0541611 Marsy's Law invoked - CVI present ARREST / NOTICE TO APPEAR JUVENILE S. Summons T. Taken into Custod Agency ORI Number Agency Nam Agency Report Number (N.T.A.'s only) 9 | 4 | 2023-0011515 0500800 West Palm Beach Police Department Charge Type: Check as many Multiple Clearance 1. Felony 5. Ordinance
6. Other 2. Traffic Felony 4. Traffic Misdemeano Enter Type UNARMED Location of Arrest (Including Name of Business) 830 EL VEDADO 830 EL VEDADO, WEST PALM BEACH, FL Time of Arrest Booking Date Booking Time Date of Arrest Jail Date 07/02/2023 Alias (Name, DOB, Soc. Sec. #, Etc.) Name (Last, First, Middle) BRANCH-STAFFORD, ALICIA ANNE Alias: Haight Weight Eye Color Hair Color Complexion W - White 1 - American Indian Lorge 200 BLOND OR **OLIVE** 09/15/1978 5'02 BLUE B - Black A - Asian W F
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Der Unk. П ИK M Residence Type:

1. City 3. Florida
2. County 4. Out of Sta Local Address (Street, Apt. Number) (City) (State) (Zip) Home Phone 331 WILMA CIR, RIVIERA BEACH, FL 33404 (561) 337-0752 (State) (Zip) Permanent Address (Street, Apt. Number) 331 WILMA CIR, RIVIERA BEACH, FL 33404 Work Phone (State) (Zip) D/L Number, State INS Number Place of Birth (City, State) Citizenship Orange B652001788351 / FL US Co-Defendant Name (Last, First, Middle Date of Birth 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misder Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeane Name (Last, First, Middle) Parent Other: Legal Custodian Address (Street, Apt. Number) (State) (Zip) Business Phone JUVENILE DISPOSITION

I. Handled/Processed w Notified by: (Name) Time Date 2. TOT JAC Released To: (Name) The above address was provided by defendant and/or defendant The child and/or parent was told to keep the Juvenile Court Clerk's Office defendant and/or defendant's parents School Attended Grade (Phone 355-2526) informed of any change of address. Value of Property Property Crime Description of Property □ ya No. □ No Drug Activity N. N/A P. Possess Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. S. Sell B. Buy T. Traffic R. Smuggle D. Dehver E. Use M. Manufacture/ Produce/ P. Paraphernalia/ Equipment S. Synthetic U. Unkno Z. Other Produce/ Cultivate Statute Violation Number Violation of ORD# BATTERY - OFFICER, FIREFIGHTER, MEDICAL CARE PROVIDER 784.07(2B) Warrant / Capias Number Drug Type Drug Activity SNU N DY IN Statute Violation Number TRESPASS AFTER WARNING -STRUCTURE OR CONVEYANCE 810.08(1) Warrant / Capias Number Drug Type 7 □Y X N Statute Violation Number RESIST OFFICER WITHOUT VIOLENCE 843.02 Warrant / Capias Number Domestic Violence Drug Type Counts N □Y X N Health / Apparent Physical Condition of Defendant Any knowledge of the following: Mental Escape Risk Medication Explain. Released O.F Released to Parent/Guardian T.O.T. County Jail Check which applies: PROPERTY - Received By Released By Released To South County Mental Health Posted Boad Transported By Date Transported Time Transported Othe Location (Court, Room) ☐ INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court Court Date and Time but must comply with instructions on Page 2. No 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 **Photo** 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 Available FOR MY ARREST SHALL BE ISSUED. Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY (561) 337-0752 AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE INITIAL rof Arresting Officer 2 66 lame Verification (Printed by Arrestee) Dangerous Resisted Arrest of Arresting Officer (Print) LD # (PRINT) HOVANNESIAN, ALEX Suicidal 02266 PAGE Other Agency **1** OF Hovornes on 3714 7766 Witness here if subject signed with an "X"

	Marsy's Law invoked - C\	VI present									
A	OBTS Number		P	ROBABLE CAU	SE AFFIDAVIT			3. Request 4. Reques			JUVENILE
0 4	Agency ORI Number FL FL0500800 WEST PALM BEACH POLICE DEPARTMENT 9 4 2023-0011515										
I N	FL FL0500800				PAKIMENI	9 4	Special Note		,313	! <u>-</u>	
"	Charge Type: 1. Felony Check as many as apply. 2. Traffic Felony		lisdemeanor raffic Misdemeanor	5. Ordinance							
٥	Name (Last, First, Middle)	<u> </u>	and wascemeants	Alias				Race	Sex	Date of Birth	
F	BRANCH-STAFFORD,	ALICIA	ANNE					W	F	09/15/	1978
CH	Charge Description				Charge Description						
A	784.07(2B) BATTERY - OFF	ICER, FIR	EFIGHTER, ME	DICAL CARE	843.02 RESIST	OFFICE	R WITH	OUT V	OLEN	NCE	
E	Charge Description 810.08(1) RPL TRESPASS /	AETED WA	DNING -STRIK	CTUBE OB	Charge Description						
۴	Victim's Name (Last, First, Middle)	AFIER WA	KINING -SI KU	CIUREUR	<u> </u>			Race	Sex	Date of Birth	
ľ	HOVANNESIAN, ALEX							w	М		
c	Local Address (Street, Apt. Number)	(Cit		(State)	(Zip)	Phone			- 1 "	Idrees Source	
7	600 BANYAN BLVD, WE						<u>61) 822</u>	-190			
М	Business Address (Name, Street)	(Cit	y)	(State)	(Zip)	Phone			06	ocupation	
┝	The undersigned certifies and swears t	that ha fa ha ha	int and manually a	an unde to believe and	does believe that the above	n named D	ofondosi nos	amittad ti	- III	ring vialation of	í lavo
	The Person taken into custody	mat ne/sne nas	s just and resonable gr	rounds to believe, and t	noez pelieve flief the appl	e named D	eleridani cor	rimatted ti	IO TOTION	ving violation of	iaw.
1	committed the below acts in	my presence	3.	was	observed by		-				who told
1	confessed toadmitting to the below facts				ound to have committee		/		•		itt the below acts.
	On the day of	July	2022		(Specifically include			-	•	(Described) ii	ivesugauon.
	On the day of	July		at 22.11	(Specifically include	racts cons	sutuing cau	ise for a	mest.)		
1	On July 2, 2023, w	hile wo	rking as a	a fully uni	formed patr	ol of	ficer	for	the	West P	alm
	Beach Police Depart		-	_							
l	Upon arrival I made	e conta	ct with th	he reportir	ng party Rus	s Bla	nton W	/M	04/	22/71).	He
P	advised the follow:	ing:		-							
R					$\lambda \lambda Y$						
В	His mother Carol B	lanton	is in Hosp	pice care a	nd the care	take	r Alic	ia E	ran	ch-Staf	ford
lê.	W/F(09/15/78) has 1	been at	there hou	use all day	taking car	e of	her. B	lant	on (advised	lat
L	some point Stafford		_								
E	Decoming Delligere				/			_			
c	and observed Staffe										
A	residence. She let										ed to
U S	1	a orric	ers he wat	nted Stails	ord removed	ITOM	tne re	8106	nce	•	
Ē	Officers arrived a	nd heas	n speaking	d to Staffe	ord advising	her	ahe ne	ada	to	leave t	he
L		_		7	_						
S T		residence Stafford refused. She stated she's not leaving. Officer attempted to reason with Stafford. She would not listen. Stafford moved forward towards officer Mendez in									
A	1										
T E	and aggressive manner. Stafford bowed her chest in an aggressive manner as if she was going to fight. Ofc Mendez placed her arm up and told her to step back. I stepped in										
М	front of Stafford and grabbed her arms to control her. At this point Stafford raised										
E	both her hands up										
Т	attempted to contro		-	_		_		_			
	away by turning and										
	Preventing officers from taking her into custody. Stafford was controlled to the ground										
	to the ground placed her in handcuffs, Stafford was controlled to the ground without										
	injuries.										
	Based on the above	facts	Probable	cause exist	s to charge	Staf	ford w	,ith	one	count	of
	battery 784.07(2B)				FIGHTER, MED						
H											
* 3-0-2-ED>	SWORN AND SUBSCRIBED BEFORE				A	P	7	76	6		
- 2 -	//A		MI		SIGNATURE (F ARREST	FING / INVES	STIGATIN	IG OFF	ICER	ł
S	NOTARY PUBLIC / CLERK OF	OURT /	CER (F.S.S. 117.10)		HOVAN	NESTAI	V. AIFY	(0	2266	3	
R A		1/23					ICER (PLEA				[0.5-
トレンE	D	ATE				07/0	2/2023	<u> </u>			1 of 2
JE.	1						DATE				* * * *

₹03- Z	Charge Type: Check as many as apply. Name (Lest, First, Mi BRANCH 843.02	0500800 1. Felony 2. Traffic Felony ddle) -STAFFORD, RESIST OFFI -STRUCTURE	3. M 4. T ALICIA CER WI	PALM Edisdemeanor raffic Misdem	BEACH PO	SUPPLICE D Ordinance Other Alies	EPARTM	IENT	Agency Rep 9 4	2. port Num	O23- Special No	Race W	515	Date o	of Birth		E
PROBABLE CAUSE STATEMENT		SUBSCRIB ES BEFORE	ALE.									5					
ADMINISTRATIVE		Y PUBLIC / CLERNOF O	/ /4		117.10)			HOVA	E OF ARR NNESI AME OF C	AN, OFFICE /02	ALE)	((0	<u> 2266</u>			PA(SE OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
tions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
ι/Ε Ε		119.071(2)(f)	Confidential informants (Cls).	
		119.071(2)(e)	Confession.	
ıns		985.04(1)	Juvenile offender records.	
mptic		119.071(h)(i)	Assets of a crime victim.	
Public Info. Exemptions		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic In		394.4615(7)	Mental health information.	
Pu	×	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.	3
	⊠	(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.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule		(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse of sexual offenses.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
l Administ				
es of Judicia				
Florida Ruf				
Other		119.071 (2)(J)	Other: The Victim's address in a Domestic Violence action on petitioner's request.	
8			Other:	

REVIEW COMPLETED BY

Booking Number: 2023017243	Date: 7/3/2023							
BOOKING NUMBER: 202301/245	Specialist Name/ID: M. Tooks #8557							