23CF2224

☐ 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: **1** | Juvenile: **N**

OBTS Number:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-045014

Charge Type: Check as many as apply. [x] 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type (1. Yes 2. No): 2 | Multiple Clearance Indicator:

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
03/10/23	1247					

DEFENDANT

Name (Last), (First), (Middle): Henderson, Alison, Louise | 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	01/16/1989	5'02	125	Blue	Brown	FAIR	SMALL

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): round circle (wise mind symbol) on left wrist. Body Piercing in left ear | Marital Status: Single | Religion: Buddhism | Indication of: Alcohol Influence: Unk. ; Drug Influence: Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 3583 Quail Ridge Drive S, Boynton Beach, FL 33436 | Phone: 5616636330 | Residence Type (1. City 2. County 3. Florida 4. Out of State): 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 3583 Quail Ridge Drive S, Boynton Beach, FL 33436 | Phone: 5616636330 | Address Source: FL DL

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

D/L Number, State: H536012895161 | Soc. Sec. Number: [redacted] | INS Number: | Place of Birth (City, State): Montreal CANADA | Citizenship: DUAL

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) | Date | Time | Juvenile Disposition: 1. Handled, processed with Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

VICTIM NOTIFICATION REQUIRED

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 [x] 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 Victim Over 65 (domestic)	1	[x] Y ☐ N	784.08(2)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	n/a	23-045014		NO BOND

CHARGE

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		☐ Y ☐ N		

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

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		☐ 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): [signature] | Date Signed: 03/10/23

ADMIN

HOLD for other Agency Name: NO DETAINER | ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Signature of Arresting Officer: x [signature]

Arresting Officer (Print): D/S Ian Holzman | I.D. #: 38005

Transporting Officer: D/S Holzman | ID #: 38005 | Agency: PBSO

Intake Deputy: D/S MAYK 2801 | Pouch #:

Name Verification (Printed by Arrestee): (PRINT)

Witness here if subject signed with an -X"

PAGE 1 OF 1

FILED PBC - GUN CLUB '23 MAR 11 AM 5:49

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

PBSO #0148 REV. 04/22

SCANNED KW 27

MAR 11 2023

0538846

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-045014

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
Henderson Alison Louise		W	F	01/16/1989

CHARGES

Battery Victim Over 65 (domestic) 784.08(2)(C)	

VICTIM

[redacted]

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.
- [X] was found to have commited the below acts, resulting from my (described) investigation.

On the Friday day of 10 20 23 at 1420 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

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

On Friday, 03/18/2023 at 1220 hours, I responded to [redacted] in regards to Domestic Dispute involving [redacted]

I met with the complainant [redacted] who stated that she had a verbal argument with [redacted] Alison Henderson, W/F/Dob-01/16/1989 that became physical earlier on this date at 1200 hours. [redacted] stated that the argument had stemmed from yesterday 03/09/2023 sometime in the afternoon because [redacted] had made plans for her and Alison to go somewhere and Alison became argumentative. At that time [redacted] stated that Alison who has a history of Mental illness and has mood swings suffering Bi polar disorder was not taking her medication which led her to be emotionally disturbed and displaying violent behavior. She began to throw household items and hide [redacted] personal property throughout the house to be spiteful. [redacted] said that Alison went into her bedroom and did not see her until this morning (03/10/2023).

On Friday, 03/10/2023 at approximately 0930 hours, Alison had entered [redacted] bedroom and began arguing with her. The argument became heated in which [redacted] stated that while they were inside the bedroom closet, Alison grabbed her face with her hands and pulled [redacted] toward her and bit her left side of her forehead. Alison kept saying to [redacted] that her message was not being heard as she was frustrated with [redacted] action. At that time [redacted] stated that she felt pain throughout her body from being bit and along with being pushed and shoved as they were in the closet. [redacted] then left the residence.

[redacted] stated that she arrived back to her home where she met with Alison. It appeared that Alison had calm down and they began to hug each other. As they were hugging, Alison began to erupt in a heated argument and intentionally grabbed her necklace from her neck and began to grab/tug [redacted] watch off her left wrist. She did not sustain injury from Alison removing the aforementioned items but felt that she was going to be further harmed and called for Police assistance.

At the scene [redacted] showed me her injury and described how she had sustained it. [redacted] did refuse medical attention through Palm Beach Fire Rescue.

Based on my investigation and the victim's statement, I find probable cause to charge Alison Henderson with 784.08(2)(C) Battery to Victim over 65 years(Domestic).

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ian Holzman (ID #) 38005
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10 day of March 20 23 by D/S Ian Holzman 38005

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced _____

Sgt T Gonzalez 7715
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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: Henderson Alison Louise **DOB:** 01/16/1989 **Case #:** 23-045014

Name (Last, First)

Victim: [redacted]

Relationship between Victim and Defendant: _____

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

911 Call: × Yes No **Caller:** _____

Weapon Used: Yes × No **Type:** _____

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

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: _____ **DOB:** _____

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: _____

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

First words Victim said when you responded to scene: _____

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

[redacted]

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)
- **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**
- **Dating Violence**

SUSPECT/OFFENDER Henderson Allison

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

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 23-045014 Agency: PBSO
   Offense: Domestic Battery Over 65
   Suspect/Offender: Henderson
   D.O.B. 1/16/87 Race: W Sex: F

2. Warrant #(s): _____

3.a. Victim's name: [redacted]
   Address: [redacted]
   City: [redacted] State: FL Zip: [redacted]
   Home #: [redacted] Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____
   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: _____

Deputy's Name: D/S Holmes I.D. # 38005 Date: 3/10/23

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

PBSO #0029A REV. 05/11

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	☒	119.071(2)(j)	Other: The victim's address in a domestic violence action on petitioner's request	5
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2023006580	**Date:** 3/11/2023
	Specialist Name/ID: R.Castro/40259