blade) from the kitchen, and told the victim that she was going to kill him, and their [redacted] who was in another room, playing video games. While in the hospital, the defendant told hospital staff that her [redacted] pushed a knife into her hands and started making her cut her own forearm.
Based on the above stated facts, the defendant is charged with Simple Battery, pursuant to FSS 784.03(1A1) and Simple Assault, pursuant to FSS 784.011.



STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

VQ 816
SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 15 day of JULY, 2022.

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

# VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER: _____

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

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
- **Domestic Violence** - (This includes any assault, agg. assault, battery, agg. battery, sexual assault, sexual battery, stalking, agg. 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 #: 22-9049 Agency: DBPD
   Offense: Simple Battery (Domestic Violence)
   Suspect/Offender: Monica Pantzoulas
   D.O.B. 1/29/75 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

   a. Victim's [redacted]
   Home #: [redacted]

   b. Victim's next of kin: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

   c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
   Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):
   _____

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: BROWN, BRITTANY I.D.: 1015 Date: 7/15/22

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

PBSO #0029-A Stock F-4403

# VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- **Homicide** (Ch. 782)
- **Sexual Offense** (Ch. 794)
- **Attempted Murder**
- **Attempted Sexual Offense**
- **Stalking** (S. 784.048)
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**Upon completion, this form must accompany the booking paperwork. If applying for a warrant, attach this form to the filing packet.**

SUSPECT/OFFENDER: _____

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

1. Incident Report #: 22-9049 Agency: DBPD
   Offense: Simple Battery (Domestic Violence)
   Suspect/Offender: Monica Pantzoulas
   D.O.B. 1/29/75 Race: W Sex: F

2. Warrant #(s): _____

3. Complete one (1) of the following:

   a. Victim's [redacted]
   Home #: [redacted] Work #: _____ Other: _____

   b. Victim's next of kin: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

   c. Victim's designated contact other than next of kin (for example: a friend or neighbor):
   Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Home #: _____ Work #: _____ Other: _____

4. Relevant identification or case numbers assigned to the case (please specify):
   _____

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

Signature of person waiving notification: _____
Printed name of person waiving notification: _____

Officer's Name: BROWN, BRITTANY I.D.: 1015 Date: 7/15/22

White-Warrants Division Yellow-Corrections or State Attorney (Warrant Application) Pink-Central Records

PBSO #0029-A Stock F-4403

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:** 2022018124 | **Date:** 7/15/2022 |
| | **Specialist Name/ID:** Chantel Daniels/30347 |