JACKET# 05558673. PC4#3056

☒ Marsy's Law CVI FL. Const. Art.1 § 16(b) 25CF4322 AMB ☐ Check if Supplement is Attached

OBTS Number

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

Agency ORI Number: FL0 5 0 1 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06-25066391

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: 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
05/30/25	1622					

DEFENDANT

Name (Last, First, Middle): [redacted] 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	M	[redacted]	6'01	220	BLUE	BROWN	FAIR	MEDIUM

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

Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence ☐ Y ☒ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
[redacted]	[redacted]		RIGA, LATAVIA	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

(1) NO BOND VICTIM NOTIFICATION REQUIRED

Notified by: (Name) | Date | Time | Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS Detained

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 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
CHILD ABUSE	1	☒ Y ☐ N	827.03(2)C	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		25066391		

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

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FILED PBC 05/30/25 25 MH

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) — Date Signed: 05/30/25

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): T. BAKER I.D. #: 6202

Transporting Officer: MACKLIN I.D. #: 35620 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

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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: N

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 25066391

Charge Type: Check as many as apply. [x] 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
[redacted]		W	M	[redacted]

CHARGES

CHILD ABUSE	827.03(2)C

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
[redacted]	W	F	[redacted]

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
[redacted]		VERBAL
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 30 day of MAY 2025 at 1551 [ ] A.M. [x] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

DEPUTY STERLING AND I WERE DISPATCHED TO [redacted] IN REFRENCE TO A CHILD ABUSE IN PROGRESS. UPON ARRIVAL WE MADE CONTACT WITH A WITNESS IDENTIFIED AS [redacted] WHO STATED THAT HE HEARD YELLING AT THE TENNIS COURT FROM A YOUNG GIRL IDENTIFIED AS [redacted] STATED " HE SAW A MALE IDENTIFIED AS [redacted] HITTING [redacted] WITH A BELT ON THE SIDE OF HER LEG REPEATEDLY."

IN ADDITION I MADE CONTACT WITH, [redacted] WHO REPORTED THAT SHE SAW [redacted] SWINGING HIS ARM UP AND DOWN AND SHE HEARD THE SLAPPING SOUND OF AN OBJECT HITTING [redacted] SHE WAS NOT ABLE TO PHYSICALLY SEE THE OBJECT BECAUSE THERE IS A DARK SCREEN ON THE TENNIS FENCE THAT OBSTRUCED HER VIEW, HOWEVER, SHE COULD HEAR [redacted] YELLING FROM APPROXIMATELY 100 FEET AWAY.

[redacted] IS [redacted] OF [redacted] AND CURRENTLY RESIDES AS A FAMILY WITH HER AND [redacted]

I SAW A DISCOLORED MARK ON THE BACK OF HER LEFT THIGH, INDICATING THAT SOME OBJECT HIT HER LEFT THIGH. BASED ON THE INFORMATION FROM THE WITNESSES IN CONNECTION TO THE INJURY TO [redacted] LEFT THIGH, PROBABLE CAUSE EXIST FOR THE ARREST OF [redacted] FOR KNOWINGLY AND WILLFULLY ABUSING A CHILD WITHOUT CAUSING GREAT BODILY HARM.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH
T. BAKER (ID #) 6202
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of MAY 20 ____ by T. BAKER 6202

(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)

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PBSO #0004 REV. 01/23 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)

Suspect: [redacted] DOB: [redacted] Case #: 25066391

Victim: [redacted] DOB: [redacted] Race: W Sex: F

Relationship between Victim and Defendant: [redacted]

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

911 Call: × Yes No Caller: _____

Weapon Used: × Yes No Type: BROWN BELT

Witness: × Yes No Name: _____

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

Injuries: × Yes No Description: BRUISE ON THE BACK UPPER LEFT THIGH

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: [redacted] DOB: [redacted]

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 WAS DISCIPLINING [redacted]

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

First words Victim said when you responded to scen[redacted] WAS HITTING HER WITH THE BELT ON THE LEG

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: [redacted]

Local Address: [redacted]

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

Employer: _____

Name of Relative: [redacted] Phone [redacted]

Address: [redacted]

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☒	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	1-5
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	1-5
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2025014229	**Date:** 5/31/2025
	Specialist Name/ID#: C.Daniels 30347