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Mary's Law (FL Const. Art. 1 § 16(b)) Check if Supplement is Attached

**ARREST / NOTICE TO APPEAR
Juvenile Referral Report**

OBTS Number: _____ Agency Report Number: **06-23112956**

Agency ORI Number: **5000000** Agency Name: **PALM BEACH COUNTY SHERIFF'S OFFICE**

Charge Type: Felony Misdemeanor Ordinance Traffic Misdemeanor Other

Location of Arrest (including Name of Business): _____ Location of Offense (Business Name, Address): _____

Date of Arrest: **09/24/23** Time of Arrest: **0003** Booking Date: _____ Booking Time: _____ Jail Date: _____ Jail Time: _____ Location of Vehicle: _____

Name (Last, First, Middle): **Arian Milanes** Alias (Name, DOB, Soc. Sec. #, Etc): _____

Race: **W** Sex: **M** Date of Birth: **04/02/1979** Height: **601** Weight: **180** Eye Color: **BROWN** Hair Color: **BLACK** Complexion: **OLIVE** Build: **MEDIUM**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____ Marital Status: **Married** Religion: **None** Indication of Alcohol Influence: Drug Influence:

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

Business Address (Name, Street, City, State, Zip): _____ Phone: _____ Address Source: **FL DL** Occupation: **Unk**

D/L Number, State: **A620013791220, FL** Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): **Havana, Cuba** Citizenship: **Cuban**

Co-Defendant (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile

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

Parent: Legal Custodian: Other: _____ 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 Dept. and Released. 2. TOT HRS/DYS 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 (561) 355-6511) informed of any change of address.

Property Crime? Yes No (Reason): _____ School Attended: _____ Grade: _____

Drug Activity: **N** S. Sell **N** Buy **N** Traffic **N** R. Smuggle **N** Deliver **N** E. Use **N** K. Dispense/Distribute **N** M. Manufacture/Produce/Cultivate **N** Z. Other **N** Drug Type: **N/A** N/A **N** A. Amphetamine **N** B. Barbiturate **N** Cocaine **N** Heroin **N** H. Hallucinogen **N** Marijuana **N** O. Opium/Deriv. **N** P. Paraphernalia/Equipment **N** S. Synthetic **N** U. Unknown **N** Z. Other **N**

Charge Description: **Battery (Domestic)** Counts: **01** Domestic Violence: Y N Statute Violation Number: **784.03(1a1)** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: _____ Offense #: **23112956** Warrant / Capias Number: _____ Bond: **NO BOND**

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

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

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

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

Charge Description: _____ Counts: _____ Domestic Violence: Y N Statute Violation Number: _____ Violation of ORD #: _____

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

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.

09/24/23

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

I consent to receive text reminders of court date(s) and times for this case by automatic 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: _____

HOLD for other agency: _____ Signature of Arresting Officer: **X** Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print): **D/S S. Kenny** I.D. #: **39602** (PRINT) **SEP 24 2023**

Intake Deputy: **D/S S. Kenny** # _____ Transporting Officer: **D/S S. Kenny** I.D. #: **39602** Agency: **PBSO** PAGE _____

Witness here if subject signed with an "X": _____

FILED PBC - GUN CLUB
23 SEP 24 AM 6:46

COAAVED
SEP 24 2023
PAGE 1 OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request for Warrant	1	Juvenile
Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 23112956			
Charge Type: Check as many as apply		Special Notes:					
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			
Name (Last, First, Middle): Arias		Name (Last, First, Middle): Milanes		Race W	Sex M	Date of Birth 04/02/1979	
Battery (Domestic)		784.03(1a1)					
Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth	
Local Address (Street, Apt. Number)		(City)		(State) (zip)		Phone	
Business Address (Name, Street)		(City)		(State) (zip)		Phone	
				Address Source FL DL		Occupation	
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence</p> <p><input type="checkbox"/> confessed to _____</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation</p> <p>On the <u>24</u> day of <u>September</u>, 20<u>23</u> at <u>0003</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><input checked="" type="checkbox"/> Maysy's Law CVI FL Const. Art. 1 § 16(b)</p> <p>On 09/23/23 at approximately 2334 hours, I was dispatched to _____ in unincorporated _____ in reference to a domestic battery investigation.</p> <p>Upon arriving to the scene, I came into contact with the victim, identified as _____</p> <p>Upon coming into contact with _____ I began to speak to her, where I observed she only spoke Spanish, at which time I asked for a Spanish-speaking Deputy to call me. While waiting for the Spanish-speaking Deputy to call me, I observed _____ to have multiple scratches on her wrist. I then motioned to _____ if she was battered, where she nodded yes. A male then walked around the corner, where I called him over to me. The male, later identified as Arian Arias, was detained until a translator could call me. While waiting for the translator, I used Google Translate to ask if Arias was the male who had battered her, and she shook her head yes.</p> <p>I then began to speak to D/S Calderon, who translated for me. _____ advised _____ who was not on the scene, advised _____ earlier in the day Arias made a rude comment to him. _____ advised she confronted Arias who is _____ about what was said, where they engaged in a verbal altercation. _____ advised during the verbal altercation, Arias pushed her. _____ advised she attempted to defend herself by scratching at Arias, at which time Arias scratched her. _____ advised she was then able to get away from Arias and call Law Enforcement.</p> <p>_____ advised she does not want to prosecute.</p> <p>Based upon my investigation, I found probable cause to charge Arias with FSS 784.03(1a1) Domestic Violence Battery. Arias was transported to jail without incident.</p>							
STATE OF FLORIDA COUNTY OF PALM BEACH D/S S. Kenny (ID #) <u>39602</u> (Signature of Arresting/Investigative Officer)							
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>24</u> day of <u>September</u> , 20 <u>23</u> by <u>D/S S. Kenny</u> <u>39602</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u>							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)							

SCANNED
SEP 24 2023

Palm Beach County Sheriff's Office
DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM
 (Submit this form with the original Probable Cause affidavit)

Name (Last, First, Middle)
Suspect: Arias Arian Milanés **DOB:** 04/02/1979 **Case #:** 23112956

Name (Last, First) **Victim:** [REDACTED] **DOB:** [REDACTED] **Race:** [REDACTED] **Sex:** [REDACTED]

Relationship between Victim and Defendant: _____

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) _____ (First) _____ (Middle) _____

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

Injuries: Yes No **Description:** Scratch to the arm

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: ASKED IF I SPEAK SPANISH

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: (Last) [REDACTED] (First) [REDACTED]

Local Address: [REDACTED]

Phone: [REDACTED]

Employer: (Name) _____ (Employer Address) _____

Name of Relative: (Last) _____ (First) _____ **Phone:** _____

Address: _____

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**

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

1. Incident Report #: 23112956 Agency: PBSO
Offense: Battery (Domestic)
Suspect/Offender: Name (Last) Arias (First) Arian (Middle) Milanes
D.O.B. 04/02/1979 Race: W Sex: M

2. Warrant #(s): _____

3.a. Victim's name: ██████████ Name (Last, First)
D.O.B. ██████████ Race: ████ Sex: ████
Address: ██████████
City: ████ State: ████ Zip: ████
Home #: ██████████ Work #: _____ Other: _____

b. Victim's next of kin, friend or neighbor: _____ (Last) _____ (First)
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: Name (Last, First) ██████████

Deputy's Name: D/S S. Kenny I.D. # 39602 Date: 09/24/23

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

SUSPECT/OFFENDER Arias
Arian
Milanes
COURT CASE/WARRANT #:
(FOR WARRANTS USE ONLY)

SCANNED
SEP 24 2023



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input checked="" type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	1-5
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input checked="" type="checkbox"/>	119.071 (2)(J)	Other: The Victim's address in a Domestic Violence action on petitioner's request.	1-5
	<input checked="" type="checkbox"/>	FL Constitution, Article 1, 16(b)	Other: MARSYS LAW	1-6

REVIEW COMPLETED BY

Booking Number: 2023025140	Date: 9/24/2023
	Specialist Name/ID: M. Tooks #8557

SCANNED
 SEP 24 2023